

Lakes Region Community Health Focus Groups

Summary of Findings

A series of eight focus groups were convened as part of an effort by the members of the Lakes Region Partnership for Public Health Data Collaborative to understand the health-related needs of the community and to plan programs and services that address those needs. The purpose of the discussions was to get input on health issues that matter to the community and thoughts and perceptions about the health of the community. Focus groups were formed representing a variety of important community sectors and perspectives. A total of 91 community members participated in focus groups representing the following sectors:

- **Seniors**
- **Unemployed, Underemployed Young Parents**
- **Substance Abuse Treatment and Recovery Community (2 groups)**
- **Mental Health Community**
- **Faith Community**
- **Education Community**
- **Refugee (Bhutanese) Community**

High Priority Issues

The highest priority issues overall identified by the focus groups were:

1. *Alcohol and Drug Abuse*
2. *Education*
3. *Access to Mental Health/Behavioral Health Care Services*
4. *Access to Dental Care Services*
5. *Access to Health Insurance*
6. *Poverty*
7. *Fragile families, family stress*

These issues are displayed in the first chart following the next page by their relative weight in total. The highest priority issues for each group separately are also displayed on this chart.

Summary of Focus Group Recommendations

1. Organize an integrated community response, involving governmental agencies, health and human service organizations, schools, faith communities, and families, to address underlying determinants of health such as education, employment and poverty that contribute to a dichotomy in health status between higher and lower income populations.
2. Enhance community education and outreach efforts to generate greater awareness of the scope of community health issues, particularly mental health and substance abuse, available services and resources, and to reduce stigma as a barrier to improved health associated with these conditions.
3. Improve inter-agency communication and coordination of service delivery.
4. Develop the concept of “community advocates” or “navigators” to provide assistance in negotiating the complex social and healthcare systems that exist in the community and state.
5. Address affordability and scope of health insurance coverage as a barrier to services including mental health and oral health care.

RANKED HEALTH PRIORITIES*

	OVERALL RANK (% of total votes)**	Seniors	Un/Underemployed Young Parents	Substance Abuse Tx, Recovery	Mental Health Community	Faith Community	Education Community	Refugee (Bhutanese) Community
Alcohol and Drug Abuse	12%	Access to Dental Care Services	Access to Dental Care Services	Alcohol and Drug Abuse	Education	Poverty	Education	Education
Education	11%	Income	Access to Health Insurance	Poverty	Access to Mental Health/Behavioral Health Care Services	Access to Mental Health/Behavioral Health Care Services	Fragile families, family stress	Access to Health Insurance
Access to Mental Health/Behavioral Health Care Services	10%	Access to Elder Care Services	Employment	Access to Mental Health/Behavioral Health Care Services	Alcohol and Drug Abuse	Alcohol and Drug Abuse	Alcohol and Drug Abuse	Employment
Access to Dental Care Services	9%	Education	Income	Access to Health Insurance		Fragile families, family stress	Access to Primary Health Care Services	Income
Access to Health Insurance	7%	Physical Activity, recreational opportunities, active living	Access to Primary Health Care Services	Access to Primary Health Care Services		Access to Health Insurance	Access to Health Insurance	Access to Mental Health/Behavioral Health Care Services
Poverty	7%	Hearing Aids	Cancer	Legal 'stuff'		Access to Dental Care Services	Access to Mental Health/Behavioral Health Care Services	Diet and Nutrition, access to healthy foods
Fragile families, family stress	6%	Transportation	Alcohol and Drug Abuse	Employment		Diet and Nutrition, access to healthy foods	Poverty	Chronic Diseases such as Heart Disease, Diabetes, Arthritis, Asthma and COPD

Perceptions of Health and Wellness

Seniors	Un/Underemployed Young Parents	Substance Abuse Tx, Recovery	Mental Health Community	Faith Community	Education Community	Refugee (Bhutanese) Community
Health Outcomes						
Keeping people in their own home	Oral health	Physical well being, health	It's a combination of spiritual/mental/ physical health	Maintenance of wellbeing	Overall well-being	Health & Hygiene
	How you feel everyday	Happiness and good health go together	+ aspects /+ focus	sense of hope – psychological, spiritual and physical well being	Positive energy	Free of disease
		Whole health	Health=Physical, Wellness=Holistic	absence of discomfort or pain	Disease free	Health is wealth
			Health + Wellness-Total person, mind /body	emotional stability (including the ability to deal with problems)	Mental, Physical and Social wellness	Can live a long life (What is a long life? If we take care of our health then we can live a long life – no guarantee it happens. Inner feeling like I can live to 90.)
					How one view's things	
Health Behaviors						
Sleep	Healthy eating/dieting	All the things I'm not doing		(illness) preventive measures	Nutrition	Active living
Staying Active Drinking a lot of water	Taking care of yourself	Exercise Diet, Nutrition (2)			Exercise	Cleanliness
Health/Human Services						
Good rapport with primary care; working together	Health screening			availability and access to resources that maintain wellness	Systems of support	

Perceptions of Health and Wellness

Seniors	Un/Underemployed Young Parents	Substance Abuse Tx, Recovery	Mental Health Community	Faith Community	Education Community	Refugee (Bhutanese) Community
				quality of care by providers and provider sensitivity to the human element of wellness or its opposite – illness		
Physical environment		Recreation - parks			Access to physical activities for everyone	
		Nutrition, and access to good nutrition (availability)				
Social and Economic Factors						
Who you surround yourself with		Public Safety	Segments of Community- How do different aspects interact as a whole.		Connections and support systems	
Socialization		Feel safe	Community-“Like spokes in a wheel.”			
		Activities to do positive things	People who are on the edge, fall off easily, concerned about this group.			
		Pride in community	Economy and politics have an impact.			
		School programs	Balance-environment, how we fit, interact- mind/body/spiritual			
		Family	Labeling a problem.			

Perceptions of Health and Wellness

Seniors

Un/Underemployed Young
Parents

Substance Abuse Tx,
Recovery
Service/Civic Clubs
Employment
Positive relationships

Mental Health Community

Faith Community

Education Community

Refugee (Bhutanese)
Community

Perceptions of Community Health

Seniors	Un/Underemployed Young Parents	Substance Abuse Tx, Recovery	Mental Health Community	Faith Community	Education Community	Refugee Community (Bhutanese)
Health Outcomes						
	Same things as responses to overall health and wellness		Illness + wellness	caring community – sharing resources for the benefit of all		Healthy Community = Strong Community
Health Behaviors						
	Being clean from drugs/alcohol/needles Don't sell things to people who don't need them (ie needles are for diabetics not drug users)		A health family is at the center-allows health behaviors to integrate into the community.		Drug and Alcohol Abuse (Gilford)	
Health/Human Services						
Affordable healthcare		One access point for care for all	For those who lack the healthy family, School systems-healthy, aware, resourceful.	educating people within a community to empower them to provide good self care.	Access to mental health: There is easier access at the beginning of services (e.g. screening) but not over the long haul; Hard to access by school; Lack of Child Psychiatry in the area; Short-term service/support only	Spread of diseases – whole community keeps an eye on the sick person / prevention - prevention is better
Senior transportation		Emergency room – lots of people use this as their healthcare option	Access to Services-do people have what they need? Who isn't getting it?			
Support Groups		Agencies working together with a common goal	Lack of dental resources for example.			

Perceptions of Community Health

Seniors	Un/Underemployed Young Parents	Substance Abuse Tx, Recovery	Mental Health Community	Faith Community	Education Community	Refugee Community (Bhutanese)
<p>Senior Housing</p> <p>Fuel assistance, electric assistance</p> <p>Caregivers- helping people get to doctor's appointment, shopping etc.</p> <p>A great hospital</p> <p>Access to VNA's</p> <p>Should have transportation to other health centers (out of town)</p> <p>Meals on Wheels</p>			<p>Increased Emergency Dept. usage-costs more!</p>			
Physical environment						
		<p>Barriers that corporations create re: regulations and policies. (ie. Selling crappy, unhealthy food at convenience stores - very limited interest and ability in changing what is sold)</p>		<p>environmental impact on health (air & water quality, etc.),</p>		
Social and Economic Factors						

Perceptions of Community Health

Seniors	Un/Underemployed Young Parents	Substance Abuse Tx, Recovery	Mental Health Community	Faith Community	Education Community	Refugee Community (Bhutanese)
	Overseeing community	Walking down a street and seeing smiling faces.	Pay attention to those thinking individually vs. holistically-affects community health. Noted recent issues in recycling. The thinking, "I'm not affected."	Being supported by a community in the maintenance of health, support groups, social connectedness to maintain wellbeing	Need for broader engagement (Towns of the Lakes Region)	Relationship between community & health of an individual
	Pick up streets	People being connected to their community and feeling a benefit from that connection.	Without healthy individuals you can't have a healthy community. Lower productivity, school absences and sick days.	Acceptance of the differences of others	Interaction among students (Gilford High School)	Refers to all people not just one person
	Don't throw cigarettes on the ground	Different socio-economic status impacts health and access to healthy options.	Poor health affects the economy & community resources	Multiple populations within a community each working toward wellness	Child Welfare – Family assistance in raising children (e.g. basic needs need to be met; Maslow's Hierarchy of Need)	
		Surrounding health/culture of a community impacts the people living there. They can either be encouraged or discouraged to be healthy.			There is a stark difference across the socio-economic strata and an awareness of the same. The higher economic strata may be equally unhealthy	
		Community that has room for all abilities				

Are people in the community healthy? Contributing factors

Seniors	Un/Underemployed Young Parents	Substance Abuse Tx, Recovery	Mental Health Community	Faith Community	Education Community	Refugee Community (Bhutanese)
Health Outcomes						
Half and half healthy			Absolutely not!-Huge majority of unhealthy people- drug abuse, unhealthy behaviors, not healthy on the inside.	<p>Yes and No – some people have adequate resources, good education and achieve good health while others in our community lack resources or tools and are becoming less healthy. This is getting worse.</p> <p>Dichotomy in our community between the well to do “summer people” and the lower paid or unemployed. The former have far better health than the latter.</p> <p>Untreated mental health issues results in a decline in many other matters related to health – ability to keep a job, family violence, ability to manage disease, etc.</p>	The greater community is healthier than smaller communities	50/50
Health Behaviors						
Lots of obese children	Some people are - those who eat well, get their screenings and don't pass on disease to other people (STDs, HIV, Hep C)	Medicaid funded initiatives such as the "In Shape" program – making an impact with those who wouldn't normally make healthy lifestyle choices.			Children lack physically healthy activities despite natural opportunities and resources	Some people might not be taking the steps to stay healthy, like to have a flu shot.

Are people in the community healthy? Contributing factors

Seniors	Un/Underemployed Young Parents	Substance Abuse Tx, Recovery	Mental Health Community	Faith Community	Education Community	Refugee Community (Bhutanese)
		<p>Real dichotomy between "bad stuff" (substance abuse) and "good stuff" (WOW Trail, community initiatives, exercise)</p> <p>Being a role model for health - if others see it, they may do it.</p> <p>Need to show citizens the "real deal" and not sweep things under the rug in regards to the severity of the substance abuse problem.</p> <p>Pharmaceutical responsibility! Celebrate NON users; Get real statistics out.</p>			<p>Lack of opportunity is due to: Working parents; Economic hardships; Adequate time; Stress; Cultural mindset</p>	<p>Personal cleanliness</p> <p>Diet – compared with other people in the area, less people go to Mc Donald’s</p> <p>Our community walks a lot</p> <p>We don’t eat so much “junk” food</p>
<p>Health/Human Services</p>						
				<p>Access to health support resources differ by class – with the well to do having access, but the poor or low income lacking access, i.e. health insurance, transportation, support with illness, Rx access</p>		<p>Health care access / timely treatment / Prevention</p>

Are people in the community healthy? Contributing factors

Seniors	Un/Underemployed Young Parents	Substance Abuse Tx, Recovery	Mental Health Community	Faith Community	Education Community	Refugee Community (Bhutanese)
Physical environment						
Senior living- not a healthy place (carpets aren't washed)		Impact of Social Media, Internet, Technology detracts from social, group activities-family dinner with some using smart phones rather than communicating verbally		Mental illness is rising as an issue with the poor having very little access...leading to jail or incarceration as the "mental health provider of last resort".	Communities are lacking natural walkability, safety and proximity of use by children on their own	<p>In the refugee camps the sickness was just being controlled, no treatment</p> <p>Medication taken in time / seek medical care when needed / follow thru</p> <p>Health education; People came/visited their home to teach them/show them the healthy way.</p> <p>Education needed for chronic diseases / especially Diabetes</p> <p>Environment – better environment here</p> <p>Better food & clean water</p> <p>Taking care of the household & making homes safe</p>

Are people in the community healthy? Contributing factors

Seniors	Un/Underemployed Young Parents	Substance Abuse Tx, Recovery	Mental Health Community	Faith Community	Education Community	Refugee Community (Bhutanese)
Social and Economic Factors						
<p>Belmont is a stressful place to live. Town spends too much money</p>		<p>Depends on their income level - Big socio gap between upper/middle/lower classes and incomes; More upper class = more healthy.</p>	<p>Family-many young parents-need for education</p>	<p>Unemployment & poverty are increasing in our community, and those people who lack resources or interest in health as a personal priority are falling behind.</p>	<p>Intra- and inter-community connections are strong</p>	
<p>Community does not get together enough, so we wouldn't know if people around us are healthy</p>		<p>Healthier community more involved/attached to community.</p>	<p>Family is the nucleus for health in the community.</p>	<p>There is a growing volume of people who live on the margins of a livable wage. One health or other stressor can cause them to fall into a zone of desperation.</p>	<p>Folks know how to come together to help others</p>	
<p>People are secretive- they do not "share" their health with others</p>		<p>Healthier communities tend to care more for one another which happen in rural communities more than urban</p>	<p>Neighbors or lack thereof make a difference. Problems with isolation.</p>		<p>Lots of community outreach from schools to community and families</p>	
<p>Not a lot of things getting people out of the house</p>		<p>Upper class tend to take care of themselves and not associate with lower class.</p>			<p>Schools and churches work well together</p>	
<p>Police and fire used to hold BBQ's to get to know them. Doesn't happen anymore. Used to make us feel safer</p>						

Community strengths and resources that promote health

Seniors	Un/Underemployed Young Parents	Substance Abuse Tx, Recovery	Mental Health Community	Faith Community	Education Community	Refugee Community (Bhutanese)
Health/Human Service Organizations						
Senior center	Care Net		Belknap County CAP	Caring Caregivers		Places to get health care
Good rapport with doctor and their staff	Cooperative Extension		Dept. of Employment Security-Helping Vets.	Phoenix House		
Private rooms in hospital-great!	Dental Offices; they provide education		Genesis			
	Family Planning		Health first-makes a difference			
	LRCS		Lakes Region Community Services/Family Resource Center			
	Parenting Classes		LRGH-serves all			
	State; they send reminders to do screenings and immunizations		LRPPH-made a significant difference			
	WIC		MH Programs for the Elderly-REAP			
			NAMI			
			Service Link			
Schools						
Great school system- School used to hold a dinner for the seniors in the community. Kids would serve the food. It was good for mental health.		School events – but this depends on income level and connection to the school community.			Attitudes toward school is positive/valued by students, families and educators – attendance is high	

Community strengths and resources that promote health

Seniors	Un/Underemployed Young Parents	Substance Abuse Tx, Recovery	Mental Health Community	Faith Community	Education Community	Refugee Community (Bhutanese)
		School district promotes things like the Girl Scouts			<p>Small schools project/promote values to parents and students</p> <p>Students view school as “community”</p> <p>Gilmanton school is “the community”. It is the nucleus of the community where most things happen. Distances between friends impedes independent activity and play</p>	
Faith Community						
		<p>Faith Communities</p> <p>Religion</p>	<p>Churches-Hands Across the Table</p> <p>St. Vincent de Paul</p>		Spiritual opportunities (churches’ involvement)	Temple/ church
Community Service Organizations, Coalitions, Businesses, Charities						
		<p>More people are in need, this has increased in past few years and it is harder to access help. But, help still exists although budgets are being cut. Community-based organizations like St Paul's, Churches, Common man, Harts, Patrick's, Salvation Army and United Way are places that serve the poor during Holidays and/or have food pantries.</p>	AA	Better Together Initiative		

Community strengths and resources that promote health

Seniors	Un/Underemployed Young Parents	Substance Abuse Tx, Recovery	Mental Health Community	Faith Community	Education Community	Refugee Community (Bhutanese)
		Boys & Girls Club	Boys and Girls Clubs	Got Lunch, Soup Kitchen, food banks & other organizations serving those with food instability		
		Partners in Prevention	Better together-pulls people together, fills gaps	LR Child Care		
			Community leader and Advocates-Charity work by Patrick's Pub	Boys & Girls club, after school programs		
			Fire Department	LR Family Coalition		
			Got Lunch	PICK		
			Laconia Police Dept. –Community policing, Police Night Out.	Drug Free Laconia – a grassroots group with teens participating		
			Lakes Region/Granite United Way			
			Salvation Army			
Physical Environment, Recreational Assets, Events, Programs						
		Areas for those that don't play sports to, perhaps, do art displays	City Parks & Recreation		Gilford beach is an asset that supports healthy living	People going for a walk (they just do it, without actually thinking why)
		Art and Cultural Programming	Gunstock		The village configuration supports safety, walkability and education	Younger people ride bikes
		Expo's at places like Opechee Park and the Mills	Laconia Multicultural Festival			Walking/playing
		Natural surroundings of lakes and mountains	Prescott Farm			

Community strengths and resources that promote health

Seniors	Un/Underemployed Young Parents	Substance Abuse Tx, Recovery	Mental Health Community	Faith Community	Education Community	Refugee Community (Bhutanese)
		Skate Escape Skate Park by the PD WOW Trail	The Summit Wellness Centers/Gyms WOW Trail			
Social Connections						
<p>Intergenerational activities are good for mental health- kids coming from the elementary school to the senior center to serve food, sing, do crafts etc.</p> <p>Seniors sharing their history with children.</p>		<p>Informal groups of friends/neighbors. Helping each other stay active, working out together, etc. Again, this is a luxury that seems to be exclusive to the upper classes.</p> <p>Family dinners</p> <p>Keep traditions</p>	<p>Individual advocates like Carol Pierce and Alan Robichaud</p>	<p>Human Relations group in the area,</p>	<p>Strong family networking and neighborhoods; strong neighborhoods = healthy relationships</p> <p>Students share close core values</p>	
Strategies, Initiatives and Other Assets						
		<p>Incentives such as paying not to smoke, lose weight, etc.</p> <p>Parental Support</p>	<p>HEAL</p> <p>Health Choices, Health Changes- GBH/Dartmouth/BBH</p>	<p>Community Referral Networks in Communities (between and among agencies and municipal/town resources),</p> <p>Formal and Informal Collaborations (such as between churches and towns or other resource centers such as food banks, etc.),</p>	<p>Easy geographic access entry to healthcare for those with healthcare coverage</p> <p>Emerging eclectic view of health (e.g. holistic, alternative health pathways)</p>	<p>Concept of health: we think of health as holistic – mental, physical & spiritual health are all related to the total concept or idea of health.</p> <p>People who clean their houses / get moving in this matter</p>

Community strengths and resources that promote health

Seniors

**Un/Underemployed Young
Parents**

Substance Abuse Tx, Recovery

Mental Health Community

Faith Community

Education Community

**Refugee Community
(Bhutanese)**

Reach parents through children

Main St. Laconia-Revitalizing
downtown. Need businesses
for a vibrant community

There is a current and growing
economic mix in the community

Low level of smokers in the
community

Structured activities

Wellness Fairs

Barriers in the community to promoting good health							
	Seniors	Un/Underemployed Young Parents	Substance Abuse Tx, Recovery	Mental Health Community	Faith Community	Education Community	Refugee Community (Bhutanese)
Health/Human Services							
	Affordable dental- Medicare doesn't cover it	Time; spending too much time in the ER	Agency cuts = less services for those in need.	Healthcare professionals not listening to the patients.	Health Insurance is very costly and hard to access, particularly for those who work at low paying jobs. Increasingly, in the service sector economy (which is a larger part of our economy today), health insurance is not an option.	There needs to be easier access and longer term support and services	Health insurance / access to health care – problem 100%
	Cost for MD Appointment	Coverage of insurance impacts whether they access healthcare	Barriers are only seen-need to see successes to know the system is working.	Healthcare professionals seeing only the substance abuse issues, failing to see the underlying health problems.		Lack of knowledge and understanding of what services and supports are available prevents access	Medical insurance / bills
	Cost of wellness center	Insurance; Insurance is not affordable; there are additional costs even with insurance; price of insurance goes up but covers less	ER staff only see repeats and never see that one person that makes it – impacts their perception and how they treat people.	Lack of respect for many is an obstacle.			Access to health care – gone up
	Geriatric doctors	Not everything is covered by Medicaid; over the counter medications/some parts of visits	Limited education; people cannot navigate the system, even professionals get frustrated with the “systems of service”.	Lack of accessible care.			Health & counseling - very helpful
	Local hospital discriminates for seniors	Oral care; state will pay to remove teeth but will not cover preventative measures (fillings, etc); don't go regular because preventative isn't covered	Lower income and/or repeat people in facilities are treated inappropriately/rudely.	Medical providers are overwhelmed with large caseloads.			

Barriers in the community to promoting good health							
Seniors	Un/Underemployed Young Parents	Substance Abuse Tx, Recovery	Mental Health Community	Faith Community	Education Community	Refugee Community (Bhutanese)	
Medicare- clarity on Part B	Poor oral health impacts your self esteem and is painful on a daily basis	More people are needing help and there is less staff/services to deal with the need.	Lack of advocates to help walk people through the healthcare system.				
People realizing senior center is fellowship not charity	Oral care; have to pay off current bill with dentist before any more work can be done	No health insurance.					
Private rooms at hospital don't allow for socialization	Kids are covered so that's good, but kids can't get braces because they are not covered	Outreach is not reaching people who need it.					
Programs used to be held during the day, now only at night	Restrictions around dental care; if you use the dental insurance you must keep it for two years	People don't know what resources and funding are available-no advertising. Sometimes advertising is discouraged b/c programs cannot afford to take on any new clients.					
Quality of healthcare providers	Unfair practices; you can get Methadone on Medicaid but can't get teeth cleanings						
	It's easy to find mental health services						
	Participants being told not to go to Genesis by their primary care physicians						

Barriers in the community to promoting good health							
Seniors	Un/Underemployed Young Parents	Substance Abuse Tx, Recovery	Mental Health Community	Faith Community	Education Community	Refugee Community (Bhutanese)	
	<p>Primary care physicians can't prescribe anti-anxiety meds so have to go somewhere else; long process and costs more money which people don't have</p> <p>Lack of primary care physicians who take Medicaid; too many people going to Health First.</p>						
Health Behaviors							
	<p>Alcohol</p> <p>Drugs; Drug seeking behaviors by people are taking resources away from those who need services</p> <p>People diverting drugs; they get drugs legally and then sell them</p>	<p>Healthy options are more money</p> <p>Learned beliefs</p> <p>Poor life choices</p>	Substance Abuse	<p>Violence or alcohol and drug use are often partners in this (stressed families) setting.</p> <p>Access to drugs/more drug dependence increases family stressors and local crime.</p>	<p>One's culture determines health; how we are brought up; what we believe is important; how we traditionally care for ourselves and others plays into our health</p>	<p>Second hand smoke</p> <p>Peoples diet – food content, inability to read / knowledge what is good, Informed choice / decision</p>	
Physical environment							

Barriers in the community to promoting good health							
Seniors	Un/Underemployed Young Parents	Substance Abuse Tx, Recovery	Mental Health Community	Faith Community	Education Community	Refugee Community (Bhutanese)	
Meeting room at senior housing- no one uses it. Should hold programs there		<p>Pressure stores about what not to display at eye level; ie rolling papers/beer ads/tobacco ads, etc</p> <p>Purchasing unhealthy meals at convenience stores b/c no transportation to another place.</p> <p>Stores that sell smoking/drug paraphernalia</p>				Some things are cheaper here and easier accessible – like alcohol / cigarettes	
Social and Economic Factors							
	<p>Childcare</p> <p>Everyday items need to be paid for before people can pay the outstanding medical bills</p>	<p>Ignorance</p> <p>Lack of education</p>	<p>Lack of Job opportunities; this leads to lack of money</p> <p>New Americans/people on the edge of society get left out.</p>	<p>Social norms have changed so that fewer families have two parents, even at birth, consequently children are born into single parent, stressed families where poverty is common.</p> <p>An increasing number of children are born to young, single mothers with few reliable and mature supports in their lives.</p>	<p>Community building to be more aware of need for services/supports</p> <p>People may not seek out existing resources; Reluctant to go out after one gets home at end of day; 2-working parents – tired, need time with family and to take care of other matters</p>	<p>Economy – finding a job / making livable wage / Employment that adds a feeling of self-actualizing</p> <p>Worry about having enough money</p>	

Barriers in the community to promoting good health							
Seniors	Un/Underemployed Young Parents	Substance Abuse Tx, Recovery	Mental Health Community	Faith Community	Education Community	Refugee Community (Bhutanese)	
	Kid's schedule; single parents and trying to keep schedule for kids	Learned helplessness	Crime, Prejudice, Fear	Income divide in our community is growing, leaving more people at the lower end and more divided from those with adequate financial resources.	Lack of family networks for all families. Different communities require different supports and activities	People who don't know / have less to worry as not aware of "things"	
	Lack of support	Poverty	Lack of transportation an obstacle to healthcare	The natural "connectedness" of communities is becoming less common so that people do not look out for one another or feel responsibility for one another any longer.	Connections need to be healthy and meaningful; Meaningful connections are those that are natural, reliable and dependable	Parents worry about future of their kids – how are their kids doing, it is more difficult to figure out as the parents don't speak the language / culture is different.	
	Non-traditional work hours		Language barriers posing an increasing problem in Laconia.		Individuals and families must balance their involvement; time is precious and valued	Language barrier	
	Work; Work requirements for families with kids; if your child is sick day care won't take them; if out for more than one day, the parents are charged a fee because the state won't pay the cost. So the family has additional financial burden.				There is disparity among children in ability to access after-school programs resulting in some kids being alone	Technology; Worried about knowing what are their children exposed to – is it good or wrong?	
	Work; taking time off and/or the hours you work (overnight hours, etc)				Fees may be a deterrent to some extended day programs	Traditions are changing a little	
	Overwhelming and stressful					Transportation	

Barriers in the community to promoting good health							
	Seniors	Un/Underemployed Young Parents	Substance Abuse Tx, Recovery	Mental Health Community	Faith Community	Education Community	Refugee Community (Bhutanese) Older people worried who will take care of them; traditionally it is their children and with the new culture what is going to help?

Most important issues for the community to address to improve health (supplemental comments to priority/ranking list)							
Seniors	Un/Underemployed Young Parents	Substance Abuse Tx, Recovery	Mental Health Community	Faith Community	Education Community	Refugee Community (Bhutanese)	
Services/Resources							
A place for education/information for healthy eating/activities	No comments	<p>ATOD Screening/Referral: Physicians want to fix chronic disease rather than change behavior. Physicians need to ask better questions-be more direct with alcohol & drug use questions.</p> <p>Access to health insurance has changed-larger co-pays and higher deductibles. Families</p> <p>Navigating the system</p> <p>Access to resources</p> <p>Medicaid assisted treatment</p> <p>Access to rehab by those on probation or parole</p> <p>People waiting for 2014 for the Affordable Care Act b/c they feel that will be the answer</p> <p>ACR grant funds shifted</p>	Access to Mental Health & Health insurance are linked together	<p>Access to Mental Health /Behavioral Health Issues (access to drug and alcohol addictions is included as a mental health issue)</p> <p>The correctional system has become the mental health system of default for our community. While some services are available, very few trained personnel exist and the participant acquires a "record".</p>	<p>Lack of insurance</p> <p>Families caring for a family member with a disability</p>	Affordable Health Care / Health Insurance	

Most important issues for the community to address to improve health (supplemental comments to priority/ranking list)							
Seniors	Un/Underemployed Young Parents	Substance Abuse Tx, Recovery	Mental Health Community	Faith Community	Education Community	Refugee Community (Bhutanese)	
Health Behaviors		Knowledge of peer support, 211, support groups, recovery coaches					
		Obviously, alcohol and drug abuse – a real underlying issue for a lot of other issues			Alcohol and drug use		
		Obesity; Linking Obesity to Alcohol Abuse: 25% of patient that have weight reduction surgery become dependent on alcohol. Body metabolizes alcohol in a different way after surgery. Medical staff not informing patients about this issue.			Multi-generational lifestyle addictions and behaviors (e.g. tobacco use; substance abuse, violence)		
					Can't control some things (e.g. cancer)		
Social and Economic Factors							
		Access to health insurance has changed-larger co-pays and higher deductibles. Families are making choice of not to pay rather than get medical attention; Choice between rent and healthcare or food and healthcare, etc.	Poverty-Leading to Fragile families and family stress	Poverty - it is growing, and it is at the root of many other health and welfare problems	Kids know too much about issues that kids shouldn't have to deal with: Money issues; Family arguments; Divorce; Violence (in schools, community, nation)	Education	

Most important issues for the community to address to improve health (supplemental comments to priority/ranking list)						
Seniors	Un/Underemployed Young Parents	Substance Abuse Tx, Recovery	Mental Health Community	Faith Community	Education Community	Refugee Community (Bhutanese)
		Employment	Education (or lack thereof) noted-No HS diploma-no options	Family Stress/Fragile Families – related to poverty and mental health, also related to feelings of hopelessness or lack of opportunity.	Parents worry about kids’ safety	Language Barrier
		Education		In some parts of our community services exist but are not well known by those who might benefit by them. Also, there is reluctance in our “yankee” culture to take advantage of some of the offerings because of our reliance on the individual or because some people are fearful of the impact of participation in programs (e.g. elders not seeking service because they fear being identified as needing a nursing home).	Social environments have changed over the years (safety, traffic, people used to watch over other people’s kids, too many latchkey kids)	
		Rural transportation issues			Kids lack opportunity to take risks, challenge themselves, by increased lack of experiential play. Lack of trust in self and others	
					The extremes between over-protectiveness and lack of parental guidance and presence	
					Fragile families and stress (x 3)	
					Lack of transportation impacts everything else	
					Education (generally) affects everyone	
					The family’s health is critical for the health of everyone in it	

Most important issues for the community to address to improve health (supplemental comments to priority/ranking list)							
	Seniors	Un/Underemployed Young Parents	Substance Abuse Tx, Recovery	Mental Health Community	Faith Community	<p>Education Community</p> <p>Interrelationships between family stress and socio-economic factors</p> <p>Good education is the gateway to healthy communities. It impacts all other factors.</p>	Refugee Community (Bhutanese)

Who should be responsible for working on these issues that could improve health?

	Seniors	Un/Underemployed Young Parents	Substance Abuse Tx, Recovery	Mental Health Community	Faith Community	Education Community	Refugee Community (Bhutanese)
Government/Government agencies							
		The President	More financial support from state/federal level	City Council	Mental Health – The state of NH should fund the system	Government – To make all programs accessible and connected	Government
		The governor	Legal system	County Government	Family Stress/Fragile Families – participants discussed levels of responsibility: municipalities and governments to help facilitate jobs and minimal benefits . . .		
		The state	State government				
		People in power	Local government				
			Police Department				
Schools							
			Schools		Family Stress/Fragile Families – participants discussed levels of responsibility: schools to provide a strong education background (particularly in management of household finances and family budgeting)	Education – To make it affordable such as through 2 + 2 (articulation agreements with community and 4 year colleges/universities)	Schools
Community Leaders, Service Organizations, Coalitions, Businesses							

Who should be responsible for working on these issues that could improve health?

Seniors	Un/Underemployed Young Parents	Substance Abuse Tx, Recovery	Mental Health Community	Faith Community	Education Community	Refugee Community (Bhutanese)
Community leaders		Community-based Coalitions	Advocacy Groups/Experts (see groups cited in 2a) Private companies	Family Stress/Fragile Families – participants discussed levels of responsibility: food banks and other food sources for sustenance . . .	Economic Development and Business sector - Promote job opportunities	
Health/Human Service Organizations						
Hospital groups		Genesis	Hospitals	Mental Health - insurance companies should allow for and encourage (instead of limiting) its use		
Individuals, Families and the Whole Community						
	People; everyone	A healthier system supports its people Start from the ground up	Self	Mental Health – all citizens should embrace the mental health system & stop stigmatizing those who use it. Poverty – This was a difficult question to answer because it is so big and has so many dimensions. Participants thought that governments played a big role as well as schools, families (in encouraging education), faith community...everyone .		Community Each Person

Who should be responsible for working on these issues that could improve health?

Seniors	Un/Underemployed Young Parents	Substance Abuse Tx, Recovery	Mental Health Community	Faith Community	Education Community	Refugee Community (Bhutanese)
		The whole community, or nothing will get done		Family Stress/Fragile Families – participants discussed levels of responsibility: . . . and individuals in taking responsibility for their own behavior.	Parents (w/support as needed) – Raising children	
Strategies, Initiatives and Other Assets						
		Liquor sales should support treatment and prevention	Media has a role in improving health			

What could these groups do to better support or enhance health?

	Seniors	Un/Underemployed Young Parents	Substance Abuse Tx, Recovery	Mental Health Community	Faith Community	Education Community	Refugee Community (Bhutanese)
Government/Government agencies			<p>Assign a case worker that has access to resources.</p> <p>Locally, good team of probation officers.</p> <p>Recovery court-costly for felon-some give up-needs more resources to make it affordable</p>		<p>Make better use of Laconia Housing Authority and other programs that offer participants skills as well as housing.</p> <p>The state and federal government could provide more reliable mental health services (other than within the correctional system)</p>		
Schools					<p>Schools could include courses for students on management of a household budget, dealing with money (credit cards) and raising healthy children, etc to prepare students for the real world</p>		
Faith Communities					<p>Churches could reach out to assist in dealing with family stress for those inside and outside their faith community.</p>		
Community Leaders, Service Organizations, Coalitions, Businesses							

What could these groups do to better support or enhance health?

Seniors	Un/Underemployed Young Parents	Substance Abuse Tx, Recovery	Mental Health Community	Faith Community	Education Community	Refugee Community (Bhutanese)
	Insurance companies; cover more things and offer a variety of packages to meet different needs			<p>Strong need for financial counseling for those who have difficulty managing rents, purchases, etc.</p> <p>Health insurers could provide more support for mental illness and addictions.</p>		
Health/Human Service Organizations						
		Horizons needs more recognition	<p>Increase communication between various health care agencies. Break down the silos.</p> <p>The various systems need internal advocates to help people work through the systems.</p> <p>Focus on evidence-based practices.</p> <p>More outreach activities, healthcare agencies out into the community.</p> <p>More Public information/Marketing that inform the public of what these agencies do.</p>	<p>Strong support for the concept of “community advocates” – the assistance of a knowledgeable person to assist with healthcare, access to food and other services, someone to assist in navigating the complex social and healthcare systems that exist in NH.</p>		

What could these groups do to better support or enhance health?

	Seniors	Un/Underemployed Young Parents	Substance Abuse Tx, Recovery	Mental Health Community	Faith Community	Education Community	Refugee Community (Bhutanese)
Individuals, Families and the Whole Community							
				<p>Establish forums like this one with the different agencies present.</p> <p>Work on building community.</p>		<p>All of us – Support to families; Coordination among agencies; Motivation to succeed;</p> <p>First the parents, then the schools, then the communities... It's everyone's job!</p>	
Strategies, Initiatives and Other Assets							
		Eliminate the need for healthcare		Work to develop greater awareness of the healthcare problems/education.	Encourage more personal (and private) mentoring programs.		

Lakes Region Community Health Focus Group

Facilitator Guide

Hello and welcome to our discussion group today. Thank you for taking the time to participate. The purpose of our discussion is to get your input on health issues that matter most to you *{from your perspective as _____}*, as well as your thoughts and perceptions about the health of your community. This is part of an effort by the members of the Lakes Region Partnership for Public Health Data Collaborative to understand the health-related needs of the community and to plan programs and services that address those needs.

My name is _____, and I will serve as the facilitator of today's discussion. My role is to introduce our topics and ask questions. I will try to make sure all the issues are touched on as fully as possible within our time frame and that everyone gets a chance to participate and express their opinion.

Discussion Guidelines

1. 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 know you will have a lot of information and experiences to offer, so on occasion I may have to change the direction of the discussion so we can cover everything in the time we have together.
2. I want to emphasize that the discussion today will remain absolutely confidential. It's possible that some people will share personal stories or opinions. We ask all of you to refrain from sharing information from our discussion with others outside of the group. Any reports that come out of this discussion will focus on themes and ideas. Your name will not be shared or linked with anything that you say in today's focus group.
3. Today's session will go from *(time of session)* and we will be sure to end on time. You should also feel free to get up and stretch, go to the bathroom, or help yourself to refreshments.

Are there any questions before we begin?

Lakes Region Community Health Focus Group

Draft Discussion Questions:

- 1) Our first set of questions explores how people think about health and wellness. Some of the questions refer to the “community” which can mean something different for everyone- it could mean your town or region, your friends, your ethnic group, people you work with, or however you think of your “community”. *{about 10-15 minutes for this section}*

a) What comes to mind when you hear the words “health” or “wellness”?

b) What do you think of when you hear “community health”?

Prompt: Do you see a relationship between the health of individuals and the health of a community?

c) Do you think people in your community are healthy? Why? Why not?

Prompt: What thoughts or issues came to mind as you answered this question?

Prompt: What do you think affects the health of people in your community the most?

- 2) Our next few questions ask for your thoughts on the strengths or resources in your community that help support or enhance individual, family, and community “health.” We are also going to ask your opinions about what some of the barriers to good health are. *{about 20 minutes for this section}*

a) When you think of people, places or events in your community that promote health what comes to mind?

Prompt: What else comes to mind?

Prompt: Are there any strengths or resources that contribute to good health in your community that people may not typically think of?

b) What is happening in your community that gets in the way of or undermines good health?

Prompt: What do the people you know worry about most when it comes to their health and their family’s health?

Prompt: How has this changed in recent years? If so, what has changed?

- 3) Many people in the Lakes Region have been involved in other meetings and efforts to improve community health similar to this one. I would like to show you a list of issues that some people have identified as important to their health and the health of their family and larger community. We have already touched on some of these issues (we may have added some new ones) and there may be some issues on this list that haven't been mentioned so far. *{about 45 minutes for this section}*

{At this point, facilitator puts up 3 sheets of poster paper prepopulated with issues on next page; plus a fourth or more sheet of blank poster paper on which additional issues/concepts are written}

- a) Please take a moment to look over this list. Which of these issues do you believe are the most important for your community to address for improving health?**

Prompt: There are a lot of issues here. Perhaps you can start by thinking of the most important 2 or 3 issues in your mind? Why are these most important?

Prompt: Are there other important health issues in your community that you would add to this list?

- b) Who do you feel should be responsible for working on these issues that could improve health?**

Prompt: What other people or organizations come to mind?

- c) What do you think (the groups mentioned) could do to better support or enhance health in these areas?**

(Display list as handout or poster; preferably a poster on which other issues that are brought up in the conversation can be added)

{Access/availability/affordability issues}

- A. Access to Primary Health Care Services
- B. Access to Specialty Care Services
- C. Access to Mental Health/Behavioral Health Care Services
- D. Access to Dental Care Services
- E. Access to Elder Care Services
- F. Access to Health Insurance
- G. Access to Prescriptions/Medications

{Diseases and Behaviors}

- H. Obesity
- I. Cancer
- J. Chronic Diseases such as Heart Disease, Diabetes, Arthritis, Asthma and COPD
- K. Infectious Disease and Vaccines
- L. Unintended Injury
- M. Physical Activity, recreational opportunities, active living
- N. Diet and Nutrition, access to healthy foods
- O. Tobacco
- P. Alcohol and Drug Abuse

*{Socioeconomic factors; Note: **if** the discussion focuses substantially on these root causes, it is OK to direct people to also consider the above issues by explaining that health-related organizations involved in this effort may be less capable of addressing these socioeconomic factors and more capable of addressing access and disease-specific issues. So while these issues are clearly important and we want to hear your ideas about these, we also would like to hear some ideas about some of the access and disease-specific issues.}*

- Q. Public Safety, crime, domestic violence
- R. Income
- S. Poverty
- T. Employment
- U. Education
- V. Fragile families, family stress
- W. Healthy environment, air and water quality
- X. Transportation

DOT EXERCISE (about 10 minutes): After participants have had an opportunity to describe which issues they feel are most important and why, provide each participant with 5 sticky dots. Explain that “Everyone will now have an opportunity to place 5 stickers next to the issues that they feel most strongly about on the papers at the front of the room. You can put your stickers next to five different issues, or if you feel very strongly about one topic, you can put all your stickers next to that topic. If you feel strongly about two different topics, you can put two stickers next to one and three next to the other. This will help us with the final prioritization of the topics that are most important for the health of our community”

SIGN-UP TO RECEIVE RESULTS: Finally, offer participants an opportunity to sign up to receive the results of the assessment and explain that later on we will be looking for people who may want to stay involved in efforts to improve community health.