

Community Health Assessment for the Greater New Bedford Allies for Health and Wellness, Inc.

Prepared for:



ALLIES FOR HEALTH AND WELLNESS, Inc.
Connect. Collaborate. Change.

www.gnbcoast.org

Prepared by:



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Organizations Hosting Focus Groups

Boys & Girls Club of Greater New Bedford
Old Rochester Regional High School
Mattapoisett Council on Aging
Whaling City Junior/Senior High School
YMCA Southcoast

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Introduction

Community Health Network Areas (CHNAs) are coalitions of agencies in the public, non-profit, and private sectors working together to build healthier communities in Massachusetts through community-based prevention, planning, and health promotion. The Massachusetts Department of Public Health established the Community Health Network Area (CHNA) effort in 1992. Today this initiative involves all 351 towns and cities through 27 Community Health Networks. The Greater New Bedford Allies for Health and Wellness, Inc. (CHNA 26) serves the towns of Acushnet, Dartmouth, Fairhaven, Freetown, Marion, Mattapoisett, New Bedford, Rochester, and Wareham. When the term “CHNA” is used in this report, it refers to the Greater New Bedford Allies for Health and Wellness, Inc. unless otherwise specified.

The partners in the CHNA’s network envision a healthy environment. Its mission is to channel the communities of Greater New Bedford into action to achieve a better quality of life for everyone. It provides information about resources and services in order to promote coordination of services; to encourage use of their services by the public; address needs and build on community assets; and celebrate and reward community successes.

With the mission and the CHNA guiding principles in mind, the Southeast Center for Healthy Communities, a program of Health Imperatives, conducted this community health assessment for the CHNA to uncover community health needs, identify vulnerable community groups, and determine gaps in community health programming.



Executive Summary

Several themes were discovered as a result of key informant interviews and focus groups with residents of the CHNA towns.

Top Health Problems

All individuals who were interviewed as key informants or as focus group participants were asked to express the top health problems they observed among residents of their communities. The following health problems were identified:

- Obesity
- Diabetes
- Heart disease and high blood pressure
- Poor nutrition
- Physical inactivity in youth
- Substance abuse including smoking cigarettes
- Cancer
- Youth Risk Behaviors
- Mental Health

Aspects/Barriers to Living Healthy Lives

Key informants were asked to identify what aspects of their communities make it difficult for residents to live healthy lives. Focus group participants were asked what barriers they feel are preventing people from getting help with health problems. The following aspects/barriers were identified by key informants and in several of the focus groups:

- Lack of places to be physically active, particularly parks
- Lack of access to healthy food due to unavailability, location and high cost
- Those who need any type of assistance are reluctant to ask for help for fear of sharing personal finance information and shame
- Lack of positive role models for youth regarding healthy behavior
- Lack of transportation; schedules of public transportation, lack of availability of parents giving rides to youth
- High availability and low cost of fast food and processed foods

How the Community Can Help

A point that was brought up in several instances was the need for more health promotion education and information in communities. Youth stated that any programs or resources intended for youth need to be directly advertised to them via the schools, facebook, text messaging, or television.



Methodology

The initial focus areas of the assessment were determined by a Community Health Assessment Subcommittee (CHA) of the CHNA that had been formed to focus on the assessment process. This subcommittee, in conjunction with the Southeast Center for Healthy Communities, reviewed the Southcoast hospital system's community health assessment to determine gaps in data. The CHA subcommittee then determined they needed more information about the following populations:

- Youth, in particular at-risk youth;
- Older adults, defined as age 70 and older;
- People from CHNA communities outside of New Bedford, since the city was heavily represented in the Southcoast assessment report;
- Key informants representing vulnerable populations inside of New Bedford, to determine how these populations were faring in the aftermath of the economic downturn.

The community health assessment consisted of a multi-pronged effort including:

- Focus groups with youth and at-risk youth;
- A focus group with older adults;
- Key informant interviews with providers in each CHNA city and town.

The CHA Subcommittee met once per month since November 2010 to discuss assessment-related issues, to determine the key informants and focus groups questions, and to determine how to recruit participants for these groups.

Key Informant Interviews

In order to obtain information from each CHNA community, the general membership of the CHNA identified key informants, in each CHNA city and town, to be interviewed about health concerns in those communities. General members who volunteered to conduct the interviews attended a training on how to conduct key informant interviews in March 2011, and then contacted and interviewed the identified key informants. Key informant interviews were conducted from May through August, 2011. There were 19 interviews conducted within the CHNA catchment area. The same questions were asked of all key informants. Results from the key informant interviews may be found on page 9. Key informant interview questions may be found in the appendix. Due to confidentiality constraints, individual key informants are not identified in this report.



Focus Groups

The CHA Subcommittee reviewed the results of the assessment conducted by the Southcoast hospital system to determine gaps in the data that was collected. Though key informants interviewed as part of the assessment stated that they thought youth and older adults were relatively well-resourced groups, members of the subcommittee noted that youth and older adults were not directly interviewed. Due to this factor, the CHA subcommittee decided to conduct four focus groups, to target the following populations:

- At-Risk Youth (age 16-21);
- Youth from the general population, as a comparison group (age 16-21) ;
- Older adults (age 70 and older) ;
- A combined group of youth and older adults.

After the first youth and older adults focus groups were held, the two groups did not have many similarities in terms of their responses to the questions asked. The CHA subcommittee made the decision that it would not be ideal to move forward a combined group of youth and older adults as initially planned. Therefore, this combined group was not utilized. Additionally, the assessment subcommittee identified that Wareham residents were not included in either of the groups and felt that this was a gap that needed to be filled. Additional groups were held with a group of at risk-youth and older adults, all of whom are residents of Wareham. Results from the focus groups may be found on page 24.

Participants were recruited for each focus group in the following ways:

- Youth focus group: The School Nurse at Old Rochester Regional High School obtained permission from the school committee and recruited youth who attended the high school;
- At-Risk Youth: Recruitment was facilitated by staff at the Community Connections of New Bedford and Whaling City Junior/Senior High School;
- Older Adults: Members of the CHA Subcommittee recruited from local Councils on Aging in CHNA towns;
- Wareham At-Risk Youth: Recruitment was facilitated by the staff at the Boys and Girls Club of Greater New Bedford, in Wareham.
- Wareham Older Adults: Recruitment was facilitated by the staff at the YMCA Southcoast in Wareham.



The table below contains the details for each focus group.

Focus Group Demographics and Logistics					
Population	Youth from general population	“At-risk” youth	Older adults	Wareham older adults	Wareham “at-risk” youth
Date	June 13, 2011	October 12, 2011	October 6, 2011	December 14, 2011	January 19, 2012
Location	Old Rochester Regional High School	Whaling City Junior/Senior High School	Mattapoisett Council on Aging	YMCA Southcoast	Boys and Girls Club, Wareham
Number of participants	8	18	11	4	10
Gender	4 males, 4 females	9 females, 9 males	2 males, 9 females	4 females	4 females, 6 males
Age range	15-18	15-19	70-90	70-92	16-19

Interpreting the results of qualitative data, whether from key informants or from focus groups, should be done with caution, as several limitations exist:

- The health concerns identified by focus group participants and by key informants are perceptions from individual members of these communities and should not be generalized to the larger communities in which these individuals reside.
- All focus groups and key informant interviews were conducted in English; therefore, results from these sessions may not fully represent the needs of people who speak languages other than English.
- Key informants are not identified in this report due to confidentiality concerns. However, these key informants may work with specific subsets of the population, and thus health concerns of other populations may be missing from their observations.
- The oldest participant in the focus group for older adults was 90 and the youngest was 70; caution should be exercised when attempting to discern health care needs for older adults whose age falls outside of this range.
- The oldest participant in the focus groups for youth was 19 and the youngest was 15; caution should be exercised when attempting to discern health care needs for youth whose age falls outside of this range.
- Focus group participants may differ from people who were unable to obtain transportation to the groups or who were unable to attend groups for other reasons.



Results

Summary of Key Informant Interviews:

Perceived Health Issues in CHNA Communities

In order to obtain more information from the communities outside of New Bedford, the CHNA general membership and CHA Subcommittee identified key informants in each of the CHNA towns to be interviewed about perceived health concerns in those communities. The CHNA was also interested in how residents of New Bedford were accessing services during the current economic climate and selected additional key informants from within the city of New Bedford to interview about these health concerns. The CHA subcommittee completed 19 key informant interviews for this project. Due to confidentiality constraints, key informants are not identified in this report. The findings from these interviews are listed below.

Thoughts on General Health of the Community

Key informants were asked to express their thoughts on general health of the community. Many key informants reported that residents of towns outside of New Bedford were healthy, yet the following health concerns emerged:

- Increasing amounts of obesity;
- Diabetes- one key informant stated that this was particularly problematic in Puerto Rican residents;
 - *“Among the Hispanic population, especially people from Puerto Rico, maybe because they are on an unhealthier diet, they have problems more like diabetes.”*
- High blood pressure;
- Heart disease, both in people age 65 and older and below that age;
- Issues with access and consumption of healthy food, including:
 - Lack of nutrient-dense foods;
 - *“I think those are the common trends that we are aware of... increasing obesity, lack of nutrient dense foods, and a disconnect in many ways to nature and the world around us.”*
 - Eating unhealthy foods or overeating due to people receiving food stamps but not being trained to use them;
 - Lack of economic means to purchase healthy food;
 - *“It is very challenging for people to find their way to fresh produce. Also, it is still expensive to eat well. To eat organic and fresh produce is expensive. It is not a wonder that low-income folks have a greater problem with obesity than well-to-do folks.”*



- Increased numbers of young families using food banks due to the economy;
- Central Americans being underweight due to sending money home and not eating enough;
 - *“The Central American population is generally underweight because they have to send all of their money to their relatives down in El Salvador or Guatemala or Honduras. They eat probably less than what they really should be eating. Their medical care, I imagine, is probably on an emergency basis. I don’t imagine a lot of them go to an annual check-up or anything like that. So there’s a lot of room for improvement in terms of health.”*
- Seniors not eating healthfully due to low income, and consuming prepared meals at the Council on Aging facilities, which may be high in sodium;
- Need to improve what is fed to children at school.

Individual key informants observed the following issues when commenting on the general health of their communities:

- Mental health issues, including depression in the general population and post-traumatic stress disorder (PTSD) in returning veterans;
- Use of alcohol and other substances;
- Financial problems causing declining health in seniors;
 - *“What I see, which is probably true everywhere, is that people are making choices about where their money goes- food or whether it needs to be saved for heat, or for medication. I see far too often people that have gone to the doctor once, gotten a prescription, taken it once and have decided I will take it only when I need it.”*
- Central Americans not seeking regular check-ups with primary care physicians;
- Smoking;
- Poor oral health among the general population;
- Chronic obstructive pulmonary disease (COPD) among people age 65 and older;
- In one town, the key informant observed that the residents of the town appeared to be fairly well-covered by health insurance compared to surrounding towns;
- Need for additional health education for students, parents, and older adults;
- High cholesterol;
- Needs of students in schools, including:
 - Homeless students in schools;
 - Students who may not be receiving care they need due to parents working more than one job.



- Some town residents may only be in “fair health” due to lacking economic or educational means to make the best decisions for themselves and their families.

Top Health Problems In The Community

Key informants were asked to list the top health problems they observed among residents of their communities. The following themes emerged:

- Overweight/obesity;
- Heart disease;
- Diabetes;
- Physical inactivity, particularly among children;
 - *“Schools are cutting out physical education because of MCAS and the different standardized tests that the kids have to take. Recess is being cut dramatically.”*
- Lack of nutritious food and increased intake of processed foods due to convenience and/or affordability. Other concerns involving healthy eating included:
 - Affordability of unhealthy food, many unhealthy restaurants being present in town, large portion sizes at area restaurants, and people eating many processed foods;
 - Lack of access to supermarkets, either because no supermarkets are present in the town or because certain populations (for example, older adults) might have difficulty accessing supermarkets.
- Hypertension (one key informant speculated it was due to the “ethnic dietary choices” in the area such as Portuguese food);
- Cancer; one key informant specified lung cancer;
- Substance abuse, including alcohol and prescription drugs;
- Smoking;
- Issues regarding preparation for an increasingly aging population, including ensuring that older adults have the resources to remain in their homes, afford medication, and afford healthy foods;
- Mental health issues, including depression, stress, and anxiety in children, including access to adequate behavioral or mental health services;
 - *“From all towns’ perspectives, I really believe that we need to look at attracting strong pediatric and adolescent counseling...because I think the need is so great.”*
- Violence, including domestic violence and child abuse.



Key informants mentioned the following issues related to the top health problems present in their communities:

- Disparity between lower and upper income students in schools;
- Lack of health education in schools due to budget cutbacks;
- Increased gaps in health insurance coverage due to the economy;
- Accessibility of medical services for non-English speaking residents due to lack of insurance, inability to obtain insurance due to immigration status, lack of interpreters in area medical offices, long wait times for medical interpreters in the hospital, or only Portuguese-speaking interpreters available at the hospital, lack of transportation, and lack of access to mental health services due to lack of counselors who speak Spanish;
- People not thinking that negative health consequences will happen to them;
- High cost of living in certain towns. This is affordable when people are employed but becomes unaffordable as people retire;
- Technology causing issues such as “sexting” among teenagers and “Internet sex” among adults; and
- Teen pregnancy.

Key informants were asked to elaborate about particular health problems that may be present in the town. The following additional themes emerged (at least one in five key informants listed these as moderate-to-large problems in their towns):

- Chronic diseases, including diabetes and asthma;
- Lack of adequate recess/physical education in schools, particularly the fact that children in schools need longer recess breaks;
- Increased allergies among school-age children;
- Lack of sidewalks;
- Limited access to primary care services, concerns about paying copayments, lack of access for uninsured people, the lack of medical facilities in town and difficulty obtaining transportation to these facilities, and lack of primary care providers accepting new patients;
- Poor oral health or lack of dental care for people who do not have dental insurance
 - *“If you can afford to pay for dental care, great. If not, you are out of luck...people are forced to carry the brunt of that expense more and more.”*



Populations With Unmet Needs

Key informants were asked to identify the populations they believe to have unmet needs in their communities. The following populations were mentioned:

- Older adults, particularly as the numbers increase. Issues facing older adults included:
 - Many communities are spread-out, so older adults might have a difficult time getting around;
 - Availability of information might be more limited to older adults who are not tech-savvy;
 - Older adults want to remain in their homes, but their incomes are not sufficient to do so;
 - Older adults making cost-related choices among heat, food, and medications.
 - *“There is now more financial need among the seniors. This is due to the economy. Their insurance and their co-pays are going up. They are not receiving any extra income- that’s been cut for them. They aren’t receiving any cost of living. If they get a little part time job ...then most of the time something else will go up because their income went up.”*
- People who are poor, including the “working poor” and people who are unemployed or underemployed and may not be receiving benefits such as health insurance;
 - *“You have two people making minimum wage, who the bosses give them 37 hours so they don’t qualify for full-time benefits. They can’t afford health insurance, period.”*
- People who are facing foreclosure or who are increasingly unable to afford the cost of living in area towns;
 - *“Foreclosures are murderous and out of control.”*
- Uninsured or underinsured people who may have difficulty affording doctor visit copayments;
- Children in foster care;
- Single parents and the effects upon their young children;
- Adolescents, teenagers, and young adults, who may have a lack of activities to engage in, may be engaging in risky behaviors, or may have lack of access to needed mental health or psychiatric services;
 - *“There are not a lot of jobs or opportunities for young adults so they are left on their own a lot.”*
- People with physical, mental, or emotional disabilities. Some key informants stated that services are available, while others would like to see an increased availability of services;



- Homeless populations, may be small in area towns, but homeless still in need of services;
- Two key informants mentioned people who do not speak English and/or people who have recently immigrated to the United States as populations with large unmet needs;
- Two key informants mentioned people in need of supportive services as a population with unmet needs;
- Two key informants mentioned very young children as populations with large unmet needs, particularly children of parents making poor choices and children of dual-earner families who may have negative experiences in daycare;
- Two key informants mentioned people with mental health and substance abuse issues.

Key informants mentioned the following populations in need of services:

- People who are receiving food stamps may have a high-carbohydrate diet;
- Autistic children having to go out of town for daily care;
- People who are isolated; that is, people who have nowhere to go during the day and are not connected to any community groups;
- People who “*have less*” may struggle more with health issues or to find supportive services to meet their needs.

Aspects of the Community That Make It Difficult For Residents To Live Healthy Lives

Key informants were asked about aspects of their communities that made it difficult for residents to live healthy lives. The following themes emerged from these conversations:

- Lack of access to places to obtain physical activity;
 - One key informant observed that there were few parks in town and few resources for people who could not afford recreational activities;
 - One key informant observed that older adults reported a lack of access to parks, particularly ones that were wheelchair-accessible, and also difficulty leaving the house with snow on the ground;
 - Multiple key informants observed a lack of sidewalks in certain towns;
 - Two key informants spoke of the role of schools, including a lack of recess or physical education in schools and a need for schools to become more involved in promoting healthy lifestyles;
 - One key informant stated that the community was “*spread out*” and there was a heavy reliance on cars to get around, since the streets were not safe for biking.
- Lack of public transportation to obtain access to supermarkets and medical care:



- One key informant observed public transportation infrastructure caters to people traveling between cities; therefore residents cannot use it to get across town.
 - *“All the bus passes in the world don’t do you much good if the last bus is at seven o’clock at night.”*
- Issues with obtaining access to, preparing, and consuming healthy foods, including:
 - Lack of access to fresh, healthy foods because farmers’ markets are only accessible in the summer;
 - People may be living in hotels, and thus have nowhere to cook foods and as a result purchase *“expensive, quick foods high in sodium”*;
 - One key informant observed that Central Americans may be malnourished due to sending money home to their families, while some other Hispanic residents from the Caribbean might have issues with heart problems due to consuming high-fat foods such as pork;
 - Residents often have to travel out-of-town or across town to access supermarkets, which may be unsafe on busy roads such as Route 18, and that public transportation is lacking. One key informant observed that low-income housing developments may be less likely to be located near supermarkets;
 - *“We are two miles from Walmart. For me to walk two miles is not a big deal, but for your person on crutches or your person that is overweight or they have health problems, they can’t walk two miles. You can’t buy your protein that you need to, because people don’t have a cooler to transport their meat products. So transportation is a huge issue.”*
 - *“Rural communities don’t have steady access to supermarkets. There is always a commute.”*
 - Many adolescents are consuming energy drinks but not eating breakfast, and malnourishment is a concern;
 - Lack of education and resources about healthy nutrition options or obesity prevention;
 - Lack of healthy choices in restaurants;
 - High cost of healthy food;
 - Some families may pack unhealthy lunches for kids;
 - High availability of fast food, but one key informant stated that it is still a personal choice to consume fast food.



Key informants were asked to identify conditions within their community that make it difficult for residents to lead healthy lives:

- Two key informants cited lack of education and resources about health promotion. One of these key informants specifically cited lack of information about family planning and teen pregnancy;
- Two key informants cited cigarette smoking and nicotine addiction. One key informant cited that funding for the tobacco control program had been cut and anticipates worsening of this issue;
- Two key informants cited lack of access to adequate behavioral or mental health services;
- Lack of access to adequate primary and dental care resources;
 - *“Almost all insurances require primary doctors these days and primary doctors are becoming scarce.”*
- One key informant cited alcohol abuse among teenagers because they do not understand the negative health effects;
- Lack of belief that negative health outcomes will *“happen to them”*;
- Difficulty in finding people in the community who may need financial assistance, because people may keep this guarded;
 - *“A lot of times people are not really inclined to offer the information that they can’t afford something. They want to keep that to themselves.”*
- Gang activity;
- De-criminalization of marijuana use makes teenagers believe that the use of the drug is acceptable;
- People who are of undocumented status may not seek prenatal care;
- A lack of role models for healthy behaviors, including adults who do not use cell phones while driving or teachers not using vending machines to buy unhealthy foods in school;
- Lack of money management skills, which means that people spend their income on *“treats”* to make themselves feel better about lack of income but then lack income for necessities;
- Lack of coordination of care among private medical offices and hospitals, resulting in people having to return to the emergency department due to inadequate resources for care.



Community Assets

Key informants were asked which agencies in town assisted residents in living healthy lives. Each agency might be located in an area town rather than the town the key informant works in; however, each agency is listed under the town the key informant was speaking about as a resource useful to that particular town. The following is a listing of all agencies mentioned by key informants.

Acushnet

“Overall we do have a very active and vibrant community here in Acushnet.”

- Community center
- Council on Aging
- Youth League
- GNB Allies for Health and Wellness (CHNA)
- YMCA
- School nurses
- Board of Health
- Anti-bullying initiatives in the schools
- Parks
- Prenatal care provided by physicians and clinics in New Bedford
- Greater New Bedford Community Health Center
- Clothing drives
- School system with facilities open to town residents
- Municipal golf course
- Acushnet Youth Athletic Association
- Day care providers
- Preschool program
- EMS/paramedic system expanded to fire department



Dartmouth

“I think generally we have a healthy community. Good health and a healthy community supporting healthy people.”

- School system
- Community Nurses
- BBC
- Supportive town government
- Department of Public Works
- Planning board
- Parks and Recreation
- Beaches
- Fitness centers and health clubs
- Dartmouth Natural Resources Trust
- Dentists and orthodontists
- Alternative care providers such as massage therapists, acupuncture, reiki, and yoga are offered by some local nonprofits
- Council on Aging providing dance classes for older adults, SafeLink, weight loss support groups, transportation to grocery stores, fitness and computer classes, the Living History project partnership with the DeMello school, blood pressure clinics, and medical supplies
- Library system
- Youth sports
- School sports
- Musical opportunities for kids
- Immunization clinics offered through the Board of Health
- Farmers’ markets
- The Dartmouth Grange Hall
- Community kitchen
- Agriculture Commission
- UMass Dartmouth medical provider training programs
- Internships with local public health department and community nurses as opportunities for students
- North Dartmouth Mall acting as a sort of “village center” and a community partner
- Memorial Day parade
- Wooded areas and farmland
- Agricultural endeavors such as farms, orchards, and vineyards
- Friends of Dartmouth High School/Friends of Dartmouth Middle School
- Youth advocate
- Food bank



- Rotary club
- Fort Taber, Buttonwood Park, Alderbrook and Daffodil Farm

Fairhaven

“There are...beautiful places to get exercise, walk by the sea or in the parks.”

- Senior center including outreach workers and transportation
- Coastline elder services
- Collaboration with Community Nurses to create a wellness center
- Parks and seaside places that are *“beautiful places to get exercise”*
- Health care providers
- Local hospitals
- Visiting nurses
- Companions and homemakers helping people stay healthy in the community
- Area agency on aging
- Attorney General’s Office
- AARP
- Association for the Relief of Widowed Women
- YMCA
- School system
- Gyms
- Walking clubs

Freetown

“We have a state forest right in the middle of the town and several other parks and recreation areas.”

- School department that encourages healthy lifestyles and healthy eating
- Council on Aging providing diabetes checks, blood pressure checks, flu shots, guest speakers
- Active church groups
- Neighbors taking care of neighbors
- State forest, parks, and recreation areas
- Relatively safe for biking
- Safe neighborhoods
- Farms providing fresh food in summer



Marion

“This is a really small town, so if somebody has something, has a problem, it seems like the whole town gets involved to try to solve it.”

- Washburn Park
- Council on Aging, including vans providing transportation to farmers’ markets and other Councils on Aging, also podiatry services
- Churches
- Coastline elder services
- Community Resources Network (CRN)
- Salvation Army
- St. Vincent de Paul
- YMCA
- People Acting in Community Endeavors (PACE)
- Southcoast hospital van
- Tennis fields, beach/ocean, and running paths
- Tabor Academy’s facilities open to residents of the town
- School recess held away from school buildings to encourage exercise
- Tobey Hospital in Wareham
- The ability to work off real estate taxes through volunteering
- Supportive community; people helping each other
- Little Neck Village housing
- Public health department

Mattapoisett

“We have...safe neighborhood[s]. It’s a small community so our neighborhood links are strong.”

- Police department
- Fire department
- Library
- Council on Aging, including transportation
- Wharf dances in summer for adolescents
- Recreation department
- Athletic opportunities offered through school system
- Veterans’ Administration
- Farmer’s market in summer
- Old Hammondtown community garden
- Public health nursing services
- Veterans’ administration office



- Telephone hotlines that cover chronic disease and mental health issues
- Medical Reserve Corps
- Adcare
- New Bedford Crisis Center
- School nurses
- School system
- Shipyard Park

New Bedford

“There are a lot of supportive charities and service organizations in the community that can help.”

- Substance abuse task force
- Brick-By-Brick
- North Star
- Boys and Girls Club
- Immigration Assistance Center
- Schools
- Hope from Shannon
- Southcoast hospital system
- Greater New Bedford Community Health Center
- Women’s Center
- Our Lady of Guadalupe at Saint James Church
- Mass in Motion
- St. Luke’s anti-smoking campaign
- Catholic Social Services
- Salvation Army
- Gospel Fest
- YMCA
- YWCA Southeastern Massachusetts
- Dennison Memorial Center
- Council on Aging transportation programs
- Council on Aging fitness classes
- Farmers’ markets
- Coastline Elderly Services—particularly food vouchers they provide
- Community gardens
- Athletic opportunities at high school
- Emergency department
- Prayer group to assist people recovering from addiction



- Serenity Gardens community garden project
- Supermarkets: Price Rite, Central Foods, Market Basket
- Veterans' Administration, including a sobriety walk-in group
- Parks such as Fort Taber, Buttonwood Park, Riverside Park
- Sunshine Place
- Coalition of Social Justice
- Coalition Against Poverty
- Treatment on Demand
- Diabetes Association

Rochester

"People get out and enjoy their property, and exercise and farm....there are lots of roadside stands now ...that [weren't there] before."

- Community health nurses
- Senior center, including blood pressure clinics
- Matt's Restaurant with "nice menu"
- Lloyd's Market
- RAPPP program
- Women's Center in New Bedford
- Greater New Bedford Community Health Center
- Clean air
- Community garden at elementary school
- Council on Aging
- Fire and ambulance services
- Police department
- Baseball parks, soccer parks, Gifford's Park
- Athletic opportunities available through schools
- Rochester Country fair in August each year
- EMS system



Wareham

"There are many caring people."

- Senior center
- Library staff
- School lunch program
- Boys and Girls Club
- Onset Youth
- YMCA
- Cape Verdean Relief Fund
- Turning Point
- Community Resource Network (CRN)
- Wareham Clergy Council
- Community services collaborative
- Greater Attleboro Taunton Regional Transit Authority (GATRA)
- DTA office
- Local legislators and town government
- Wareham Library
- Police department
- Motels
- Multi-service center
- Wareham Family Planning
- Wareham Crossing mall for people to walk
- Athletic opportunities for children
- Tobey Hospital
- Southcoast vans
- Healthcare for All
- Community gardens at Makepeace and the library



Summary of Youth Focus Groups:

Perceived Health Issues in CHNA Communities

In order to obtain more information from the youth who reside in these communities, focus groups were conducted with three groups of youth. All groups were asked the same questions regarding perceived health concerns in the communities. Please refer to the table on page 8, Focus Group Demographics and Logistics, for information regarding the location and demographics associated with these groups. The results of these focus groups are listed below.

Thoughts on General Health of the Community

Youth focus group participants were asked to express their thoughts on the general health of people their age in the community. The following themes on health emerged:

- Old Rochester and Wareham youth believed that most youth are healthy;
- At-risk youth believe people their age are generally unhealthy;
 - *“Things are horrible.”*
- Youth identified a relationship between being healthy and participating in sports. They believed those that participate in sports are generally healthier because they are physically active and social;
- Youth stated there are a good amount of people their age that are unhealthy; they are not active, not social, and do not eat properly.

Top Health Problems In The Community

Youth focus group participants were asked to express the top health problems they observed among people their age in their community. The following health problems were listed:

- Substance use (alcohol, marijuana, cigarettes);
 - Youth believe most people their age drink alcohol and use drugs often;
 - Starting to use at a younger age;
- Lack of exercise;
- Poor nutrition;
 - Not eating breakfast;
 - Eating fast food;
 - Poor quality food including school lunches.
- Obesity/overweight;
- Risk-taking behavior;



- Risky driving (texting and driving, lack of seatbelt use, drinking and driving);
- When under the influence, people do *“stupid things.”*
- Asthma;
- Not getting enough sleep;
- Violence;
- Allergies;
- Teen pregnancy;
 - *“It’s like a new baby boom”;*
 - *“One person gets pregnant and everyone around them gets pregnant.”*
- STDs;
- Stress which causes anxiety;
 - About school, relationship, home-life.

Youth focus group participants identified the following issues in relation to the top health problems present in their communities:

- Regarding nutrition, youth made several observations;
 - Lack of money to buy healthy food;
 - *“Kids go for what is cheaper”* when paying for food themselves.
 - Lack of availability of healthy food;
 - Wareham schools are changing lunch menus to offer healthier options, however they are not limiting portions. Youth do not understand portion control;
 - *“The food is healthier, but not if you buy four lunches.”*
- Youth reported that substances are used for various reasons; peer pressure, they think it is *“cool”*, believe everyone else is doing it, there is nothing else to do, some youth see their parents use;
- Regarding exercising, youth in all groups believed that many people their age are too lazy to exercise or do not recognize the need to exercise;
 - Several youth also mentioned the inability to afford a gym or YMCA membership;
 - Belief that youth are consumed by technology which keeps them from being active;
 - *“People should be outside playing, rather than inside playing with their i-pad.”*
- Belief that many youth are having unprotected sex;
 - Sexual education is covered in health class;
 - Youth in Wareham know about Wareham Family Planning;
 - Health vans are around school (Wareham High School) for free pregnancy tests;
 - Promiscuous behavior; *“girls hooking up with three guys in one night”*.



- Several youth in one group spoke at length about the issue of female students wearing inappropriate attire at school;
 - Perception that girls dress this way because they want boys to like them and to get attention;
 - *“People take their youth for granted, just want to be older, fit in with older people.”*
 - Believe this is more a problem for younger students;
 - *“As you get older, you’d rather be respected.”*
 - Believe the parents are responsible for how their child dresses, however the school has to be stricter and teachers have to enforce it;
 - *“Some girls keep pushing the boundaries because they know they can get away with it.”*
- Concern regarding lack of self esteem among girls; specifically mentioned was concern with girls not eating lunch; making excuses for why not;
 - Once students leave junior high to high school, there is such a big change; set higher standards for themselves. Get wrapped up in “high school” and how it is portrayed in media;
 - *“They are pretty, but tell themselves that they are not, they think they are fat.”*

Barriers to Health

Youth focus group participants were asked what barriers they feel are preventing people their age from getting help with health issues mentioned. Additionally, they were asked how the community can work to address these barriers.

Youth focus group participants mentioned the following barriers they feel may be preventing youth from getting help with health issues:

- Unaware of resources available in community;
 - *“There are not enough ads directing teens our age making us aware of services available and things that can help us.”*
 - Most students do not know that school (Old Rochester Regional High School) has a psychologist.
- In denial; don’t want to deal with issues, don’t know they have problems;
- Scared, embarrassed to get help;
 - *“Don’t know how others are going to react, especially younger kids.”*
 - May be embarrassed to work out in a gym in front of other people;
- Lack of legal guardian to take care of the child;
- The school offers healthier meals, but does not limit portions;
- Friends are sometimes a bad influence;
- Language, particularly among immigrants;



- May be embarrassed to ask for help because they do not speak the language or understand.
- Laziness;
- Lack of transportation, availability of rides from parents because they have to work;
- Lack of something else to do as reason for youth drinking or using drugs at a party;
 - There are parents that allow youth to drink as long as they don't drive.
- Financial barriers;
 - Healthy food is expensive;
 - Can't afford gym/Y membership;
 - Lack of health insurance or affordable coverage.
- Safety (this issue was only identified in New Bedford);
 - Guns on the streets;
 - *"Crooked cops...harass us, profile...they can do whatever they want...smack you around."*
 - *"Don't feel safe at New Bedford High School...can just walk in with anything."*
 - Alternative school has more security and feels more safe.
 - Library is unsafe;
 - Drug users on street, hustling for drugs.
- TV is a bad influence, everything is about sex;

Youth focus group participants suggested the following ways the community could work to address barriers:

- Need positive role models;
 - Upper classman should be more responsible, should set the example for the younger kids by attending parties without drinking; it makes the freshman want to be like the older seniors;
 - Youth look up to athletes.
- Prevention programs should start early, as a freshman and regularly;
 - By the end of senior year, *"you know what you can and can't get away with... Habits have been made, opinions have been formed... It is easier to mold a younger age group."*
 - Everyone should receive the "15 minute campaign". It is presently only given to seniors (at New Bedford High School);
 - Limited drug and alcohol education.
- More planned programs/activities so youth have something to do;
 - Perhaps at the Community Center.
- Places for youth to exercise for free;
 - Work out center in each neighborhood;



- Outside workout area with weight benches;
- Parks for kids to play in that include basketball;
 - *“Being outside is an issue with kids; many just stay inside and play video games all day.”*
- Dome with track, courts;
- Students in Wareham suggested something like Riverside Park in New Bedford;
- Could also be used to socialize for those who did not want to participate in sports;
- Farmers market with locally grown food;
 - There is currently a lot of fast food in the area.
- More activities for youth to participate in;
 - Jobs/volunteer opportunities.
- Advertise to teens directly via;
 - Come to schools;
 - Commercials on television;
 - Text messages;
 - Facebook;

Assistance

Youth focus group participants were asked whether they believe people their age are getting the assistance they need.

- They are not getting enough help for problems because they don’t want to;
 - The at-risk youth reported their help is from DCF which is not the help they want;
 - Other youth believed that youth do not seek help because they do not recognize that they have a problem or do not care.
- Younger kids need more help, they are growing up too fast;
 - Start programming in middle school so that they get help sooner, once they are in high school it is *“too late”*.

Youth focus group participants were asked what kind of assistance is needed for people their age.

- Want job opportunities to make money;
- Want more trade schools, voc-tech schools;
 - More options and opportunities to learn a trade without having to pay for it;
 - College is too expensive.
- Need more help with preparation for testing and college;
- More activities for youth to participate in;



- Making it easier to go to away football games, perhaps by providing a bus for fans;
 - *“If the school did more things to entertain the students, there would be less students getting high.”*

Community Assets

Youth focus group participants were asked which agencies in town assisted residents in improving the physical and mental health of youth. The following is a listing of all agencies mentioned by participants:

- Boys Club;
- YMCA;
- Dennison drop in center;
- Third Eye;
- Big Brother Big Sister;
- Track club (recreational);
- Churches have recreational teams;
- Police department;
- Schools;
- Wareham Family Planning.

Individual youth participants made the following observations when commenting on the agencies in the area that offered assistance to youth:

- Teens need help finding jobs;
- Childcare for teen parents is a concern;
 - Need free or low-cost childcare.
- Would like to see neighborhoods compete in some sort of tournament to win something, first place gets a reward such as a gift card to YMCA or Wal-Mart;
 - *“We need something to look forward to...to be recognized for our talents.”*
 - *“Help us... try to reward us so that we want to do it.”*
- Youth need positive role models, like Big Brother Big Sister;
 - *“Kids need to hear at a young age what they can become to prevent them from doing the wrong things.”*

Specific agencies mentioned were:

- Wareham High encourages students that are pregnant to stay in school, but most do not;
 - *“The school tries to help us more than anyone else.”*
- Membership at the YMCA is expensive;
- New Directions was a great resource, but it closed down;



- Gave job opportunities, made them aware of summer/winter programs to sign up for, staff was good at presenting available services;
 - *“It worked...it helped me a lot.”*

Technology

An additional question was added to the last focus group asking youth which types of technology people their age use to access medical information and how these help people live healthier lives.

- Google;
 - Quick, easy;
 - Can read about others who have had same problem;
 - Confidential;
 - May not be accurate;
 - May make you over-think what is going on, “diagnose” yourself inappropriately.
- Wikipedia;
- Usually just talk to doctor about any concerns.



Summary of Elderly Focus Groups:

Perceived Health Issues in CHNA Communities

In order to obtain more information from the elderly who reside in these communities, focus groups were conducted with two sets of elderly residents (over the age of 70). The first group was held at Mattapoisett Council on Aging and included residents from New Bedford, Marion and Mattapoisett. The CHNA Subcommittee felt that Wareham elderly should be specifically targeted since those residents had not yet been reached. An additional group was held at the YMCA Southcoast in Wareham to obtain information from Wareham residents. All groups were asked the same questions regarding perceived health concerns in the communities. The results of these focus groups are listed below.

Thoughts on General Health of the Community

Elder focus group participants were asked to express their thoughts on the general health of the community. The following themes emerged:

- More elderly are generally healthier because *“they work out more and take care of their bodies a lot better.”*;
- Some may not be so healthy because they are on so many daily medications;
- If they take care of themselves, they are healthy;
- Healthy for their age, broad spectrum, many in middle;
- There are a lot of people living longer; know of many 90 year olds;

Top Health Problems In The Community

Elder focus group participants were asked to express the top health problems they observed among residents of their communities. The following health problems were listed:

- Arthritis;
 - *“They call this the golden years...that’s a lot of crap. I call it the rusty years.”*
- Memory and alzheimer's;
- Heart conditions;
 - High blood pressure;
 - Heart disease.
- Diabetes;
- Loneliness and depression due to;
 - Transportation, lack of ability to get to places.
 - Loss of spouse, close friends;



- Agencies in area are focused to help with this issue;
 - *“Council on Aging’s outreach tries to identify these people and get them out and involved.”*
- Prostate problems;
- Mobility;
- Eye sight;
- Cancer;
- Nutrition;
 - People don’t like food from Meals on Wheels, not convinced it is nutritious;
 - Cognitive ability to make a decent meal;
 - Increase in processed foods.

Elder focus group participants mentioned the following issues when commenting on the top health problems present in their communities:

- Cancer is a big problem; seems to be more prevalent;
 - *“It seems like when you get to a certain age, you either have cancer or heart issues.”*
- Lack of alternative doctors; lack of natural/osteopathic doctor;
- Many seniors don’t have access to computers where a lot of the information is;
 - *“Internet should be free for the elderly...I love it, but I can’t afford it.”*
- How to stop someone from driving if they shouldn’t be driving. They need to go where they need to go, but people have a hard time telling them they can’t drive. This is a tough issue for families to deal with.
 - *“It is especially hard for a man...that’s their independence.”*
- Trouble remembering to take medications. Even with pill boxes, people need help. Many people need supervision with managing or taking their medications.
 - *“Don’t realize danger of doubling up if they have forgotten.”*
- Lack of knowledge around health issues;
- Elders tend to live a more sedentary lifestyle than when younger;
- Elderly participants noted several positive community traits including;
 - Transportation is available in the area; a bus to Wal-Mart and the grocery store. Driver helps with shopping, bringing groceries in the house;
 - Council on Aging has trips that residents can go on;
 - Well attended presentations in Mattapoisett for elderly.



Barriers to Health

Elder focus group participants were asked what barriers they feel are preventing people their age from getting help with health issues mentioned. Additionally, they were asked how the community can work to address these barriers.

Elder focus group participants mentioned the following barriers that prevent older adults in the community from getting help with health issues:

- Many do not have family around to help them, others may try to help, but some are reluctant to accept it;
- Financial abuse and neglect; families are moving in with elderly, need financial help from elderly;
 - Elder abuse is growing in state, people are reporting it more.
- Food is expensive;
 - Difficult to buy/cook healthy meals for one, sometimes more convenient to use processed/frozen food;
 - *"We try our best, but how healthy you can get depends on where you go."*
- Housing conditions; seniors have lost homes or live in homes they can't afford;
 - Unsure of senior housing availability;
 - Senior housing is expensive. It is based on a sliding fee, however you can only get in if under income requirements;
 - *"Many let homes run down until the bank takes it...can't do anything else."*
 - *"In this day of age, it costs a lot to live."*
- People don't want to use medications for fear of side effects;
- Do not go to doctor for fear of diagnosis; whatever is wrong may force them to have to change their lifestyle;
- Difficult to access information online; knowledge of accessing online information;
- Shame of asking for help, negative perception of asking for assistance. Many would rather go without than ask for help. There is a stigma around assistance programs. Generation of people who never needed to ask for help, had always been the ones to help others; now the roles are reversed;
- Living on a fixed income; inability to afford private insurance and medications, difficulty (or inability) with the transfer of benefits when spouse passed, those without pensions;
- Some elders in the area do not speak English.



Elder focus group participants suggested the following ways the community could work to address the barriers mentioned:

- More opportunities for volunteering; participants described volunteering as vital to staying healthy, rewarding, giving one a connection to the community and puts worry outside of self;
- More jobs for elderly;
- Availability to volunteer for town to work off taxes for low income and elderly. The group was unsure of the qualifications for this and believed people should be educated about the availability of it;
- Coupons to buy local produce at farmers markets for those who meet income limits;
- ESL language opportunities; increase availability and location. Include basic language to get them through daily needs;
- Should be more single servings at grocery stores;
 - *“Should sell pie in single pieces so I don’t have to buy the whole pie.”*
- Home visits and check ins for those that live alone and are isolated;
- Home mailing newsletter with information on ways to keep them involved, provide resources. Although some participants were receiving this, others did not know how they could get such a newsletter;
- Welcome for new people in the community; would like to see a buddy system for new people coming to Council on Aging. Participants explained this would be helpful so that new people have someone to talk to and can be introduced to others so that it is not so intimidating. Some people do not see a place for themselves when they first come so they do not come back.
- Participants discussed how aging is different for men than it is for women. There is nothing for men to do once they retire. Men get lost when they don’t work; loss of human contact, no longer making money, can’t fix things anymore. A man’s identity is often with his job; when they retire, their self image is lessened; they feel inadequate if not working anymore.
 - Communities could do something about this; have different groups meet these needs such as taking requests from other seniors for minimal home repairs.



Assistance

Elder focus group participants were asked whether they believe people their age are getting the assistance they need. Additionally, participants identified several resources that older adults utilize for assistance:

- Participants identified a divide as far as getting help. They explained that there are many that are getting the help they need, however, there were many that were not due to their negative perception of asking for help or receiving assistance;
- Those living in Mattapoisett described themselves as lucky; they have high quality medical care, choices and an active senior center.
- Many agreed that Council on Aging is very helpful;
 - *“They can’t solve everything, but they can refer you to get you the help you need.”*
 - *“Fortunate in this area to have a lot of support.”*
- Meals on Wheels was also identified as a helpful resource;
 - Meals on Wheels volunteers are often an individuals’ only outside contact for that day. Many volunteers have found elderly in distress, etc;
 - *“It is necessary-if they didn’t have it, nursing homes would be loaded, emergency rooms would be crowded.”*
- Police departments. Participants explained that a person can be monitored every day by police whereby the police call an individual to check in. If that individual does not answer the phone, an officer will go out to the house to check on that person;
- “Ride Share”; transportation system in place for elders in area;

Elder focus group participants identified the following issues within their community that make it difficult for residents to lead healthy lives:

- People struggling to stay in houses, may not be low income, but they are struggling to pay the mortgage or have extensive home repair needs;
 - *“May not be considered low-income, but could be worse off than those that are low-income.”*
- If people do not speak English, they are isolated outside of family. Participants identified that the main languages spoken other than English are Spanish and Portuguese;
 - Don’t know of any ESL programs outside of New Bedford;
 - *“Some of them don’t care to learn English.”*
- People need help managing their medications;
- Some people do not take certain medications they are prescribed because they are too expensive, but do not tell their doctor that they are not taking it;
 - *“They are embarrassed to tell doctor they can’t afford it.”*



- Patients need to be educated about how they can prepare for a doctor appointment; they should be encouraged to have questions for their doctor written down as many forget what questions they have. The doctor should also write down the answers to their questions (some doctors do). Another option would be to use a tape recorder at doctor visit or to go in with someone else;
- Be alert to one's neighbors, what is going on in the neighborhood;
 - *"We can always help a neighbor."*
 - *"Need to be there for each other as much as we can."*
- Need to have a positive mental outlook;
 - *"I have to talk to myself a lot. Not every day is going to be tops, what are you going to do to offset that? ...have to keep an even flow."*
- Animals help mood. Vets are expensive and people are not able to afford to care for their pets. Some are not able to have pets where they live;
- People are reluctant to ask for help. Many would rather go without than ask for help. Sometimes people wait until problems get out of control because they didn't want to ask for help initially;
 - *"If people could be encouraged to seek help in early stages, it could help to prevent further risk or hardship."*

One Wish

Elder focus group participants were asked to identify their one wish for people over the age of 70 to maintain their health and well-being. The following is a listing of wishes mentioned by participants:

- Get a pet;
- A new pair of feet;
- Half hour of exercise a day;
 - *"The best pill you can take."*
- Upbeat people;
- Dental insurance for elderly;
 - *"That is the time when you need it. When you need dentures and can't afford them, your quality of life is not what you would hope."*
- A free computer and free internet;
- Access to the library; more library hours, more time allowed on the computer at library;
- Walking group, biking group;
 - *"It is much easier to participate/exercise if you are part of a group."*
- Keep moving, keep walking;
- Money;
- Good nutritious food;
- Human contact; should see someone every day



Technology

An additional question was added to the last older adult focus group. This questions asked focus group participants which types of technology people their age use to access medical information and how these help people live healthier lives.

- Television was identified as the primary technological source of information for people their age;
 - Local public access is a good source for receiving local information.
- Landline telephone;
- Use newspapers rather than online to look at what is going on in community;
- Participants explained that they are often intimidated by technology since they did not grow up with it;
 - Costly and complicated to have internet and cell phones.



Appendix: Questions for Key Informants and Focus Groups

Greater New Bedford Allies for Health and Wellness Key Informant Interview **Questionnaire**

Modified from the Southcoast Hospitals Community Health Assessment, Appendix B (Market Street Research)

Thank you for taking time to talk to me today about the health of the people in **[CHNA town.]** My name is _____ and I am here today on behalf of the Greater New Bedford Allies for Health and Wellness, Inc. We're a group of health and social service organizations working to improve the health of residents of the towns in this area. Right now, our group is in the process of conducting a community health assessment, which means that we're trying to talk to community members about health problems in their communities so we can find out what the most common problems are. When we collect this information from community residents and put it all together, it will help us to decide what the health priorities of the area should be. Our group will then be able to fund projects related to these priorities.

I want to emphasize that the discussion today will remain confidential. The results of this discussion, which will be reported thematically, will be used as part of our health assessment process to determine how we can best address health care needs in the area. Your name will never be shared or linked with anything that you say. I want to remind you that I am audiotaping the discussion so I can remember the important ideas you have. The tape will give us the opportunity to review what you said at a later time when we prepare a summary report.

Please tell me your first name, where you work, and how long you have worked there. Do you also live in this town?

For the purpose of this assessment, we have a very broad definition of health. Health is more than about what takes place at a health care provider's office. Our health is affected by what takes place amongst and between our families and our friends, within our home environment, within our schools and workplaces, in and around our playgrounds and parks, and our community at large. Our health is also affected by the air we breathe, the water we drink, and the food we eat.**

1. First, tell me your thoughts about the general health of residents of your town overall. To what extent do you feel like people in your town are healthy or unhealthy?
2. What do you think are the top three health problems facing residents of your town? Why do you think these are the top health problems facing residents? How much of a problem are each of the following in your community? Would you say the health issue is



a big problem, a moderate problem, a small problem, not a problem, or you're not sure if it's a problem for your community?

(Interviewer PROBE: if "big problem": Why do you feel these are the top health problems facing residents?)

PROBE:

Healthy eating habits, including obesity, proper nutrition, diet

Access to healthy foods in restaurants

Conveniently located food stores/supermarkets

Getting adequate exercise

Safety of neighborhoods

Availability of parks

Sidewalks and streets in good enough shape for bike riding/jogging (including snow removal)

Recess/physical education in schools

Allergies

Sexually transmitted infections, AIDS

Violence

Family planning and teen pregnancy

Prenatal care, child development services

Accessibility of places to breastfeed in the workplace or other community gathering places

Alcohol abuse or addiction

Cigarette smoking or nicotine addiction

Behavioral/mental health

Access to adequate primary care resources

Access to adequate emergency care resources

Access to adequate dental care resources

Heart problems

Cancer

Chronic disease, such as diabetes or asthma

[do not read] Other

3. Who do you think is at risk or has large unmet needs? PROBE: Why do you think these people/populations have large risk/unmet needs?

Elderly

Children

People who do not speak English

People who have recently immigrated to the U.S.



Southeast Center for Healthy Communities,

A program of Health Imperatives

www.preventionworks.org

People who are poor
Specific race/ethnicity groups
People who are homeless
Single parents
People at risk of losing their homes
People who are unemployed
People with physical, mental, or emotional disabilities
People who are uninsured
Children in “the system”—foster care
Adolescents/teenagers
Persons in need of supportive services
Other

Next, I'd like you to think about your community in terms of whether there are aspects of your community that make it difficult for residents to lead healthy lives.

4. Are there aspects of your community that make it difficult for people to live healthy lives? What are they? How would you rate the following aspects of community life? Would you say it is a big problem, a moderate problem, a small problem, not a problem, or you're not sure if it's a problem for your community?

Interviewer PROBE if “big problem”: Why do you feel these aspects of the community make it difficult for people to live healthy lives?)

PROBE:

Healthy eating habits, including obesity, proper nutrition, diet
Access to healthy foods in restaurants
Conveniently located food stores/supermarkets
Getting adequate exercise
Safety of neighborhoods
Availability of parks
Sidewalks and streets in good enough shape for bike riding/jogging (including snow removal)
Recess/physical education in schools
Allergies
Sexually transmitted infections, AIDS
Violence
Family planning and teen pregnancy
Prenatal care, child development services
Alcohol abuse or addiction
Cigarette smoking or nicotine addiction



Behavioral/mental health

Access to adequate primary care resources

Access to adequate emergency care resources

Access to adequate dental care resources

Accessibility of places to breastfeed in the workplace or other community gathering places

Heart problems

Cancer

Chronic disease, such as diabetes or asthma

[do not read] Other

5. What aspects of your community do you think support people in living healthy lives?

6. What organizations or other resources do you know of that help people to stay healthy in their communities?

Do you have anything else to add to today's discussion?

This information will be used as part of our community health assessment process to determine how we can best address health care needs in the region. Once the report is completed, the Greater New Bedford Allies for Health and Wellness, Inc. plans to use this information to target our funding toward the health areas of greatest need in the communities we serve. Thank you very much for your participation.

****Wording adapted from the Robert Wood Johnson Foundation. Copyright 2010, Robert Wood Johnson Foundation.**



Greater New Bedford Allies for Health and Wellness Focus Group Questionnaire:

Youth

Modified from the Southcoast Hospitals Community Health Assessment, Appendix A (Market Street Research)

Hello and welcome to our discussion, or focus group, today. Thank you for taking time to participate. I will keep the meeting to ___ minutes so that we finish by ___ o'clock. You should also feel free to get up and stretch, go to the bathroom, or help yourself to refreshments.

My name is _____. I will act as the moderator for today's discussion. This is my colleague _____. He/She is here to take notes of the discussion. You can also get his/her attention if you need his/her assistance for any reason during the group.

I am here today on behalf of the Greater New Bedford Allies for Health and Wellness, Inc. We're a group of health and social service organizations working to improve the health of residents of the towns in this area. Right now, our group is in the process of conducting a community health assessment, which means that we're trying to talk to community members about health issues in their communities so we can find out what the most common concerns are. When we collect this information from community residents and put it all together, it will help us to decide what the health priorities of the area should be. Our group will then be able to fund projects related to these priorities.

My role is to make sure that we stay focused on the topic, that all the issues are touched on as fully as possible within the time frame and that everyone gets a chance to participate and express his or her opinion. We are here to learn about your experiences. I know you all have a lot of information and personal experiences to offer, but I may have to change the direction of the discussion so we can cover everything in the time we have. We will not ask you to share any of your personal medical information.

As participants, your role is to give your ideas, and share your experiences related to my questions and to comments made by other members of the group. I will ask general questions, and ask for your opinions and ideas. Please remember that there are no right or wrong answers. Everything you tell us is valuable. It is important that you speak loudly and clearly, and that one person speaks at a time.

I want to emphasize that the discussion today will remain confidential. The results of this focus group, which will not contain any of the participants' identifying information, will be used by our group to gather information about the needs and perceptions of health in people your age. This information will be used to help our group identify and address health concerns among people your age, so please remember that we value what you say because it may have a real impact on these concerns and may be used to



help other people your age. Your name will never be shared or linked with anything that you say. We also ask all participants to help us maintain the confidentiality of the process by honoring our request to keep this focus group discussion confidential. You can do this by not talking about the content of this discussion with others outside of this room.

I wanted to start with introductions. *Please tell us your first name and which superhero you'd be, if you could pick one.*

I wanted to begin by doing a brief activity. **[insert icebreaker regarding ages here to determine the approximate maximum and minimum ages of people in this focus group; will also include elements of trust-building]**

As we ask the questions we have for you, we're asking about "people your age." When you're thinking about people your age, we ask you to answer the questions while thinking about people in the age range we just talked about.

Also, we're going to be asking questions about health. For the purpose of this conversation, we have a very broad definition of health. Being healthy is more than not being sick/ill and more than just the work of doctors. Health refers to our overall well-being, physically, mentally, emotionally, and socially. Our health is affected by what takes place amongst and between our families and our friends, within our home environment, within our schools and workplaces, in and around our playgrounds and parks, and our community at large. Our health is also affected by the air we breathe, the water we drink, and the food we eat.** We ask you to think about all of this when you're thinking about health.

1. First, tell me your thoughts about the general health of people your age that you know of. To what extent do you feel like people your age that you know of are healthy or unhealthy?
2. What do you think are the top three health issues facing people your age? Why do you think these are the top health issues facing people your age? How much of a concern are each of the following among people your age? Would you say it is a big issue, a moderate issue, a small issue, not an issue, or you're not sure if it's an issue for people your age?

PROBE: *(will be on colorful, informal posters around the room during the discussion)*

Obesity

Lack of proper nutrition, diet

Allergies

Sexually transmitted infections, AIDS



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Violence (including bullying and relationship violence)
Relationships
Teen pregnancy
Alcohol abuse or addiction
Cigarette smoking or nicotine addiction
Depression
Anxiety
Substance abuse or addiction
Not feeling good about yourself
Caring for sick family members
Risky driving behavior
Risk-taking behavior
Experimentation
Issues surrounding identification as gay, lesbian, bisexual, transgender, or questioning
Disabilities
Lack of sleep
Behavioral/mental health
Family related stressors (working to support family)
Homeless or fear of becoming homeless(economic downturn/home foreclosure)
Heart problems
Cancer
Diabetes
Asthma
Other

3. What do you feel are the biggest barriers preventing people your age from getting help for these issues?

PROBE: (will be on colorful, informal posters around the room during the discussion)

Lack of healthy eating habits
Access to healthy foods in restaurants
Lack of exercise
Lack of transportation
Lack of health insurance
Lack of assistance for people with disabilities
Lack of safety of neighborhoods
Lack of availability of parks or other social meeting places in the community
Lack of sidewalks and streets in good enough shape for bike riding, jogging, or walking (including snow removal)
Lack of recess/physical education in schools
Lack of family planning services



Lack of prenatal care
Lack of services such as child care, early intervention, or parenting support
Not enough health care professionals or facilities in general
No conveniently located food stores/supermarkets
Not enough conveniently located health professionals or facilities
Need higher quality/more understanding services or health professionals
Access to emergency care
Access to dental care
Confidentiality issues
More affordable services
Health education programs (for adults or kids in schools)
Language/cultural barriers
Lack of access to places to breastfeed in the workplace or other community gathering places
Other

4. If you've just identified an issue or barrier, how can the community work to address it? What would addressing it look like?

5. Do you think people your age with these issues are getting enough help in your community? Without naming specific people, are there any people your age that you think need more assistance with health issues or other concerns? What kind of assistance do these people your age need?

6. Are there organizations, groups, or services in the community that help to improve physical and mental health of people your age? What are they? Would people your age access them if they needed help? What additional organizations, services, or groups would be helpful to have for people your age?

Do you have anything else to add to today's discussion?

Thank you again for taking the time to talk to us today. Again, your information is confidential; your name will never be shared or linked with anything that you say. This information will be used as part of our community health assessment process to determine how we can best address health care needs in the region. Once the report is completed, the Greater New Bedford Allies for Health and Wellness, Inc. plans to use this information to target our funding toward the health areas of greatest need in the communities we serve. Thank you very much for your participation.

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Greater New Bedford Allies for Health and Wellness Focus Group Questionnaire:
Adults age 70 and Older

Modified from the Southcoast Hospitals Community Health Assessment, Appendix A (Market Street Research)

Hello and welcome to our discussion, or focus group, today. Thank you for taking time to participate. I will keep the meeting to ___ minutes so that we finish by ___ o'clock. You should also feel free to get up and stretch, go to the bathroom, or help yourself to refreshments.

My name is _____. I will act as the moderator for today's discussion. This is my colleague _____. He/She is here to take notes of the discussion. You can also get his/her attention if you need his/her assistance for any reason during the group.

I am here today on behalf of the Greater New Bedford Allies for Health and Wellness, Inc. We're a group of health and social service organizations working to improve the health of residents of the towns in this area. Right now, our group is in the process of conducting a community health assessment, which means that we're trying to talk to community members about health issues in their communities so we can find out what the most common concerns are. When we collect this information from community residents and put it all together, it will help us to decide what the health priorities of the area should be. Our group will then be able to fund projects related to these priorities.

My role is to make sure that we stay focused on the topic, that all the issues are touched on as fully as possible within the time frame and that everyone gets a chance to participate and express his or her opinion. We are here to learn about your experiences. I know you all have a lot of information and personal experiences to offer, but I may have to change the direction of the discussion so we can cover everything in the time we have. We will not ask you to share any of your personal medical information.

As participants, your role is to give your ideas, and share your experiences related to my questions and to comments made by other members of the group. I will ask general questions, and ask for your opinions and ideas. Please remember that there are no right or wrong answers. Everything you tell us is valuable. I also want to remind you that we are audiotaping the discussion group so we can remember the important ideas you have. For this reason, it is important that you speak loudly and clearly, and that one person speaks at a time. The tape will give us the opportunity to review what you said at a later time when we prepare a summary report. This audio tape will not be shared with any other parties.

I want to emphasize that the discussion today will remain confidential. The results of this focus group, which will not contain any of the participants' identifying information,



will be used by our group to gather information about the needs and perceptions of health in people your age. This information will be used to help our group identify and address health concerns among people in your communities, so please remember that we value what you say because it may have a real impact on these concerns and may be used to help other people your age. Your name will never be shared or linked with anything that you say. We also ask all participants to help us maintain the confidentiality of the process by honoring our request to keep this focus group discussion confidential. You can do this by not talking about the content of this discussion with others outside of this room.

I wanted to start with introductions. *Please tell us your first name and the town you live in.*

As we ask the questions we have for you, we're asking about "this part of the adult population." When you're thinking about this part of the adult population, we ask you to answer the questions while thinking about people age 70 and older.

Also, we're going to be asking questions about health. For the purpose of this conversation, we have a very broad definition of health. Being healthy is more than not being sick/ill and more than just the work of doctors. Health refers to our overall well-being, physically, mentally, emotionally, and socially. Our health is affected by what takes place amongst and between our families and our friends, within our home environment, within our schools and workplaces, in and around our playgrounds and parks, and our community at large. Our health is also affected by the air we breathe, the water we drink, and the food we eat.** We ask you to think about all of this when you're thinking about health.

1. First, tell me your thoughts about the general health of people age 70 and older that you know of. To what extent do you feel like people in this part of the adult population are healthy or unhealthy?
2. What do you think are the top three health issues facing people age 70 and older? Why do you think these are the top health issues facing people this age? How much of a concern are each of the following issues? Would you say it is a big issue, a moderate issue, a small issue, not an issue, or you're not sure if it's an issue for this part of the adult population?

PROBE:

Obesity

Lack of access to information about what foods are healthy to eat

Lack of transportation to supermarkets or farmers' markets

Healthy food is too expensive



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Allergies
Sexually transmitted infections, AIDS
Violence (including relationship violence, violence in the home, and family violence)
Neglect
Feeling vulnerable or anxious about being taken advantage of
Feeling like you and things that belong to you are safe in your home
Joint/bone health
Relationships
Being alone/isolation
Alcohol abuse or addiction
Cigarette smoking or nicotine addiction
Depression
Anxiety
Substance abuse or addiction (including prescription medication)
Medication management
Not feeling good about yourself
Caring for sick family members, including spouse
Risky driving behavior
Risk-taking behavior
Experimentation
Issues surrounding identification as gay, lesbian, bisexual, transgender, or questioning
Disabilities
Lack of sleep
Behavioral/mental health
Family related stressors (working to support family)
Homeless or fear of becoming homeless(economic downturn/home foreclosure)
Heart problems
Lack of ability to care for yourself as you age
Caregiver strain
Cancer
Diabetes
Asthma
Other

3. What do you feel are the biggest barriers preventing people age 70 and older from getting help for these issues? What are the barriers that exist in the community? What are barriers that exist for individuals in the town you live in?

PROBE:

Lack of access to information about what foods are healthy to eat
Lack of transportation to supermarkets or farmers' markets



Healthy food is too expensive
Lack of affordable living facilities that will accommodate you as you age
Lack of knowledge about where to access health information and referrals
Access to healthy foods in restaurants
Not going to seek help because people already know what the health professional is going to say
Cost of medications
Understanding medications
Chronic disease management
Forgetfulness
Trouble understanding treatment
Nervousness with health professionals/trouble keeping appointments
Trouble discussing medical issues with health professional
Lack of exercise
Lack of transportation
Lack of health insurance
Lack of assistance for people with disabilities
Lack of safety of neighborhoods
Lack of availability of parks or other social meeting places in the community
Lack of sidewalks and streets in good enough shape for bike riding, jogging, or walking (including snow removal)
Lack of recess/physical education in schools
Lack of services such as child care, early intervention, or parenting support
Not enough health care professionals or facilities in general
No conveniently located food stores/supermarkets
Not enough conveniently located health professionals or facilities
Need higher quality/more understanding services or health professionals
Access to emergency care
Access to dental care
Confidentiality issues
More affordable services
Health education programs (for adults or kids in schools)
Language/cultural barriers
Other

4. If you've just identified an issue or barrier, how can the community work to address it? What would addressing it look like?

5. Do you think people age 70 and older with these issues are getting enough help in your community? Without naming specific people, are there any people this age that



you think need more assistance with health issues or other concerns? What kind of assistance do they need?

PROBE:

Choosing between healthy food and medications due to high cost

Where to obtain health information and who to ask

Someone to help keep track of doctors, appointments, and medications

Someone to remember what to ask at medical appointments

6. If you could have one wish for something that would help people age 70 and older to maintain their health and well-being, what would it be?

Do you have anything else to add to today's discussion?

Thank you again for taking the time to talk to us today. Again, your information is confidential; your name will never be shared or linked with anything that you say. This information will be used as part of our community health assessment process to determine how we can best address health care needs in the region. Once the report is completed, the Greater New Bedford Allies for Health and Wellness, Inc. plans to use this information to target our funding toward the health areas of greatest need in the communities we serve. Thank you very much for your participation.

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