

TABLE OF CONTENTS

APPENDIX ONE: DETAILED KEY LEADER AND FOCUS GROUP FINDINGS 2

I. HEALTHY COMMUNITY INDICATORS SUMMARY 3

II. SUMMARY OF MAJOR AREAS OF NEED IDENTIFIED BY FOCUS GROUPS..... 5

APPENDIX TWO: ASSESSMENT METHODS.....15

I. QUANTITATIVE METHODS..... 16

II. FOCUS GROUP & KEY LEADER INTERVIEW METHODS 18

APPENDIX THREE: HEALTHY MANCHESTER LEADERSHIP COUNCIL MEMBERSHIP.....51

APPENDIX FOUR: MANCHESTER AREA HEALTH CARE PROVIDER PROFILES 54

ENDNOTES61

APPENDIX ONE: DETAILED KEY LEADER AND FOCUS GROUP FINDINGS

I. HEALTHY COMMUNITY INDICATORS SUMMARY

During the focus group discussions and key leader interviews, participants were given a survey and asked to rate how responsive the community was to specific healthy community indicators. The rating scale was from 1 to 5 with 5 indicating that the community was doing an excellent job in addressing this particular health determinant. From the summary data, we learned that key leaders felt that the community as a whole was doing a good job at assuring that all children are immunized and in providing quality health care to its residents. Additionally, key leaders felt that the community could be doing a better job specifically in addressing issues of childhood obesity, healthy weight and nutrition; drug, alcohol, and tobacco use; responsible sexual behavior and mental health.

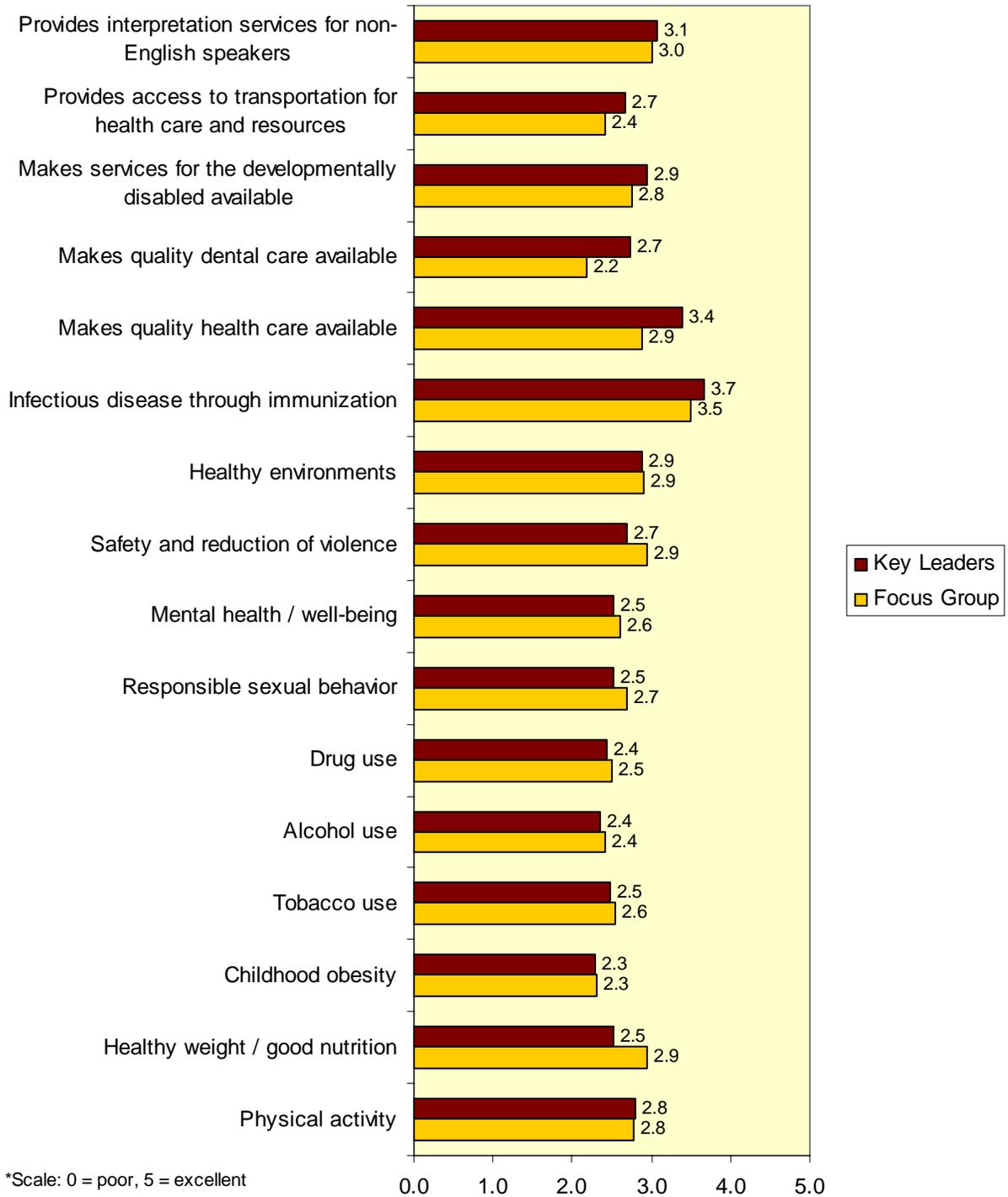
From the same survey administered at the focus groups, participants indicated that their community was responding best to issue related to infectious disease prevention, provision of interpretation services for non-English speakers, making quality health care available and promoting healthy weight and good nutrition.

Important new areas where the focus group participants did not rate the community's response well were the availability of dental care, addressing issues around childhood obesity and alcohol use and providing access to transportation for health care. These areas of concern were consistent with the focus group discussions where the main concern for many participants included finding rides to their appointments, lack of dental care because of cost, and childhood obesity.

The community's response to making quality dental care available was the lowest rated indicator by the focus group participants. One participant made the comment that when someone has a medical emergency, they can go to the ED where they will be seen, regardless of income level or insurance status. This participant wondered why something like this was not available for dental care. She told a story about a friend who went to the dentist for a dental emergency, and partway through the procedure, was told that her insurance was not covered, and asked to pay hundreds of dollars out of pocket.

Lack of adequate transportation was another issue addressed by many of the focus group participants. One participant in particular had brought her infant by bus to the doctor for a vaccination, only to arrive and find out her appointment had changed. This mother was concerned because she did not know how she was going to find transportation to bring her back for the rescheduled appointment. The doctor's office offered a taxi voucher to the woman to make sure she could come back to have the baby immunized. Other participants have trouble scheduling appointments around the bus schedules, reported not having adequate access to the limited modes of public or charity transportation available in the city, such as ServiceLink, or Easter Seals.

**Key Leader and Focus Group Perceptions
of Community Responsiveness to Healthy People 2010
Healthy Community Indicators**



II. SUMMARY OF MAJOR AREAS OF NEED IDENTIFIED BY FOCUS GROUPS

WEST SIDE RESIDENTS

- Seven people identified job security and being able to afford their health insurance as a major issue that they worry about.
- Safety and the proper disposal and regular pick up of trash were identified as components that make a community a good place to live.
- Participants would tell the mayor to improve snow plowing, pick up the trash, increase/support neighborhood safety programs, and expand activities for youth.
- Participants said the schools need to do more to improve the eating habits of kids and to make children feel safe by dealing with bullying. Also, the City needs to make sure streets are safe to walk, and needs to offer activities for kids so they do not get into trouble.
- Four out of ten respondents said the Neighborhood Watch Program has had a positive impact on their community. One person said, “Community involvement is key to getting these things changed and to a better life for everyone.”
- Six people said medical transportation was a problem, i.e. cabs are expensive, bus routes are inconvenient, and the program of the local hospital is expensive.
- Five respondents said the cost of care, co-payments or insurance impacts their ability or decision to seek healthcare.

EAST SIDE RESIDENTS

- There were nine participants in this focus group consisting of Neighborhood Watch group members and group captains.
- Transportation, the cost of healthcare and dental access were identified as the major concerns for the participants.
- All the participants agreed that neighbors helping neighbors is what makes a community a good place to live.
- Five participants said they would talk to the Mayor about the lack of dental services for adults without insurance. One person said, “If someone is really sick, you can call 911 and get treated. But, if you’re in a lot of pain because of dental problems, there’s no way to get care unless you can come up with the cash.”
- Participants thought the schools were doing a better job in terms of healthy eating and active living. They also thought the city was offering more bike and walking trails and sponsoring fun runs.
- All participants agreed that the occurrence of crime is increasing, but thought the police department was doing its best, and had made improvements with gang and prostitution activity.
- In terms of a healthy environment, participants thought it was their responsibility to help keep the city clean. They did recommend better trash pick-up by the city.

- Overall the participants were satisfied with the many choices that Manchester offers for healthcare. They were concerned with access to dental care, mental health, and eye care. Additionally, they were concerned with the high cost of spend downs for Medicare and Medicaid.
- Many of the participants agreed that the emergency department (ED) is often misused by people who could be treated in an office visit, but they lack a doctor or insurance. They said they call their doctor first or the Ask-a-Nurse service before going to the ED.
- Three people talked about the need for the government to reform healthcare services.

VETERANS OR FAMILY MEMBERS OF PEOPLE IN THE MILITARY

- Three of the six participants talked about quality of care issues at the VA.
- Two people said that it is important to have a safe community with a good police force. Two talked about the need for good healthcare including rehab for drugs and alcohol.
- Two people were concerned about job security and insurance coverage.
- Two respondents want to talk with the Mayor about improving the police force, and safety in the community.
- Respondents said the city has improved its parks, school athletic fields, and the West Side soccer field.
- Two people said more needs to be done in the schools around drug and alcohol use.
- Regarding the environment, the group recommended improvements to trash removal, snow plowing, and the quality of water.
- Three respondents said the TriCare insurance coverage offered to active duty military members is inadequate. It only covers the member when on active duty.
- One member could not find a primary care physician and another could not find a substance abuse program in Manchester. Dental access was difficult for several participants.
- Two people said it should be easier to get help from the government. “We should not have to work this hard to get help.”
- The long wait at emergency departments was cited as a concern.

UNINSURED RESIDENTS

- The majority of the respondents (8 out of 10) said they were concerned with inadequate access to dental care. Eight participants also mentioned either job security or the economy as a major concern, and its impact on affordable health insurance.
- Five people said that caring neighbors and concerned citizens make the community a good place to live.
- Four people mentioned their frustration with the City and State when they applied for some sort of public assistance, but were not eligible. They believed they should be entitled to some assistance as U.S. citizens.

- Three people said there was no help to quit smoking and one said the methadone program is good.
- Every participant agreed that crime, especially events involving gun violence, has increased. Two people were disappointed with the police response. One thought the police chief is doing a good job. Respondents attribute the increase in crime to the economy and changes in youth attitudes. Respondents recommended more community watch programs and changes at the police department to better serve the communities.
- Three people said trash removal is an issue in Manchester, adding that the required bins are expensive and heavy.
- Several people brought up the fact that even services covered through the Manchester Community Health Center were very expensive for them, particularly if they were referred to outside specialists.
- Three people had concerns about the services available for medical transportation.

TEENS

- Two out of six teens were concerned with getting financial assistance to help with living expenses.
- When asked what they believe make a community a good place to live, several participants mentioned safety, and another thought that no drugs made the community a good place to live.
- Three of the participants said they wanted to talk to the Mayor about some aspect of the benefits system, i.e. eligibility requirements, more programs.
- The teens are aware of programs related to good nutrition and weight management, but overall feel the programs and healthy food are too expensive. The participants feel that the schools could offer more healthy choices.
- All the teens talked about the school culture that accepts and promotes the use of drugs and promiscuity. Four of the participants said that teen pregnancy is very common and acceptable, and thought the schools could do a better job to prevent it.
- Four of the six teens smoked.
- All the teens said there are times when they do not feel safe in their community. Many of the teens walk around the city and have witnessed drug deals or domestic violence. They all mentioned that they thought part of the problem was an uncaring and unresponsive police force.
- Three teens said that trash pick-up was a problem. “Elm Street is nice, but they don’t care about the other streets.”
- Four of the six participants said they have good access to healthcare and are happy with their providers. They have health insurance. The other two just enrolled as patients at Child Health Services. They struggled with finding a provider and lack insurance.
- Four of the participants used the ED for care. One person said it was a long wait, and two others said they did not feel the staff was caring.

- All of the teens said that transportation was a major problem for them. They mainly walk to get around. The bus is too expensive.

REFUGEES FROM SOMALIA

- The chief concern in this group was the cost of housing. All the refugees struggled with the affordability of their apartments, and strived to get into subsidized housing.
- Another concern with this group was around lead paint exposure in their apartments. Several of their children are being treated for lead exposure and it has affected their learning.
- All participants in this group said the Somali Development Center (SDC) helps them with a wide variety of services. The SDC helps them by scheduling appointments, picking up prescriptions, providing transportation, and assisting with shopping and cooking. If they need to go to the ED, the SDC will call ahead.
- In terms of health risk behaviors, the group said it was not a problem in their community as it is against their religious practice to smoke and use alcohol.
- They also said they do not have a problem with violence in their community.
- The cost of insurance and healthcare is a problem for the Somali refugees. Several participants in this group struggle with the cost of medical services. For the most part, their children are covered through Healthy Kids, but the focus group participants have no insurance. Many have lost their jobs and would like to receive Medicaid, but are not eligible. Those working cannot afford insurance. One person said, “Without Medicaid, you take over-the-counter drugs and do not go to the doctor.”
- Access to dental care is a problem.
- Most of the participants go to the Dartmouth Hitchcock-Manchester (DH-M) for their healthcare. One person said, “Dartmouth is the best clinic.” The participants talked about the good treatment and services at DH-M.
- Several of the participants are very concerned with their benefits and what will happen after they run out.

PREGNANT WOMEN AND MOTHERS OF NEWBORNS

- There was agreement among participants that the cost of health insurance and job security were major concerns facing their families.
- The participants said good schools and affordable family-friendly activities make a community a good place to live.
- Participants in this group would tell the Mayor to improve the City’s sidewalks with better plowing, better access to oral health care for those without coverage, and decrease in wait-time at the emergency departments. One person said the Urgent Care sites are a good resource, but her insurance does not cover a visit there.
- All the mothers agreed that there is more information and education today about nutrition and weight management than five years ago, adding it is expensive to eat well and the Farmer’s Market is a good resource. They said exercise programs are expensive and the City could make more walking trails.

- Three of the five women mentioned the smoking ban in restaurants and other public places as a big change in the last five years.
- Four of the participants mentioned the community policing or the Neighborhood Watch programs as a change in their community regarding safety and violence stating they would like to see them maintained.
- In terms of a healthy environment, four participants said they have seen changes regarding water. The two participants from Londonderry mentioned the public water spigot is no longer available. Two women said more people are drinking bottled water and mentioned the concern about plastic and chemicals in this water.
- In terms of healthcare availability, it was important to this group to have appointments on weekends, early morning, or in the evening so they did not have to take their children out of school.
- Participants were able to get appointments when needed; however, they had to wait several months to schedule physician appointments or screenings. Two of the women without insurance had a hard time finding prenatal care.
- Two of the women used the midwifery practice for their prenatal care, delivery and follow up. They were extremely happy with the approach and service.
- Four of the women said they are concerned with errors with medical billing. One said, “If we weren’t so diligent about checking and arguing our bills, we’d be paying a lot more, and I’m afraid everyone else is paying a lot more than they should be.” Another woman said the hospital and insurance company “play off each other” when it comes to correcting the billing error.
- Regarding the use of the ED, the participants all tried to call their doctor’s office before going. They would rather go to their doctor.
- The women were aware of various transportation services around the City to get to medical appointments.

PEOPLE REPRESENTING MINORITIES

- The cost of health insurance and job security were the major concerns for these participants.
- The participants identified good schools, access to a grocery store, parks, and a bus system as components that make a community a good place to live.
- Three of the six participants would encourage the Mayor to become more involved and engaged in the community.
- In terms of physical activity, nutrition and weight, participants felt the City needs more grocery stores to offer affordable food, traffic calming measures, better sidewalks to promote walking, and more affordable exercise programs for youth.
- Regarding health risk behaviors, the participants said the schools need to do more around prevention and education. The minority families are dealing with a transition and their needs surround acquiring western attitudes. They need help assimilating this information. It was emphasized that the programs should be a model that involves the minority communities.

- Regarding safety and violence, the group feels the police chief is doing a good job. They added the City needs to maintain the Neighborhood Watch programs and provide programs to youth after school so they do not roam the streets. Participants said the police department needs to work on reaching out to the minority community to strengthen communication. Also, they said there seems to be a difference in the way the juvenile justice system treats minority youth versus other youth.
- In terms of the physical environment, the group said that many minorities like to stay in subsidized housing even as their incomes grows because they have established a sense of community. Also, much of the private housing stock in Manchester consists of older houses which have unabated lead paint and many are owned by absentee landlords who do not address maintenance problems in a timely manner.
- This group identified medical translation as an issue that trumps all other issues in terms of healthcare availability and access. They explained that many new immigrants are not seeking healthcare because they cannot speak English and cannot express what they need.
- Also, it was mentioned that many immigrants remain as patients of the the Manchester Community Health Center (MCHC) because MCHC offers culturally sensitive services and they feel comfortable there even though they have insurance and could be seen in a private practice. The majority of participants in this group expressed that the City departments need to come together and solve the issue of healthcare availability for all residents of Manchester.
- Several participants reinforced the need for better oral health care services saying that the hospital has a program to pull teeth for adults and that kids can now go to Small Smiles or Catholic Medical Center (CMC). Some immigrants travel back to their home country for dental care.
- Mental health services were also identified as a concern.

INDIVIDUALS WITH A MENTAL HEALTH ISSUE OR THEIR CAREGIVERS

- Six people identified the state of the economy and the impact it is having on their retirement, job security, and health insurance as their single biggest concern. Two people said they were most concerned about access to dental services.
- The majority of participants mentioned that good schools were important to make a community a good place to live. They also mentioned affordable housing, access to good healthcare services and good neighbors.
- The majority of participants (8 out of 10) would talk with the Mayor about affordable housing. They also mentioned the need to integrate mental health into health care, not cutting the bus service, establishing a mental health court, and access to oral health care services.
- In terms of healthy eating and active living, several participants thought the grocery stores were doing more, citing tours of the store, and nutritional counseling as examples. Also, they thought the schools were doing a better job by removing the soda machines. The participants suggested offering more walking and bike paths, and low-cost gym memberships. One participant suggested bringing the *In Shape* program

to Manchester. *In Shape* is a wellness program for people with mental illness which was developed in Keene.

- Regarding health risk behaviors, everyone agreed that the restaurant smoking ban has been a positive change. Conversely, several participants are concerned with the lack of substance abuse treatment programs especially for youth. Several participants thought the schools and community could do more in this area to educate students and parents.
- Regarding personal safety and violence, participants thought the Weed and Seed program was a good program and thought the YMCA did a good job supporting victims of domestic violence. This group was sensitive to the backlash towards sexual offenders saying many offenders are mentally ill. Many of the participants thought the issues with crime and violence stem from unsupervised youth and encouraged the city to offer more activities and after school programs.
- Several of the participants said they thought the City was doing a better job abating lead paint from apartments and the schools. Also, they thought the city had increased recycling and had improved on removing the snow although some thought there was room for improvement.
- In terms of health care availability, there were several concerns. Participants were concerned with the merger between CMC and DH-M because services may not be as convenient. Also, they were concerned with CMC closing the inpatient psychiatric unit, the increased caseloads at Greater Manchester Mental Health Center, and the lack of drug treatment and detox programs. Lastly, several people were very concerned with the availability of mental health services and medication for incarcerated people.
- When questioned about emergency department use, all the participants felt that people used the ED because they do not have a regular doctor, or they do not insurance. One person noted that her daughter used the ED because she could not organize herself to set and keep doctor appointments.
- In terms of health care access, many people mentioned the need for transportation services and a need for medical interpretation services.

FRAIL ELDERS

- All the participants identified the issue of transportation as a major issue. They do not want to be a burden to their families once they start to lose their independence. They were also concerned about their health status and growing older.
- The majority of the participants (6 out of 11) would talk with the Mayor about funding more programs like Easter Seals for elders.
- In terms of healthy eating and active living, a few in the group said they use Meals on Wheels, but it is expensive.
- Regarding violence and safety, most of the participants feel safe in their community. Most live in apartments that are secured. Two participants said the Weed and Seed program was positive.
- Two people want better trash pick-up.

- The majority of the participants feel they can get appointments easily when they need to. A few shared poor experiences with their doctors and nursing care at the hospital.
- All the participants felt like their health insurance covered them well. Two of the men had military pensions and said they had “very good coverage.”
- The majority were not satisfied with dental care. They cannot afford care or find a provider who will take Medicare or Medicaid. Also, they identified eye care as a problem.
- A few of the participants had used the emergency room after being sent there by their doctors. Overall they were satisfied with the care.

INDIVIDUALS WITH A DISABILITY

- Participants identified financial security, major medical expenses, or their job security as a major concern for them.
- Participants said having access to services, transportation, and safety make the community a good place to live.
- The group would like to talk with the Mayor about traffic safety, access to oral health care services, and the high rates of autism in children born into families with relatives raised around the Jovine Drive area.
- In terms of healthy eating and active living, participants feel the city has improved the parks, bike paths and that the schools have made improvements.
- All the participants acknowledged the restaurant smoking ban as a positive measure.
- In terms of healthcare availability one participant said it is very difficult to get mental health services for her children so it is necessary to “take advantage of a crisis” to get needed services at that time. Also, two people said much needs to be done to improve access to substance abuse treatment and service. Overall, participants can get appointments for medical issues without problems.
- The caregivers in this group were very concerned with the Governor’s proposed measures to balance the state budget and the impact that will have on people with disabilities.
- Everyone agreed that the City has become more violent. Neighborhoods that were once considered safe now have gang related insignia marking them. They suggested more Neighborhood Watch programs.
- The need for mental health parity was mentioned twice.

INDIVIDUALS WITH A CHRONIC ILLNESS

- The top concerns for this group were transportation, and the cost of healthcare.
- Participants from this group would tell the Mayor about the need for transportation, especially for people with a disability, and the need for information and referral services.
- Regarding healthy eating and active living, participants were aware of several improvements. They talked about the services available through the Elliot Wellness Center, Hannaford’s grocery store, and the schools.

- Participants supported the smoking ban in restaurants.
- Regarding health risk behaviors, several of the participants thought this was a problem for youth because they were unsupervised, and that there needs to be more programs for youth and parenting classes.
- In terms of personal safety and violence, most of the participants said they feel safe in their community. Many live in private apartments with security.
- Two people said the O'Malley Building and the public housing on south Elm Street are run down and not secure.
- Regarding healthcare availability, one person new to Manchester has had a hard time finding a primary care physician who will take a new Medicare patient. Other participants said they thought the reimbursement rates for Medicare have impacted their care. The providers offer what is covered rather than what is needed. They also provide very short visits.
- A couple of participants said they have had a hard time finding medical specialists. The Senior Center is great in dealing with issues related to aging.
- Several people are going without routine dental care because of the cost. Even those with insurance have trouble paying for dental services. One person with diabetes recognizes the importance of regular cleanings, but cannot afford anything else. Another person said she traveled to the NH Technical Institute Concord and Tufts for cleanings. One person traveled north where appointments are cheaper. All participants would like to see more dental clinics.
- One woman would like to see more transparency in how the hospitals perform through quality measures.
- Of those who used the ED, they said they were satisfied with the quality of care, but they had to wait a long time while there.
- A couple of people said that health care and Medicare are very confusing. It is a struggle to understand everything and to make the best choice for coverage. They were aware of ServiceLink, but felt the community needed to do more to help families who are caregivers or dealing with their own health issues.

NEW REFUGEES FROM BHUTAN AND BOSNIA

- The most pressing issue facing this group was related to Medicaid and insurance coverage. They would like to see this benefit extended to refugees beyond the initial eight months of arriving in this country. They said many immigrants work in low paying jobs where insurance is not provided.
- Participants are also concerned with job security.
- Most of the participants said job prospects make a community a good place to live.
- Participants would talk with the Mayor about extending Medicaid coverage, creating jobs, improving schools, increasing job training, and health care access. They would also talk about the expense of becoming a U.S. citizen.
- Participants said they think people are more aware about health eating and active living, but healthy food is expensive. They like the Farmer's Market, but it is expensive.

- In terms of health risk behaviors, participants said parents need to be stricter with the kids and kids need to be busy after school.
- Overall, participants feel safe in their community; however, it was acknowledged that crime increases during a bad economy.
- Regarding health environments, three participants believe drinking hot tap water is unhealthy. Two participants said they could benefit from some education on keeping their environment clean.
- In terms of health care availability, participants described problems of misunderstandings between them and their providers, i.e. missed appointments because they did not know where they were going, and insensitive providers.

APPENDIX TWO: ASSESSMENT METHODS

I. QUANTITATIVE METHODS

As the needs assessment process began, members of the Manchester Sustainable Access Project (MSAP) Data Sub-Committee reviewed the Healthy Manchester 2015 Strategic Imperatives Framework. This needs assessment’s planning and organization were oriented around those Strategic Imperatives.

The final list of indicators of public health and well-being used in this report was created by first developing extensive lists of recommended indicators for each of the Strategic Imperatives. The sources for the extensive lists are in the table below, with a majority from the first five sources. From that large list of indicators, the final indicators were selected based on whether each was useful, measurable, and feasible to collect, actionable, available over time, and understandable. Local experts with expertise relevant to specific indicators were consulted to help determine if the final list of indicators met those criteria. The indicators used in the report are science-based and recommended by reputable sources.

Data for the indicators was collected from existing local, state, and national sources. The majority of the quantitative data were obtained from the Census Bureau, the American Community Survey, the Behavioral Risk Factor Surveillance System (BRFSS), the Youth Risk Behavior Surveillance System (YRBSS), and numerous state and local agencies. In particular, the New Hampshire Department of Health and Human Services (NH DHHS) Health Statistics and Data Management section provided extensive data and assistance. Also, the MSAP Data Sub-Committee members provided data from their organizations for the Access to Health Care chapter.

The large data request made to the Health Statistics and Data Management section of NH DHHS included behavioral, health outcome, and health care data. Where appropriate we requested that the data be provided for specific age groups, race/ethnicity, and income levels. NH DHHS provided extensive internally created and reviewed data tables.

One limitation of the data provided was that in instances in which the number of events reported was very small, NH DHHS either did not report the result, or reported the raw numbers in place of population rates. These circumstances applied to much of the health data related to the population of individuals of non-white races or ethnicities and explains why this report was rarely able to display local data for specific races or ethnicities.

| SOURCES OF INDICATORS OF PUBLIC HEALTH USED IN THE 2009 NEEDS ASSESSMENT | | |
|---|---|--|
| CODED | ORGANIZATION/SOURCE | RESOURCE |
| HP 2010 | Healthy People 2010, US Dept of Health and Human Services | Healthy People 2010: Volumes I and II |
| IOM | Institute of Medicine | Improving the Health of the Community: A Role for Performance Monitoring |
| MAPP | National Association for County and City Health Officials | Mobilizing for Action through Planning and Partnerships |
| SUSA | Institute of Medicine | State of the USA |
| CHSI | DHHS | Community Health Status Indicators |
| CDC-NCHS | Centers for Disease Control and Prevention, National Center for Health Statistics | |

| | | |
|----------------|--|---|
| MSAP | Manchester Sustainable Access Project | Manchester Sustainable Access Project's " <i>A Call to Action</i> " Report, 2008 |
| RWJF | Robert Wood Johnson Foundation | State Health Access Profile |
| Elliot | Elliot Physician Network | Elliot Physician Network Quality Improvement, http://www.elliospital.org/services/quality_EPN.html |
| WA | State of Washington public health indicators | |
| FQHC | | Performance Monitoring for FQHCs |
| CDC-NCEH | Centers for Disease Control and Prevention, National Center for Environmental Health | Environmental Public Health Indicator Project |
| NACCHO | National Association for County and City Health Officials | 2008-2009 Project Public Health Ready CRITERIA FOR LOCAL HEALTH DEPARTMENTS |
| AHRQ | U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality | Emergency Preparedness Resource Inventory: A Tool for Local, Regional, and State Planners |
| CDC | Centers for Disease Control and Prevention | Data Needs and Uses for Older Adult Health Surveillance: Perspectives From State Health Agencies |
| CDC | CDC Healthy Aging | The State of Aging and Health in America 2007 Report |
| CDC | Centers for Disease Control and Prevention | 21 Critical Health Objectives for Adolescents and Young Adults |
| NH 2010 | Healthy New Hampshire 2010 | |
| Dashboard | New Hampshire Citizen's Health Initiative | New Hampshire's Healthcare Dashboard 2008 |
| MCHB | HRSA- Maternal and Child Health Bureau | Promising Practices in MCH Needs Assessment: A Guide Based on a National Study |
| ERS/USDA | Economic Research Service/ United States Department of Agriculture | Food Security Measures |
| Bright Futures | American Academy of Pediatrics | Bright Futures |

II. FOCUS GROUP & KEY LEADER INTERVIEW METHODS

OVERVIEW: FOCUS GROUP AND KEY LEADER INTERVIEW METHODOLOGY

Through a contract developed by the City of Manchester Health Department (Health Department), the Data Sub-Committee of the Manchester Sustainable Access Project (Data Committee) hired the Community Health Institute/JSI (CHI) on January 1, 2009 to implement focus groups and key leader interviews in the Manchester Health Service Area. These participant interviews were conducted to meet the Manchester charitable trusts' mandate to complete a community health assessment. The Data Committee determined that focus group participants and key leaders would provide richness and nuance and to validate the quantitative data provided by the state and Manchester Health Department that provided the major framework for their assessment.

The Data Committee determined that all data and information collected during the 2009 community health assessment process would be used to inform the strategic imperatives of the Healthy Manchester Leadership Council and Department of Health. Thus, the development of these focus groups were directed by the strategic imperatives summarized below:

Manchester City 2009-2010 Strategic Imperatives

- 1.) Healthy people in every stage of life
- 2.) Healthy people in healthy places
- 3.) People prepared for emerging health threats
- 4.) People accessing quality health care

CHI collaborated with the Data Committee to develop the scope of the focus group and key leader interview questions and methods of data collection. During each focus group and key leader interview we captured both qualitative and quantitative data. Quantitative data were collected through administration of a paper-pencil survey instrument at the beginning of each interview, followed by a facilitated focus group discussion or key leader interview.

FOCUS GROUP INTERVIEW METHODS AND SAMPLE DEVELOPMENT

Together, the Data Committee and CHI staff identified and recruited community-based organizations (CBO) that provide services to clients from the Greater Manchester Health Service area (Manchester and its seven surrounding towns of Auburn, Bedford, Candia, Deerfield, Goffstown, Hooksett, and New Boston) to participate in the identification and recruitment of focus group participants.

A total of ten CBO's were identified as "Lead CBO" due to their ability to access participants and willingness and capacity to do so within the allotted timeframe. A lead CBO was

assigned to be the key coordinating body for recruitment for each focus group. Each lead CBO took responsibility for:

- a. working with other community organizations to recruit appropriate participants based on the profile population assigned,
- b. hosting the focus group,
- c. helping participants get to the focus group, and
- d. providing free space and snacks during the focus group meeting(s).

An effort was made by each CBO to recruit participants from within and outside of their own service system as long as they resided within Manchester and its surrounding towns. Each participant received a \$25 gift card incentive to a local store as a way of thanking them for their participation (total cost of \$2,765).

CHI provided the training documents to each lead CBO: Recruiting Agency Fact Sheet, Focus Group Profiles, Participant Fact Sheet (included later in this section). Each focus group was scheduled for two hours.

CHI developed profiles of the populations to be included in the focus group process based on input from the Data Committee. Thirteen focus group populations of interest were identified:

- 1.) Individuals with mental health needs
- 2.) Individuals living on the East Side of the city
- 3.) Caregivers of young children
- 4.) Pregnant women or those with newborns
- 5.) New refugees
- 6.) Individuals living on the West Side of the city
- 7.) Individuals with (or caring for someone with) a chronic illness
- 8.) Frail elders
- 9.) Teenagers
- 10.) Individuals who are uninsured
- 11.) Minority populations
- 12.) Individuals or family members of those who are currently serving in the military or who are veterans
- 13.) Individuals living with (or caring for someone with) a disability

A total of 115 individuals from thirteen communities participated in the 13 focus groups. A total of 109 participants completed a survey prior to the focus group discussion resulting in a 94.7% survey participation rate.

FOCUS GROUP SAMPLE – DEMOGRAPHIC DESCRIPTION

The following tables provide descriptive information for each of the 13 focus groups, summarized by age, city, gender and insurance status for the focus group participants who completed a survey. These descriptives below are illustrated for each of the thirteen focus group target populations.

| PARTICIPANTS BY AGE | | | | | |
|---|----------|-----------|-----------|----------|------------|
| FOCUS GROUP POPULATION: | AGE | | | | |
| | 0-17 | 18-64 | 65+ | Unknown | Total |
| Have mental health issues | 0 | 8 | 4 | 1 | 13 |
| Live on East Side | 0 | 9 | 1 | 0 | 10 |
| Caregivers of young children | 0 | 6 | 0 | 0 | 6 |
| Pregnant women or new mothers | 0 | 4 | 0 | 0 | 4 |
| New refugees | 0 | 9 | 0 | 0 | 9 |
| Live on West Side | 0 | 10 | 0 | 0 | 10 |
| Have/caring for person with chronic illness | 0 | 1 | 9 | 0 | 10 |
| Frail Elders | 0 | 0 | 11 | 0 | 11 |
| Teenagers | 3 | 3 | 0 | 0 | 6 |
| Individuals who are uninsured | 0 | 11 | 0 | 0 | 11 |
| Minority populations | 0 | 7 | 1 | 0 | 8 |
| Military or Veteran | 0 | 6 | 0 | 0 | 6 |
| Have/caring for person with disabilities | 0 | 5 | 0 | 0 | 5 |
| Total | 3 | 79 | 26 | 1 | 109 |

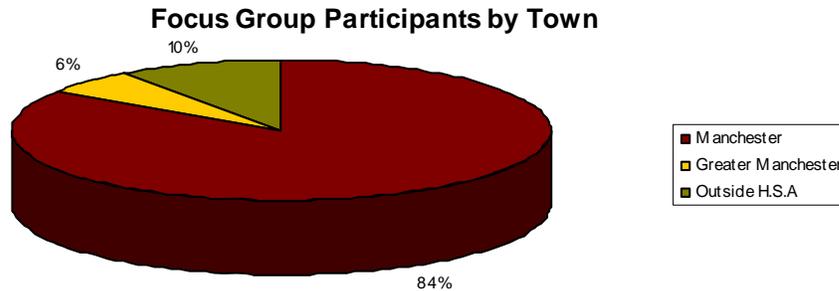
| PARTICIPANTS BY CITY | | | |
|---|------------|--------------------|------------|
| FOCUS GROUP POPULATION: | CITY | | |
| | Manchester | Greater Manchester | Total |
| Have mental health issues | 9 | 4 | 13 |
| Live on East Side | 10 | 0 | 10 |
| Caregivers of young children | 2 | 4 | 6 |
| Pregnant women or new mothers | 2 | 2 | 4 |
| New refugees | 8 | 1 | 9 |
| Live on West Side | 10 | 0 | 10 |
| Have/caring for person with chronic illness | 6 | 4 | 10 |
| Frail Elders | 11 | 0 | 11 |
| Teenagers | 6 | 0 | 6 |
| Individuals who are uninsured | 10 | 1 | 11 |
| Minority populations | 8 | 0 | 8 |
| Military or Veteran | 6 | 0 | 6 |
| Have/caring for person with disabilities | 4 | 1 | 5 |
| Total | 92 | 17 | 109 |

| PARTICIPANTS BY GENDER | | | |
|---|---------------|-------------|--------------|
| FOCUS GROUP POPULATION: | GENDER | | |
| | Female | Male | Total |
| Have mental health issues | 9 | 4 | 13 |
| Live on East Side | 9 | 1 | 10 |
| Caregivers of young children | 6 | 0 | 6 |
| Pregnant women or new mothers | 4 | 0 | 4 |
| New refugees | 4 | 5 | 9 |
| Live on West Side | 6 | 4 | 10 |
| Have/caring for person with chronic illness | 8 | 2 | 10 |
| Frail Elders | 8 | 3 | 11 |
| Teenagers | 5 | 1 | 6 |
| Individuals who are uninsured | 6 | 5 | 11 |
| Minority populations | 8 | 0 | 8 |
| Military or Veteran | 2 | 4 | 6 |
| Have/caring for person with disabilities | 4 | 1 | 5 |
| Total | 79 | 30 | 109 |

| PARTICIPANTS BY INSURANCE STATUS | | | | |
|---|-------------------------|--------------------------------|----------------|--------------|
| FOCUS GROUP POPULATION: | INSURANCE STATUS | | | |
| | Has Insurance | Does Not Have Insurance | Unknown | Total |
| Have mental health issues | 11 | 2 | 0 | 13 |
| Live on East Side | 9 | 1 | 0 | 10 |
| Caregivers of young children | 6 | 0 | 0 | 6 |
| Pregnant women or new mothers | 4 | 0 | 0 | 4 |
| New refugees | 6 | 3 | 0 | 9 |
| Live on West Side | 7 | 3 | 0 | 10 |
| Have/caring for person with chronic illness | 10 | 0 | 0 | 10 |
| Frail Elders | 9 | 2 | 0 | 11 |
| Teenagers | 4 | 2 | 0 | 6 |
| Individuals who are uninsured | 2 | 9 | 0 | 11 |
| Minority populations | 7 | 1 | 0 | 8 |
| Military or Veteran | 6 | 0 | 0 | 6 |
| Have/caring for person with disabilities | 3 | 0 | 2 | 5 |
| Total | 84 | 23 | 2 | 109 |

FOCUS GROUP PARTICIPANT DESCRIPTION

A total of 115 people participated in the focus groups, with 109 completing the quantitative survey. Eighty-four percent of the participants live in Manchester, 6% live in Greater Manchester (seven communities in the Manchester Health Service Area [HSA] selected by the MSAP Data Committee), and 10% live outside the HSA.

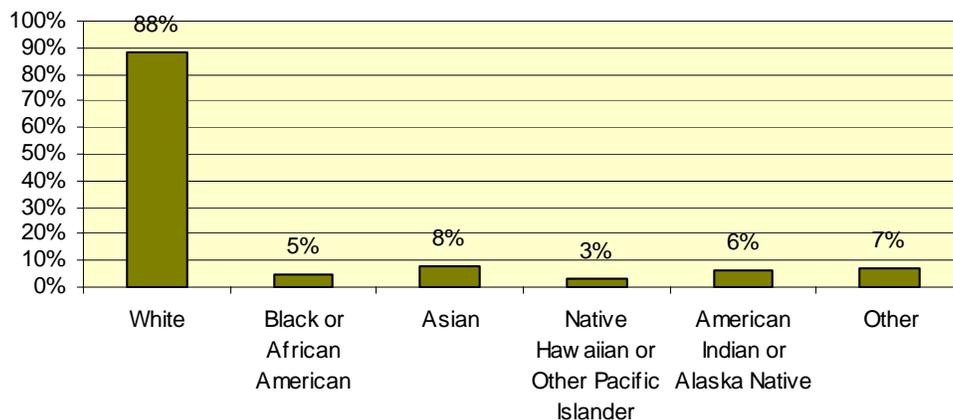


Seventy-three percent of participants were female, and 27% were male. The average age of participants was 52. The youngest participant was 14 years old, and the oldest participant was 92 years old. The majority of participants (73%) were between the ages of 18 and 64. Twenty four percent of participants were 65 years and older.

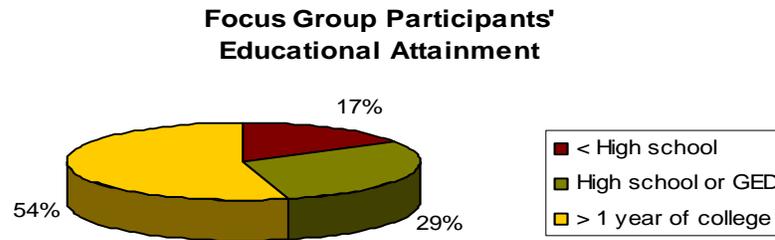
Eighty-eight percent of the focus group participants identified their race as white, 8% identified themselves as Asian, 6% as American Indian or Alaska Native, 5% as black or African American, and 3% as Native Hawaiian or Other Pacific Islander. Seven percent of the participants identified themselves as Hispanic or Latino. Participants were asked to check as many races as applied.

Focus Group Participants by Race*

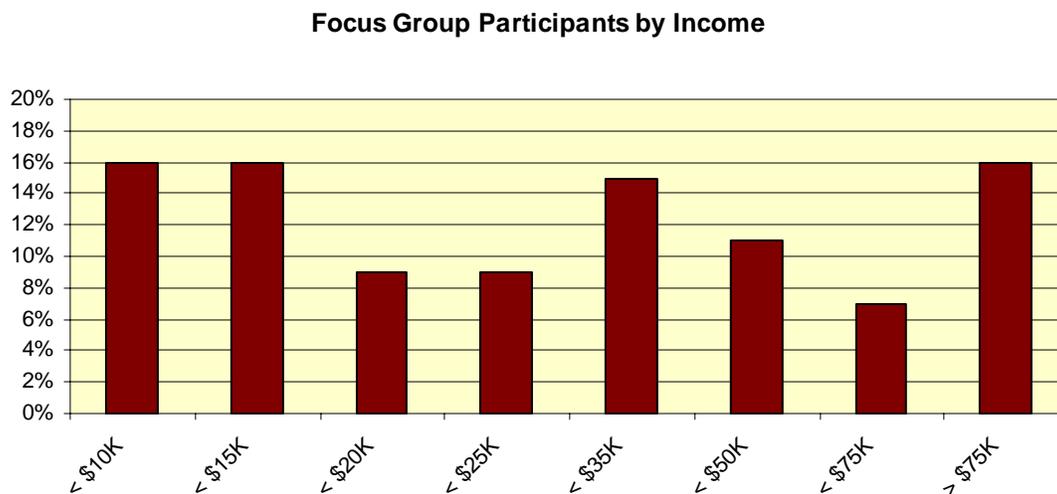
*Participants were allowed to select multiple races



Seventeen percent of the focus group participants did not complete high school. Twenty-nine percent of the participants had their high school diploma or equivalent, 31% have completed some college, and 23% have completed four or more years of college.



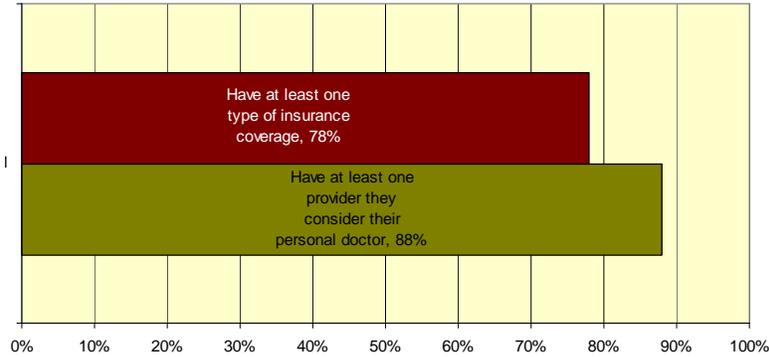
Fifty-one percent of the focus group participants have an annual household income (from all sources) of less than \$25,000, with 16% having less than a \$10,000 annual household income. Sixteen percent of participants have an annual household income of over \$75,000. Of all the participants, only 47% are currently employed for wages (through an employer, or self). Fourteen percent have been out of work for at least a year, 10% are unable to work, and 23% are retired. Six percent are either homemakers or students.



Almost half of the focus group participants reported being limited in any activity by an impairment or health problem (46%). This high number is not surprising considering that the focus groups were made up of members of vulnerable populations from the community, included disabled residents, and chronically ill residents.

Eighty-eight percent of the focus group participants reported having at least one health care provider that they consider their personal doctor. This number is consistent with state BRFSS data from 2005-2007, where 89% of Manchester residents reported having one provider that they consider their personal doctor.¹ Seventy-eight percent reported having at least one kind of health insurance.

Participants with by Primary Care Provider and Insurance Coverage

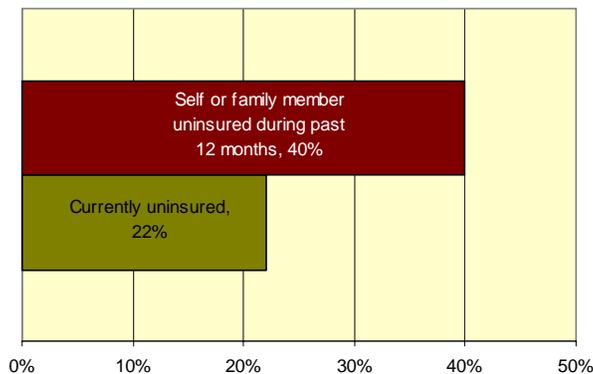


This rate of insurance is significantly lower than that of the Manchester residents sampled in the 2005-2007 BRFSS surveys, in which 88% reported that they had insurance.¹ With the increasing unemployment rate and rising costs of health care coverage, it is not surprising that this rate of insured residents has decreased.

Among focus group participants, there is a significant correlation between income level and insurance coverage ($p = .009$). Focus group participants with higher levels of income have a higher rate of insurance coverage. This correlation is consistent with national data. The National Health Interview Survey data from 1997-2001 showed a trend of higher uninsurance rate as the poverty level of Americans increased: Twenty-eight percent of surveyed Americans under the age of 65 considered “poor”, 27% who were considered “near poor”, and only 9% of those considered “not poor” were uninsured.²

The most common reason why people did not have insurance was that it is too expensive (44%). Eighteen percent of participants who reported having no insurance (or a family member with no insurance) during the past twelve months reported that the reason was that their job didn’t offer any benefits, and another 18% reported that the reason was that they were unemployed.

Insurance Status of Focus Group Participants



There was also a significant correlation between family insurance status and race. Statistical analysis shows that within the focus group participants, those who identified themselves as white had a higher rate of family insurance status ($p = .007$), and those who identified

themselves as black or African American had a lower rate of insurance status ($p = .011$). Again, this correlation is consistent with national data. The National Health Interview Survey data from 2001 shows that white persons under the age of 65 had an uninsurance rate of 13.5%, while black person in the same age category experienced an uninsurance rate of 22.8%.²

KEY LEADER INTERVIEW METHODS AND SAMPLE DEVELOPMENT

Between March and May of 2009, the Community Health Institute (CHI) staff interviewed twenty-six key leaders from the Manchester Area who had been identified by their peers as being leaders who understood well the current and emerging issues of the city of Manchester and its surrounding towns. Six key leaders interviewed were specifically chosen to add insight on the issues of Manchester's surrounding towns. Four leaders were interviewed specifically for their unique perspective as business leaders in the city. Over all, key leaders represented city and town government, the education system, the health delivery system, business, non-profit social organizations, and police.

Key leaders were identified by the Data Committee based on their diverse knowledge of the community. Fourteen key leaders who work in Manchester based organizations were initially identified from the leader list from the 2004 Manchester Community Health Assessment. Before the interview was administered, all key leaders received a letter of introduction, a summary of the topics to be covered in the open-ended interview and the quantitative survey instrument.

Finally, one interview was also completed with four prominent business leaders over a working lunch arranged by the City of Manchester Department of Health. Due to time constraints of the business leaders, it was impossible to interview these persons separately. These leaders represented and provided input to the assessment from the perspective of both small and large business owners. For purposes of our analyses, 20 interviews were conducted although 24 persons were interviewed.

A standard script and protocol was used for conducting the interviews. Whenever possible, the interviews were conducted in-person (out of the 21 interviews, only five were conducted by phone). The key leader interviews were developed to obtain insight regarding leadership's vision for an ideal city, greatest needs facing the Manchester Health Service Area population today, and emerging issues of concern for the future. Additionally, specific questions were asked to capture more detailed information specific to the community's ability to address CDC's healthy community leading health indicators: physical activity, weight and nutrition; health risk behaviors; personal safety and violence; healthy environments; and health care availability and access. Finally, through administration of a final open-ended wrap up question we invited these key leaders an opportunity to speak about any other issues that they were facing regarding the city's needs for health care/system improvement.

A standard paper pencil survey instrument was also completed by each key leader in an effort to summarize quantitatively his/her perspective on the Centers for Disease Control (CDC) leading health indicators of community health (healthy weight and nutrition, drug, alcohol, and tobacco usage, and health care availability). The survey ended with a question asking how the health of the community compares to five years ago, and a question which asked leaders how they would rate the health of the community today.

The key leaders were aware of the community health assessment process and many of them have participated in similar interviews in the past, thus they seemed to be very comfortable and actively participated in this process. Although we attempted to modify all questions and survey data to reflect the position and perspective of the key leaders, some of the leaders found the focus of the health indicator questions confusing because they did not live in the city of Manchester or in the Health Service Area. In the Key Leaders Interview section we summarize the major themes of the interviews by question category.

| KEY LEADER | TITLE | AGENCY | INTERVIEWER | DATE |
|--|--------------------------|---|------------------------------|-----------|
| Tim Soucy | Director | Manchester City Health Department | Dotty Bazos and Katie Robert | 3/11/2009 |
| Frank Guinta | Mayor | City of Manchester | Dotty Bazos | 3/20/2009 |
| Karen Burkush | Assistant Superintendent | Office of the Superintendent of Schools | Dotty Bazos | 3/23/2009 |
| David Mara | Chief of Police | Manchester Police Department | Dotty Bazos | 3/24/2009 |
| Tom Blonski | CEO | Catholic Charities | Dotty Bazos | 3/24/2009 |
| Maureen Beauregard | CEO | Families in Transition | Dotty Bazos | 3/30/2009 |
| Doug Dean | CEO | Elliot Hospital | Lea Ayers LaFave | 4/8/2009 |
| Alyson Pitman Giles | CEO | Catholic Medical Center | Lea Ayers LaFave | 4/9/2009 |
| Ed George | President | Manchester Community Health Center | Lea Ayers LaFave | 4/9/2009 |
| Patrick Tufts | President/CEO | United Way | Martha Bradley | 4/9/2009 |
| Fred Rusczek | Executive Director | Child Health Services | Lea Ayers LaFave | 4/14/2009 |
| Dr. Steve Paris | Medical Director | Dartmouth-Hitchcock Manchester | Martha Bradley | 4/14/2009 |
| Peter Janelle | President/CEO | Greater Manchester Mental Health Center | Martha Bradley | 4/14/2009 |
| Phone Interviews: | | | | |
| George Edwards | High School Principal | Town of Bedford | Dotty Bazos | 5/28/2009 |
| Carrie Rouleau-Cote | Health Officer | Town of Auburn | Katie Robert | 4/16/2009 |
| Colleen Guardia | Deputy Health Officer | Town of Deerfield | Katie Robert | 4/14/2009 |
| Richard O'Brien | Fire Chief | Town of Goffstown | Katie Robert | 4/16/2009 |
| Peter Rowell | Health Officer | Town of Hooksett | Katie Robert | 5/7/2009 |
| Shannon Silver | Health Inspector | Town of New Boston | Katie Robert | 4/29/2009 |
| Business Leaders Lunch Meeting: | | | | |
| Cathy Champagne | Owner | Jutras Signs | Dotty Bazos and Katie Robert | 5/5/2009 |
| Jeff Eisenberg | President | Manchester Monarchs | | |
| Ron Dupont | Owner | Red Oak Property Management | | |
| Michael Amthor | HR Manager | Sylvania | | |

INTERVIEW AND SURVEY QUESTION DEVELOPMENT

The focus group and key leader interview scripts for the qualitative interviews were developed to capture similar information from both samples – focus groups and key leaders.

First, by asking three open-ended questions, we captured information on high level issues summarizing participants' perceptions of current and emerging issues of the area's population health and health services needs:

- 1.) Vision for an ideal city,
- 2.) Perception of greatest needs facing the Manchester Health Service Area population today, and
- 3.) Perception of emerging issues of concern.

Second, using fifteen specific questions we captured more detailed information regarding the participants' perception of the community's ability to address Healthy People 2010 Community Health Indicators Report³: physical activity, weight and nutrition; health risk behaviors; personal safety and violence; healthy environments; and health care availability and access. These leading health indicator questions were also asked in the 2004 Manchester Community Health Assessment.

Third, through administration of a final open-ended wrap up question, we invited participants an opportunity to speak about any other issues that they face regarding their needs for health care/system improvement.

Quantitative data were also collected through a survey instrument developed by the CHI health assessment team. Two surveys were designed and administered to the two sample populations – focus groups and key leaders – before any discussion took place.

The final focus group and key leader survey instruments are similar but were modified to accommodate the perspectives from which these data were collected; i.e., those who receive services, versus those who provide services (see the Focus Group and Key Leader Quantitative Survey Instruments section). The Data Committee reviewed and approved the final scripts and survey questions and proposed methodology before administration of the assessment began.

The focus group survey instrument consisted of twenty-three questions administered to each participant as a paper and pencil survey at the beginning of each focus group. These questions captured participant demographic, health status, and health care access information (including questions on emergency department usage) as well as participant perceptions of leading health indicators of community health. In addition, the survey included standardized questions from the 2009 BRFSS in order to provide more detailed demographic and descriptive data of these persons.⁴

The key leader survey instrument consisted of eighteen questions also administered as a paper-pencil survey instrument. Data collected from these surveys summarized leader perceptions of the Healthy People 2010 Community Health Indicators Report.

Both survey instruments concluded with questions asking about the participants' perception of how the health of the community compares to five years ago, and how he/she would rate the health of the community today.

QUALITATIVE DATA ANALYSES METHODS

For each focus group, a note taker documented the major themes and points of each group interview. All focus group interviews were tape recorded. Notes from each interview were summarized and reviewed by the focus group leader and note taker for completeness. Tapes of the interviews were reviewed to fill in any missing data, thus resulting in a complete summary of each focus group meeting. Summary notes were written using a standard protocol so that they could be analyzed using NVIVO 8 statistical software program.

Key leader input was captured during each interview by an interviewer who took notes during the scheduled meeting. All interviews were completed as one-on-one meetings with the exception of the business leaders interview in which four leaders participated at one time (for analyses, n=1). Fifteen interviews were conducted in-person and five were conducted by phone. Interview notes were summarized and entered into a computer word document immediately after each interview session. These notes were captured in a consistent format and analyzed for key themes using NVIVO 8 statistical software. In an effort to limit interview bias as much as possible, CHI assigned (whenever possible) interviewers to key leaders whom they had not worked with in any close capacity during the past year.

QUANTITATIVE DATA ANALYSES METHODS

The quantitative survey data were collected at the beginning of each focus group and key leader interview were key-punched into two separate SPSS databases for descriptive analysis of the data.

It is important to note that focus group participants were not selected based on a random sample of the Manchester and surrounding communities' populations, but instead were created to capture the needs of vulnerable populations within the community. Participants were recruited by health care providers, of whom the focus group participants were likely patients. If a participant did not respond to a question he/she was excluded from the analysis of that question. When all focus group participants responded to a question the total number of respondents was 109.

Seventeen key leaders completed surveys (70% response rate) which were also were completed and analyzed. If a participant did not respond to a question he/she was excluded from the analysis of that question.

FOCUS GROUP LOGISTICS

RECRUITING AGENCIES AND FOCUS GROUP TOTALS

| RECRUITING ORGANIZATION | FOCUS GROUP | DATE | PARTICIPANTS |
|--|--|---------------|--------------|
| Mental Health Center of Greater Manchester | Individuals with Mental Health Issues | February 19th | 14 |
| Elliot Health System | Individuals Dealing with Chronic Health Condition(s) | March 10th | 9 |
| Easter Seals | Individuals who are Elders | March 12th | 11 |
| Child Health Services | Individuals who are Teens | March 12th | 6 |
| NH Minority Health Coalition | Individuals who are Racial and Ethnic Minorities | March 16th | 8 |
| Manchester Community Health Center | Individuals with no or limited access to care through insurance | March 16th | 11 |
| Manchester Health Department | Individuals who are East Side residents | March 19th | 9 |
| Easter Seals | Individuals who are Military Veterans, Active Duty Members or Family Members | March 23rd | 6 |
| Easter Seals | Individuals who are Disabled | March 25th | 6 |
| Dartmouth-Hitchcock Manchester | Individuals who are caregivers of young children 2 yrs to 12 yrs | March 4th | 6 |
| Catholic Medical Center | Pregnant Women or Women with Newborns | March 4th | 5 |
| Catholic Medical Center | Individuals who are new refugees - Bosnian/Bhutanese | March 5th | 8 |
| Catholic Medical Center | Individuals who are new refugees - Somali | March 5th | 6 |
| Manchester Health Department | Individuals who are West Side residents | March 9th | 10 |

FOCUS GROUP RECRUITING AGENCY TASK LIST

| AGENCY'S RESPONSIBILITIES | DUE DATE |
|--|----------|
| Assign a staff person to coordinate the logistics of recruiting focus group participants and act as the liaison with Community Health Institute (CHI). | |
| Review the profile for the group(s) you were assigned. <i>Please note that you are recruiting people who fit a particular profile from the community not just from the people you serve. You can work with other groups/ agency to recruit people who fit the profile that you were assigned.</i> | |
| The lead agency should meet or hold conference calls with coordinating agencies to define tasks. Lead agency to assign participant recruitment numbers to each coordinating agency. | |
| Schedule a date for the focus group. Call Shasta at 603-573-3312 to coordinate a date. | |
| Reserve a meeting room for 10-12 people. The room should allow for conversation and discussion. | |
| Recruit 10-12 people to participate in the focus group. You will need to identify and invite at least 20 people to get 10-12. (Refer to script & Participant Fact Sheet.) | |
| Follow your agency's protocol for collecting data, if applicable. | |
| Call Shasta 3 days before the focus group to report final participant numbers. This will help to determine the number of gift cards to purchase. | |
| Assist individual(s) with their personal logistics such as child care, transportation and translation. | |
| Send each participant a copy of the focus group the <i>Participant Fact Sheet</i> . | |
| Prepare list of participants for facilitator. | |
| Provide light refreshments at the focus group. | |

COMMUNITY HEALTH INSTITUTE TASK LIST

| COMMUNITY HEALTH INSTITUTE'S RESPONSIBILITIES | DUE DATE |
|--|------------|
| Provide each agency technical assistance to identify and recruit focus group participants. | On-going |
| Provide each agency instructions on who to recruit and assignments. | Completed |
| Design strategy and scripts for qualitative data collection. | Completed |
| Facilitate focus groups. | TBD |
| Document and transcribe focus groups. | On-going |
| Write summary report of focus groups. | April 2009 |
| Buy \$25 gift card for focus group participants to a store recommended by recruiter. | TBD |

FOCUS GROUP PARTICIPANT FACT SHEET

This fact sheet was distributed by the CBOs to the focus group participants prior to the scheduled discussion.

Thank you for agreeing to be part of the Manchester Sustainable Access Project's Community Benefits Assessment. The Manchester Sustainable Access Project is conducting 13 focus groups in Manchester to help us understand what health care services people need in the Manchester area. We would like to hear about your experience getting and receiving health care for you or a family member in the Manchester area.

This fact sheet gives answers to frequently asked questions as well as more information about the upcoming focus group you will be involved in.

COMMON QUESTIONS ABOUT FOCUS GROUPS:

What is a focus group?

A focus group is a structured discussion with a leader. We will ask the group specific questions and each person will have a chance to share his or her experience getting health care services in Manchester.

How is the information used?

You will not be identified in any of the reports that are written. Your comments and experiences may be shared in the reports, but your identity will be kept private. The report will be a summary of common themes that we hear in the groups.

Why are you doing a focus group?

State law requires that any agency receiving grant funding of more than \$100,000 must conduct an assessment for their community every three years to determine the extent to which the community benefits from their services. The Community Health Institute has been hired by the Manchester Sustainable Access Project through funding from Catholic Medical Center, Elliot Health System and Dartmouth Hitchcock Medical Center to provide these focus groups.

What should I bring?

You do not need to bring anything to this focus group meeting. Just come and share your honest thoughts during the discussion.

How long is the focus group meeting?

The focus group will last for 1 ½ - 2 hours.

Can I bring my children?

You cannot bring your children. If you need help with childcare, please let us know before the meeting.

Will I get paid to attend the group?

You will get a gift card for \$25.00 to a local store at the end of the focus group meeting.

Who do I call with questions?

Insert recruiter's name and contact information.

Will there be food?

Yes, we will serve light refreshments.

Is there help with transportation?

Yes, please let us know of your need for transportation assistance.

Is there help with translation?

Yes, please let us know of your need for translation assistance.

FOCUS GROUP DETAILS:

| | |
|---|--|
| Date: | <i>Fill in date of focus group</i> |
| Location: | <i>Fill in location of focus group</i> |
| Time: | <i>Fill in time of focus group</i> |
| Contact Person: | <i>Provide recruiter contact information</i> |
| Directions: | <i>Give directions to focus group location</i> |
| If you need help with childcare, transportation or translation, please call: | <i>Provide recruiter contact information</i> |

FOCUS GROUP SCRIPT

This script was followed by the focus group facilitator, a CHI team member, during each focus group.

Thank you for taking the time to meet with us today.

Before we begin we'd like you to complete this survey. It is an anonymous survey so DO NOT write your name on it. Once you are finished, hold on to the survey because you may want to refer back to it during our discussion. I will collect the surveys at the end of our discussion.

To capture your feedback, we will record the conversation using both a digital recorder and hand written notes. This is done so that we can be sure that the information you provide is captured correctly. Are there any objections to recording the discussion?

INTRODUCTION & GROUND RULES:

- Hello and welcome to our discussion, or focus group, today. Thank you for taking the time to participate. I will keep the meeting to 2 hours so that we finish by_____. You should also feel free to get up and stretch, go to the bathroom, or help yourself to refreshments.
- My name is XX. I will act as the moderator for today's discussion. This is my co-worker XX. She is here to take notes of the discussion and *keep track of time*. You can also get her attention if you need her assistance for any reason during the group. We are both with the Community Health Institute, which is located in Bow, NH. CHI is a public health consulting agency.
- We are taping this session so we can remember the important points of our discussion when we write the report. This is done so that we can be sure that the information you provide is captured correctly. No names or identifying information will be transcribed from the tape or used in any report. ***Is it okay that we tape this group?***
- Every few years your community charitable trusts are asked to reach out to community members to find out how they can help improve the health and well-being of the community. Information from this focus group will be used by local organizations; including both hospitals and Dartmouth- Hitchcock to develop action plans to meet your needs.
- My role is to make sure that we stay focused on the topic, that all the questions 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 experience. I know you all have a lot of information and personal experience to offer, but I may have to jump in to keep us on track and time.
- As participants, your role is to give your ideas, and share your experiences related to my questions and to the 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 important. It is important that you speak loudly and clearly, and that one person speaks at a time.

- Finally, what we discuss in this group remains private. We will not share what you said with others. Your remarks will be incorporated into a summary report (with other peoples' remarks) where we capture major themes and patterns. We will not link what you say with who you are. We ask all of you all as members of this discussion to honor the privacy by not sharing what is said with others outside this group.

First, we would like to start by asking you a few general questions about you and your community.

What is the single most important issue facing you and your family?

- If reluctant, broaden scope of question by asking biggest concern among families in your community right now?

What do you believe makes a community the best place to live?

- List three things that could contribute to an ideal community.
- What does your ideal community look like?

If you could talk to the Mayor about one new or emerging health and safety issue in your community, what would it be?

Now we would like to ask you some questions about some of the things we asked about on the survey.

(Facilitator, refocus discussion to the leading indicators of health)

Physical Activity, Weight and Nutrition - Regular physical activities, healthy weight, good nutrition, childhood obesity

When you think about _____, have you seen anything new or different being done in your community in the past five years?

- Are there any new or different services or resources available to you or your family that were or were not available five years ago?
- What do you think your community could do better about____?

Health Risk Behaviors – These are behaviors that could impact your health such as tobacco, drug and alcohol use, sexual behavior

When you think about _____, have you seen anything new or different being done in your community in the past five years?

- Are there any new or different services or resources available to you or your family that were or were not available five years ago?

- What do you think your community could do better about _____?

Personal Safety and Violence - Safety, violence, family violence

When you think about _____, have you seen anything new or different being done in your community in the past five years?

- Are there any new or different services or resources available to you or your family that were not available five years ago?

What do you think your community could do better about _____?

Healthy Environments - Physical environment, lead paint, air and water quality

When you think about _____, have you seen anything new or different being done in your community in the past five years?

- Are there any new or different services or resources available to you or your family that were or were not available five years ago?

What do you think your community could do better about _____?

Health Care Availability – Regular or routine care and appointments, lab work or diagnostic services, medical care (including prevention services like immunizations, mammograms, colorectal screening, mental health and dental care services and other specialty services such as the use of the emergency room)

After all we have talked about today; we now want to talk about health care availability. We would like to spend the next ½ hour looking at the issues you face with cost, quality and access of health care.

When you think about _____, have you seen anything new or different being done in your community in the past five years?

- Are there any new or different services or resources available to you or your family that were or were not available five years ago?

Prompts:

- Have you seen a change in getting a doctor's appointment? Cost? Quality?
- Can you get appointments that work for you? Has anything changed in you getting an appointment?
- What is better or worse in the last 5 years?

What do you think your community could do better about _____?

Additional Questions

- We know a lot of people in Manchester use the ER for regular medical care and we are trying to find out why?

Think about the last time you or a family went to the ER (or someone you know). Did you try to see or talk to your primary care doctor first?

What made you decide to use the ER instead of going through a doctor's office?

Prompts:

- Was it a life threatening emergency?
- The doctor or the answering service takes too long to return a call?
- Went in an ambulance?
- Do not have a doctor?
- After hours...did not think to call?
- Did not know the number
- Instructed to go to the ER by doctor?

Health Care Access - Transportation, interpretation services

When you think about _____, have you seen anything new or different being done in your community in the past five years?

- Are there any new or different services or resources available to you or your family that were or were not available five years ago?

What do you think your community could do better about _____?

We have just one more question to ask before we wrap things up.

Are there other concerns about the health care system or your own health care that you feel are being overlooked?

- Beyond that we already discussed, are there specific things you need that are not available or easy to get in your community.

KEY LEADER INTERVIEWS

KEY LEADER INTERVIEW SCHEDULE

| KEY LEADER | TITLE | AGENCY | INTERVIEWER | DATE |
|---------------------------------|--------------------------|---|------------------------------|-----------|
| Tim Soucy | Director | Manchester City Health Department | Dotty Bazos and Katie Robert | 3/11/2009 |
| Frank Guinta | Mayor | City of Manchester | Dotty Bazos | 3/20/2009 |
| Karen Burkush | Assistant Superintendent | Office of the Superintendent of Schools | Dotty Bazos | 3/23/2009 |
| David Mara | Chief of Police | Manchester Police Department | Dotty Bazos | 3/24/2009 |
| Tom Blonski | CEO | Catholic Charities | Dotty Bazos | 3/24/2009 |
| Maureen Beauregard | CEO | Families in Transition | Dotty Bazos | 3/30/2009 |
| Doug Dean | CEO | Elliot Hospital | Lea Ayers LaFave | 4/8/2009 |
| Alyson Pitman Giles | CEO | Catholic Medical Center | Lea Ayers LaFave | 4/9/2009 |
| Ed George | President | Manchester Community Health Center | Lea Ayers LaFave | 4/9/2009 |
| Patrick Tufts | President/CEO | United Way | Martha Bradley | 4/9/2009 |
| Fred Rusczek | Executive Director | Child Health Services | Lea Ayers LaFave | 4/14/2009 |
| Dr. Steve Paris | Medical Director | Dartmouth-Hitchcock Manchester | Martha Bradley | 4/14/2009 |
| Peter Janelle | President/CEO | Greater Manchester Mental Health Center | Martha Bradley | 4/14/2009 |
| Business Leaders | | | | |
| Cathy Champagne | Owner | Jutras Signs | Dotty Bazos and Katie Robert | 5/5/2009 |
| Jeff Eisenberg | President | Manchester Monarchs | Dotty Bazos and Katie Robert | 5/5/2009 |
| Ron Dupont | Owner | Red Oak Property Management | Dotty Bazos and Katie Robert | 5/5/2009 |
| Michael Amthor | HR Manager | Sylvania | Dotty Bazos and Katie Robert | 5/5/2009 |
| Surrounding Town Leaders | | | | |
| Carrie Rouleau-Cote* | Health Officer | Town of Auburn | Katie Robert | 4/16/2009 |
| George Edwards | High School Principal | Town of Bedford | Dotty Bazos | 5/28/2009 |
| Colleen Guardia* | Deputy Health Officer | Town of Deerfield | Katie Robert | 4/14/2009 |
| Richard O'Brien* | Fire Chief | Town of Goffstown | Katie Robert | 4/16/2009 |
| Peter Rowell* | Health Officer | Town of Hooksett | Katie Robert | 5/7/2009 |
| Shannon Silver* | Health Inspector | Town of New Boston | Katie Robert | 4/29/2009 |

* Denotes phone interview

SAMPLE KEY LEADER INFORMATIONAL LETTER

This letter was sent to the key leaders prior to their scheduled interview, along with a copy of the questions the interviewer would be asking.

Dear XX,

The Community Health Institute has been asked by the Data Committee of the *Manchester Sustainable Access Project* (MSAP) to help complete the 2009 Manchester Community Health Assessment. Every few years, as part of the Community Benefits Law, community charitable trusts are asked to reach out to key informants to learn about health concerns in the local area. In Manchester, several charitable trusts have joined together under the umbrella of MSAP to jointly develop this assessment. As part of this effort, Lea or I will interview fifteen key leaders from the Manchester area to obtain their input on the health of the population of Manchester and its surrounding towns.

Thank you for agreeing to participate in this important effort. In preparation for our interview I am sending you the following: (a) a paper survey which you can complete before the interview, and (b) the interview questions that we will focus on. You may refer to the paper survey during our discussion and then I shall take it with me and include your scores in the survey database.

The survey questions ask you to rate how well you think your community addresses indicators identified by Healthy People 2010 as being important to community health. A similar survey was used in the Manchester 2004 community assessment. Thus, these data may help us better understand the Manchester area and how it is changing overtime. In our interview we will address these 2010 indicators in more depth and then talk specifically about issues of health care access.

As a reminder, please note that your remarks and survey responses will be incorporated into a summary report (with other peoples' remarks) where we capture major themes and patterns. Thus, what we discuss during this interview will not be linked back to you or to your position. The interview will take about one hour.

Thank you in advance for your time and support of this effort.

Sincerely,

Community Health Institute Staff

SAMPLE BUSINESS LEADER SOLICITATION LETTER

This invitation was sent to business leaders, requesting their participation in the group interview.

Dear XX,

The Manchester Health Department would like to invite you to join us in a discussion on the health and health care needs of the Manchester community. This focus group meeting of leaders from both small and large local businesses will be held either on May 5th or May 6th from 11:30 a.m.-1:00 p.m., depending on participant availability. Katie Robert, from the Community Health Institute (573-3331), will follow-up with you to confirm your interest and availability to attend this important luncheon.

The Manchester Health Department is currently working with the Manchester Sustainable Access Project (MSAP) data committee to complete a Community Health Assessment of Manchester and its surrounding towns. MSAP is an initiative of the Healthy Manchester Leadership Council, and brings Manchester's health care providers together to work to decrease economic barriers and expand access to primary care services in Manchester.

This Community Health Assessment (CHA) must be completed every five years according to state law, and is used to assist charitable trusts in completing their Community Benefits Report, due annually to the Office of Charitable Trusts. This year, several charitable trusts in Manchester have joined under the umbrella of MSAP to fund this assessment which includes an analysis of public health and health care data by the Manchester Health Department and interviews with community residents and leaders, including business leaders.

A healthy workforce is an integral part of a healthy community. Thus, we are very interested in your perspective as business leaders on health and health care as we complete this assessment. With the rising cost of health care and a declining economy we understand that employers are faced with very difficult decisions every day, which will affect the ability of Manchester residents to meet their health and health care needs.

I have included a summary of the questions we will discuss at the meeting and Katie Robert will call you shortly to confirm your interest and ability to attend the luncheon.

Sincerely,

Timothy M. Soucy, MPH

Public Health Director

KEY LEADER INTERVIEW SCRIPT

This script was followed by the key leader interviewers during each key leader interview.

My name is _____ and I work at the Community Health Institute. I have been asked by the Data Committee of the MSAP project to help them with their community health assessment. Every few years your community charitable trusts are asked to reach out to community members and key informants to find out how they can help improve the health and well-being of the community. Information from this focus group will be used by local organizations; including both hospitals and Dartmouth- Hitchcock to develop action plans to meet your needs.

As part of this assessment I am interviewing 15 key leaders from the Manchester area to obtain their input on the health of the population of Manchester and the surrounding towns.

Thank you for taking the time to meet with me today. I will keep this interview to one hour so we will finish by _____.

The interview has two parts – a quick written survey that I will ask you to complete and then a discussion.

The survey is focused on community health indicators. A similar survey was used in the 2004 community assessment, thus these data may help us better understand the Manchester area and how it is changing overtime.

Once you complete the survey you may refer to it during our discussion and then I shall take it with me and include it your scores in the database.

I just want to remind you that everything we discuss here will remain private. We will not share what you said with others. Your remarks will be incorporated into a summary report (with other peoples' remarks) where we capture major themes and patterns. We will not link what you say with who you are.

First I would like to start by asking you a few general questions about your community.

What is the single most important issue facing your community?

- If reluctant, broaden scope of question by asking biggest concern among families in your community right now?

What do you believe makes a community the best place to live?

- List three things that could contribute to an ideal community
- What does your ideal community look like?

If you could talk to the Mayor about one new or emerging health and safety issue in your community, what would it be?

Now I want to talk to you about some of the leading health indicators that were the focus of the survey:

Physical Activity, Weight and Nutrition - Regular physical activities, healthy weight, good nutrition, childhood obesity

When you think about _____, have you seen anything new or different being done in your community in the past five years?

- Are there any new or different services or resources available to you or your family that were or were not available five years ago?

What do you think your community could do better about _____?

Health Risk Behaviors – These are behaviors that could impact your health such as tobacco, drug and alcohol use, sexual behavior

When you think about _____, have you seen anything new or different being done in your community in the past five years?

- Are there any new or different services or resources available to you or your family that were or were not available five years ago?

What do you think your community could do better about _____?

Personal Safety and Violence - Safety, violence, family violence

When you think about _____, have you seen anything new or different being done in your community in the past five years?

- Are there any new or different services or resources available to you or your family that were or were not available five years ago?

What do you think your community could do better about _____?

Healthy Environments - Physical environment, lead paint, air and water quality

When you think about _____, have you seen anything new or different being done in your community in the past five years?

- Are there any new or different services or resources available to you or your family that were or were not available five years ago?

What do you think your community could do better about _____?

Now I would like to shift gears and would like you to talk about the health care system in the community particularly about healthcare quality, access and cost.

Health Care Availability – Regular or routine care and appointments, lab work or diagnostic services, medical care (including prevention services like immunizations, mammograms, colorectal screening, mental health and dental care services and other specialty services such as the use of the emergency room)

When you think about _____, have you seen anything new or different being done in your community in the past five years?

- Are there any new or different services or resources available to you or your family that were or were not available five years ago?

What do you think your community could do better about _____?

Health Care Access - Transportation, interpretation services

When you think about _____, have you seen anything new or different being done in your community in the past five years?

- Are there any new or different services or resources available to you or your family that were or were not available five years ago?

What do you think your community could do better about _____?

I have just one more question to ask before we wrap things up.

Are there other concerns about the health care system or your own health care that you feel we have not yet talked about that you would like to discuss?

- Beyond that we already discussed, are there specific things you need that are not available or easy to get in your community?

FOCUS GROUP AND KEY LEADER QUANTITATIVE SURVEY INSTRUMENTS

FOCUS GROUP QUANTITATIVE SURVEY

Thank you for taking the time to meet with us today. We are conducting a community needs assessment to learn more about health concerns in Manchester and the surrounding area. This survey includes questions about you and your health, the area in which you live and the health care you may need.

Do not write your name on this survey. The information you give us is confidential and will only be used in combination with other participants' answers. You can skip any questions you do not feel comfortable answering.

Once you are finished completing the survey please hold on to it until you are asked to hand it in to the facilitator.

First, we would like to ask you some questions about yourself.

| | |
|---|---|
| 1. What is your current zip code? | _____ (5-digit zip code) |
| 2. In what town do you currently live? | _____ (town) |
| 3. What is your gender? | <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other |
| 4. What is your age? | _____ years old |
| 5. Are you Hispanic or Latino? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Which one or more of the following would you say is your race? (Check all that apply) | <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Other |
| 7. What is the highest grade or year of school you completed? (Check one) | <input type="checkbox"/> Never attended school or only attended kindergarten <input type="checkbox"/> Grades 1 through 8 (<i>Elementary</i>) <input type="checkbox"/> Grades 9 through 11 (<i>Some high school</i>) <input type="checkbox"/> Grade 12 or GED (High school graduate) <input type="checkbox"/> College 1 year to 3 years (Some college or technical school) <input type="checkbox"/> College 4 years or more (<i>College graduate</i>) |

| | |
|---|---|
| <p>8. Is your annual household income from all sources...?</p> <p>(Check one)</p> | <p><input type="checkbox"/> Less than \$10,000</p> <p><input type="checkbox"/> Less than \$15,000 (\$10,000 to less than \$15,000)</p> <p><input type="checkbox"/> Less than \$20,000 (\$15,000 to less than \$20,000)</p> <p><input type="checkbox"/> Less than \$25,000 (\$20,000 to less than \$25,000)</p> <p><input type="checkbox"/> Less than \$35,000 (\$25,000 to less than \$35,000)</p> <p><input type="checkbox"/> Less than \$50,000 (\$35,000 to less than \$50,000)</p> <p><input type="checkbox"/> Less than \$75,000 (\$50,000 to less than \$75,000)</p> <p><input type="checkbox"/> \$75,000 or more</p> |
|---|---|

| | |
|--|---|
| <p>9. Are you currently...?</p> <p>(Check one)</p> | <p><input type="checkbox"/> Employed for wages</p> <p><input type="checkbox"/> Self-employed</p> <p><input type="checkbox"/> Out of work for more than 1 year</p> <p><input type="checkbox"/> Out of work for less than 1 year</p> <p><input type="checkbox"/> A Homemaker</p> <p><input type="checkbox"/> A Student</p> <p><input type="checkbox"/> Retired</p> <p><input type="checkbox"/> Unable to work</p> |
|--|---|

| | |
|---|--|
| <p>10. How would you rate <u>your health</u> in general now?</p> | <p><input type="checkbox"/> Excellent</p> <p><input type="checkbox"/> Very Good</p> <p><input type="checkbox"/> Good</p> <p><input type="checkbox"/> Fair</p> <p><input type="checkbox"/> Poor</p> |
|---|--|

| | |
|--|---|
| <p>11. Are you limited in any way in ANY activities because of an impairment or health problem?</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
|--|---|

| | |
|--|--|
| <p>12. Do you have one person you think of as your personal doctor or health care provider?</p> | <p><input type="checkbox"/> Yes, only one</p> <p><input type="checkbox"/> More than one</p> <p><input type="checkbox"/> No</p> |
|--|--|

| | |
|---|--|
| <p>13. Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?</p> | <p><input type="checkbox"/> Yes, only one</p> <p><input type="checkbox"/> More than one</p> <p><input type="checkbox"/> No</p> |
|---|--|

| | |
|--|---|
| <p>14. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?</p> | <p><input type="checkbox"/> Yes, only one <input type="checkbox"/> More than one <input type="checkbox"/> No</p> |
| <p>15. In the past 12 months, have you or a family member been uninsured?</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>16. If yes, what is the <i>main</i> reason you didn't have or currently don't have health insurance? (Choose one) 17.</p> | <p><input type="checkbox"/> It is too expensive <input type="checkbox"/> Your job doesn't offer benefits <input type="checkbox"/> You are or were between jobs or unemployed <input type="checkbox"/> You were refused coverage because of a pre-existing condition <input type="checkbox"/> You don't know how to get coverage <input type="checkbox"/> You don't need insurance <input type="checkbox"/> Some other reason (Please specify: _____ _____)</p> |

| | |
|--|--|
| <p>18. During the past 12 months, what problems, if any, have you experienced getting health care in the area?</p> <p>(Check all that apply)</p> | <ul style="list-style-type: none"> <input type="checkbox"/> No problems getting health care <input type="checkbox"/> Difficult to get transportation <input type="checkbox"/> Difficult to get someone to take care of children <input type="checkbox"/> Lack of services that are at a convenient time <input type="checkbox"/> Long time to be seen at clinic or doctor's office/waiting time <input type="checkbox"/> Can't get off from work <input type="checkbox"/> No insurance <input type="checkbox"/> Do not understand medical directions <input type="checkbox"/> Different culture <input type="checkbox"/> Lack of sensitivity among health care providers <input type="checkbox"/> Lack of sensitivity among staff <input type="checkbox"/> Difficulties in making appointments <input type="checkbox"/> Language barrier with physician <input type="checkbox"/> No translator <input type="checkbox"/> Don't know where to get health care <input type="checkbox"/> Lack of trust in the health care system <input type="checkbox"/> Can't afford medications <input type="checkbox"/> Can't afford to visit clinic/doctor <input type="checkbox"/> Could not find a doctor accepting new patients <input type="checkbox"/> Some other reason (Please specify: _____) |
| <p>19. How many times have you or someone in your household been to a hospital emergency room in the past year?</p> | <p>_____ times in past year</p> |
| <p>20. Think about the last time you or a family member went to a hospital emergency room. Before you went, did you consider seeing a doctor in his or her office for that problem?</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>21.</p> | |

| 22. Please rate how well you think your community does the following? | Excellent | Very Good | Good | Fair | Poor | Don't know |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Promotes regular physical activity | <input type="checkbox"/> |
| b. Promotes healthy weight and good nutrition | <input type="checkbox"/> |
| c. Prevents childhood obesity | <input type="checkbox"/> |
| d. Prevents and reduces tobacco use | <input type="checkbox"/> |
| e. Prevents and reduces alcohol use | <input type="checkbox"/> |
| f. Prevents and reduces drug use | <input type="checkbox"/> |
| g. Promotes responsible sexual behavior | <input type="checkbox"/> |
| h. Promotes mental health and well-being | <input type="checkbox"/> |
| i. Promotes safety and reduce violence | <input type="checkbox"/> |
| j. Promotes healthy environments | <input type="checkbox"/> |
| k. Prevents infectious disease through immunization for all age groups | <input type="checkbox"/> |
| l. Makes available quality health care | <input type="checkbox"/> |
| m. Makes available quality dental care | <input type="checkbox"/> |
| n. Makes available services for the developmentally disabled | <input type="checkbox"/> |
| o. Provides access to transportation for health care and | <input type="checkbox"/> |

| | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| resources throughout the community | | | | | | |
| p. Provides interpretation services for non-English speakers | <input type="checkbox"/> |

23. In your opinion, how would you rate the health of *your community* in general now?

- Excellent
- Very Good
- Good
- Fair
- Poor

24. Do you feel that the health of *your community* is better, about the same, or worse than 5 years ago?

- Better
- About the same
- Worse
- Did not live in Manchester area 5 years ago

KEY LEADER QUANTITATIVE SURVEY

Thank you for taking the time to meet with me today. I am conducting a community needs assessment to learn more about health concerns in Manchester and the surrounding area. This quick survey focuses on how you rate indicators identified by HP2010 as being important to community health. In our interview we will address these indicators in more depth.

Do not write your name on this survey. The information you give us is confidential and will only be used in combination with other participants' answers. You can skip any questions you do not feel comfortable answering.

| 1. Please rate how well you think your community does the following? | Excellent | Very Good | Good | Fair | Poor | Don't know |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Promotes regular physical activity | <input type="checkbox"/> |
| b. Promotes healthy weight and good nutrition | <input type="checkbox"/> |
| c. Prevents childhood obesity | <input type="checkbox"/> |
| d. Prevents and reduces tobacco use | <input type="checkbox"/> |
| e. Prevents and reduces alcohol use | <input type="checkbox"/> |
| f. Prevents and reduces drug use | <input type="checkbox"/> |
| g. Promotes responsible sexual behavior | <input type="checkbox"/> |
| h. Promotes mental health and well-being | <input type="checkbox"/> |
| i. Promotes safety and reduce violence | <input type="checkbox"/> |
| j. Promotes healthy environments | <input type="checkbox"/> |
| k. Prevents infectious disease through immunization for all age groups | <input type="checkbox"/> |
| l. Makes available quality health care | <input type="checkbox"/> |
| m. Makes available quality dental care | <input type="checkbox"/> |
| n. Makes available services for the | <input type="checkbox"/> |

| | | | | | | |
|--|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| developmentally disabled | | | | | | |
| o. Provides access to transportation for health care and resources throughout the community | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| p. Provides interpretation services for non-English speakers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>2. In your opinion, how would you rate the health of <i>your community</i> in general now?</p> <p>3.</p> | <input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor | | | | | |
| <p>4. Do you feel that the health of <i>your community</i> is better, about the same, or worse than 5 years ago?</p> | <input type="checkbox"/> Better <input type="checkbox"/> About the same <input type="checkbox"/> Worse <input type="checkbox"/> Did not work in Manchester area 5 years ago | | | | | |

APPENDIX THREE: HEALTHY MANCHESTER LEADERSHIP COUNCIL MEMBERSHIP

Germano Martins
Community Relations Manager
NHDHHS
195 McGregor St. Suite 110
Manchester NH 03102
Phone: 668-2330 x445
Fax: 668-5442
Email: gmartins@dhhs.state.nh.us

Martin (Marty) Boldin, LICSW, LADC, Director
Office of Youth Services
1528 Elm Street
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Phone: 624-6470
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Email: mboldin@manchesternh.gov

Timothy Soucy, MPH, REHS
Public Health Director
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Sgt. Scott Fuller
Community Policing Division
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Sue Larman
VP, Visiting Nursing Association
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Email: SLarman@Elliot-HS.org
Thastings@elliot-hs.org

Patrick M. Tufts, MSW
President & CEO
Heritage United Way, Inc.
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patrick.tufts@heritageunitedway.org

Representative from the
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Sam Maranto
Community Improvement Program
City of Manchester Planning Dept.
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Paul Mertzic, Director
Community Health and Wellness
Catholic Medical Center
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Beeper: 639-4718
Email: pmertzic@cmc-nh.org

Glinda Allen

NH Minority Health Coalition
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Mike Ostrowski
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Chief of Community Relations
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Mental Health Center of
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Jclark@childhealthservices.org

Robin Comstock, President and CEO
Greater Manchester Chamber of Commerce
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Medical Director
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Kelley Hobbs, MA, CPS
Associate Director
Makin It Happen Coalition
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Brother Paul Crawford, OFM, Cap., MSW
Outreach Coordinator
NH Catholic Charities
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Frederick Rusczek, Emeritus
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Arlene Kershaw
VP, Senior Services and Seniors Count
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APPENDIX FOUR: MANCHESTER AREA HEALTH CARE PROVIDER PROFILES



100 McGregor Street
Manchester, NH 03102
(603) 668-3545
www.catholicmedicalcenter.org



| MISSION |
|---|
| The heart of Catholic Medical Center is to provide health, healing and hope to all. We offer innovative, quality health care in a compassionate environment, built on trust and respect. |
| HISTORY |
| In 1892, the Sisters of Mercy opened Sacred Heart Hospital. Two years later, the Sisters of Charity of St. Hyacinthe opened Notre Dame Hospital, accommodating 30 beds. By 1956, Sacred Heart grew to accommodate 150 beds, and its services expanded to include Our Lady of Perpetual Help Maternity Hospital. At the same time, Notre Dame had grown to 114 beds and, in 1974, Notre Dame and Sacred Heart merged to form Catholic Medical Center. |
| DESCRIPTION |
| Today, Catholic Medical Center is a 330-bed full-service healthcare facility dedicated to providing health, healing and hope to all. Catholic Medical Center offers full medical-surgical care with more than 25 subspecialties, comprehensive orthopedic care, inpatient and outpatient rehabilitation services, a 24-hour emergency department, inpatient and outpatient psychiatric services, and diagnostic imaging. It is the home of the Poisson Dental Facility, a Healthcare for the Homeless Project, the Parish Nurse Program, and the new Westside Neighborhood Health Center. |
| Catholic Medical Center is also home to the nationally recognized New England Heart Institute (NEHI), which provides a full-range of cardiac services, and is a pioneer in offering innovative surgical procedures. The Institute is also a national center for advanced clinical trials and cardiovascular rehabilitation and wellness education to help patients recover in a multi-step program of exercise, education, risk factor management and the development of healthy lifestyles. Other community hospitals in the NEHI Network of hospitals include Monadnock, Huggins, Androsscogin Valley, Speare Memorial, and St. Joseph's. |
| SERVICE AREA |
| Catholic Medical Center's primary service area includes Allenstown, Auburn, Bedford, Candia, Deerfield, Dunbarton, Goffstown, Hooksett, Manchester and New Boston. |
| TOTAL DISCHARGES |
| Unduplicated patients 2006-2008 = 32,811 |



Child Health Services
 1245 Elm Street
 Manchester, NH 03101
 (603) 668-6629
 Special Medical Programs
 (603) 606-5456
 Teen Health Clinic
 (603) 629-9707

www.childhealthservices.org

MISSION

Child Health Services is dedicated to improving the health and well being of children from low income families in the Greater Manchester area. A fully integrated system of bio-psychosocial health care, social services and nutrition services, CHS is a medical home delivering specialized care that is adapted to the physical and psychosocial needs of children. The interventions prescribed and promoted by CHS are designed to help children and their families function to their full capacity.

The mission of our Teen Health Clinic is to serve the unique needs of adolescents. Using the same comprehensive model as Child Health Services, the Teen Health Clinic enables hundreds of children in Manchester to access services and the larger health care system.

Child Health Services is also home to four programs focused on meeting the special health care needs of children and youth. Supported by Special Medical Services, New Hampshire's Title V Program, 1,400 children and adolescents receive services through our Child Development and Neuromotor Clinics, and our statewide Nutrition and Community Based Care Coordination programs.

HISTORY

Founded in 1980, Child Health Services is dedicated to providing comprehensive medical care, social support services and nutrition consultation to more than 2,000 infants, children and adolescents from low-income families in the Greater Manchester area.

DESCRIPTION

The primary goal of Child Health Services is that all children served will be functioning to their full capacity-physically and psychosocially-and that their families will be able to find and use support services effectively. Using a trans-disciplinary approach, our model relies on quality medical care that is delivered within a social support system to promote parent strengths. With a staff of pediatricians, nurse practitioners, nurses, social workers and nutritionists, Child Health Services provides a "medical home" to a population of children that may not otherwise have access to our health care system.

SERVICE AREA

Child Health Service's Pediatric primary care service area includes Auburn, Bedford, Candia, Goffstown, Hooksett, Manchester and New Boston.

TOTAL UNIQUE PATIENTS

Unduplicated 2008 = 1,769 patients (includes both Child Health Services and Teen Health Clinic)



Dartmouth-Hitchcock Manchester
 100 Hitchcock Way
 Manchester, NH 03104
 (603) 695-2500
www.dartmouth-hitchcock.org/manchester

Dartmouth-Hitchcock Bedford
 25 South River Road
 Bedford, NH 03110
 (603) 695-2572

Dartmouth-Hitchcock
 Notre Dame Pavillion
 at Catholic Medical Center
 87 McGregor St.
 Manchester, NH 03102

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| MISSION |
| We advance health through research, education, clinical practice and community partnerships, providing each person the best care, in the right place, at the right time, every time. |
| HISTORY |
| <p>Dartmouth-Hitchcock Manchester was founded in 1984, when six respected local physicians joined forces to create Manchester's first multi-specialty group practice. Their goal was to serve the health and medical needs of the citizens of Manchester and surrounding communities.</p> <p>In 1998, to meet the increasing demands of the community, a new state-of-the-art, 120,000 square-foot ambulatory care facility was completed to house the Manchester group practice.</p> |
| DESCRIPTION |
| <p>Dartmouth-Hitchcock Manchester is a multi-specialty, community group practice with more than 125 physicians and associate providers. Dartmouth-Hitchcock Manchester's primary and specialty care departments offer a full range of healthcare services for the entire family, including onsite laboratory and radiology services. Local and traveling specialists from the Dartmouth-Hitchcock Medical Center in Lebanon see patients at the Children's Hospital at Dartmouth (CHaD) and the Norris Cotton Cancer Center, in Manchester, providing world-class care close to home.</p> <p>As part of an integrated system of healthcare that includes the state's leading teaching and specialty hospital, New Hampshire's only children's hospital and a nationally designated cancer center, patients have access to a collaborative group of medical professionals that are researching new treatments, providing patient-centered care, and delivering excellence in all specialties. Dartmouth-Hitchcock Manchester physicians also serve on the medical staff of Elliot Hospital and Catholic Medical Center.</p> |
| SERVICE AREA |
| Towns covered in Dartmouth-Hitchcock Manchester's service area include Auburn, Bedford, Candia, Chester, Deerfield, Goffstown, Hooksett, Manchester, and New Boston, New Hampshire. |
| TOTAL UNIQUE PATIENTS |
| <p>Unduplicated patients 2006-2008 = 103,437 Patient visits 2006-2008= 703,185</p> |



555 Auburn Street
Manchester, NH 03103
(603) 623-8863
(800) 870-8728
www.eastersealsnh.org

MISSION

To provide exceptional services to ensure that all people with disabilities or special needs and their families have equal opportunities to live, learn, work, and play in their communities.

HISTORY

Easter Seals was founded in New Hampshire in 1936, when Dr. Ezra Jones, the state's first orthopedic surgeon, opened a facility for children in Nashua. In the 40s, we expanded our services to include the adult and geriatric populations. Easter Seals currently leads several collaborative efforts including the Autism Network, Seniors Count and the Easter Seals Transportation Resource Access and Coordination project. Whether helping someone improve their physical mobility, return to work or simply gain greater independence for everyday living, Easter Seals offers a variety of services to help people with disabilities address life's challenges and achieve their personal goals.

DESCRIPTION

Easter Seals has been helping individuals with disabilities and special needs, and their families live better lives for nearly 75 years. Our programs fall into the following service areas: childcare and early intervention services, special education, camping and recreation services, medical rehabilitation, vocational services, veteran's services, senior services, and transportation. At the core of the Easter Seals organization is a common passion for caring shared by its 1,374 staff members in New Hampshire. Easter Seals prides itself on its ability to make its services available to all, not just those who can afford them. In 2008, we provided more than \$4 million in free and reduced-price services to New Hampshire families who needed, but could not afford the services.

SERVICE AREA

Easter Seals provides services throughout the State of New Hampshire.

TOTAL UNIQUE PATIENTS

2008 individuals and families served: 28,883



One Elliot Way
Manchester, NH 03103
(603) 669-5300
www.elliotohospital.org

MISSION

The mission of Elliot Hospital is dedicated to providing its community with excellent services offered with dignity, caring and respect.

HISTORY

Established in 1890, Elliot Hospital is the oldest community hospital in New Hampshire and the first general hospital in the state.

DESCRIPTION

Elliot Health System (EHS) is the largest provider of comprehensive healthcare services in Southern New Hampshire. The cornerstone of EHS is Elliot Hospital, 296-bed acute care facility located in Manchester (New Hampshire's largest city).

Elliot Hospital is a premier healthcare provider in many disciplines, and is the designated trauma center for the Greater Manchester area. It is also home to the Elliot Regional Cancer Center, The Max K. Willscher Urology Center, and has one of only three Level 3 Neonatal Intensive Care Units (NICU) in the state of New Hampshire.

In September 2008, a new Cancer Center in Londonderry opened in collaboration with Dana Farber Cancer Institute.

Elliot Physician Network offers primary care services throughout 22 physician practices in the Greater Manchester area.

AWARDS

2009 Healthcare Business of the Year
Most Wired Hospital
Press Ganey Summit Award – given to Elliot 1-Day Surgery Center
Community Value Index
Breast Imaging Center of Excellence

SERVICE AREA

Elliot Hospital's primary service area includes Auburn, Bedford, Candia, Chester, Deerfield, Derry, Francestown, Goffstown, Hooksett, Londonderry, Manchester, New Boston, and Raymond.

SUMMARY STATISTICS

Total Inpatient Discharges 2008 = 12,587
Ambulatory Surgery = 4,186
Emergency Room = 52,503
Observation = 3,704



145 Hollis Street, Second Floor
 Manchester, NH 03101
 Phone (603) 626-9500
www.mchc-nh.org

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| MISSION |
| The mission of the Manchester Community Health Center is to foster, through direct service and collaboration, high-quality, comprehensive family-oriented primary healthcare services that meet the needs of a diverse community regardless of age, ethnicity or income. Our focus is to provide access to those who cannot access primary healthcare services. |
| HISTORY |
| MCHC was established in 1993 to principally provide family oriented primary health care services to the people of Manchester and surrounding areas believed to be uninsured, underinsured or lacking access to sources of affordable, quality healthcare. It is a Federally Qualified Health Center (FQHC) and is funded by the Bureau of Primary Health Care under Federal 330 of the Federal Department of Health and Human Services, Health Resources and Services Administration. |
| DESCRIPTION |
| Services are provided on a discounted fee scale based upon the patient's income and family size and address the patient's medical and social needs. Basic services offered include: family medicine; perinatal care; nutrition counseling; translation services; health education; preventive screening; Medicaid outreach; medical case management; social service coordination; mental health counseling; adolescent preventive health services and referral assistance. MCHC also offers transportation assistance and discounted pharmacy assistance. |
| AWARDS |
| Citizens Bank – NH Community Champion Fall 2004 Pfizer Sharing the Care – Recognition for serving more than 2,600 patients NH Immunization Program – Recognition for achieving 90% coverage for selected vaccine series NH HealthyKids – Recognition for Medicaid enrollment rate |
| SERVICE AREA |
| Manchester Community Health Center's service area covers Greater Manchester including, but not limited to, the communities of Goffstown, Hooksett, Auburn, Candia, Londonderry, Derry and Bedford. Its target population consists of the uninsured, the underinsured and includes pregnant women, infants and children, teenagers, adult men and women, senior citizens, Manchester's refugees and patients who qualify as low income or indigent. Currently about 1 in every 3 patients who visit the Health Center requires an interpreter. |
| TOTAL UNIQUE PATIENTS |
| Unduplicated 2006-2008 = 9,401 patients |



401 Cypress Street
 Manchester, NH 03103
 (603) 668-4111
www.mhcgm.org

MISSION

To provide an accessible, comprehensive, evidence-based system of mental health services that empowers individuals to achieve recovery and serves to promote personal and community wellness.

HISTORY

Founded in 1960, The Mental Health Center of Greater Manchester is the largest provider of outpatient mental health services in New Hampshire. The Center has grown over the last 49 years into one of the nation’s most respected mental health centers, providing service to over 9,000 adults, children and seniors annually. The Center is affiliated with Dartmouth Medical School and is an off-campus training site for residents in psychiatry.

DESCRIPTION

Designated by the NHDHHS Bureau of Behavioral Health as a regional community mental health program for Region VII (Greater Manchester). As such, it provides a broad range of services to 3,300 people who have a serious and/or persistent mental illness and provides 24/7 emergency psychiatric response to the community. It also manages all the behavioral health services for Catholic Medical Center, a local 330 bed general hospital.

Of note, MHCGM has developed an international reputation as a center of excellence providing consultation to providers from at least 33 other states and 10 foreign countries interested in learning about the “Manchester Model”. MHCGM has a research department and is involved in a number of research projects.

One of The Center’s programs, Bedford Counseling Associates, is an outpatient counseling and psychiatric medication service for about 5,000 area citizens who require psychiatric care for a range of conditions. These patients do not meet the state’s eligibility standards for severe and/or persistent mental illness, thus are not eligible for state funding for their care but are clearly in need of mental health services.

Our recovery oriented approach means we are able to provide the right care, at the right time, in the right setting. Offering over 30 programs and delivering services through eight locations, we provide a high quality, comprehensive, evidence-based system of mental services that enables our clients to restore the quality of there lives and serves to promote wellness.

SERVICE AREA

The Mental Health Center of Greater Manchester’s primary service area includes Auburn, Bedford, Candia, Goffstown, Hooksett, Londonderry, Manchester and New Boston.

TOTAL UNIQUE PATIENTS

Unduplicated 2006-2008 = 21,392 patients

ENDNOTES

1. New Hampshire Department of Health and Human Services, Office of Health Statistics and Data Management. *Behavioral Risk Factor Surveillance System*. Concord: New Hampshire Department of Health and Human Services; 2005-2007.
2. Centers for Disease Control and Prevention. National Health Interview Survey. <http://www.cdc.gov/nchs/nhis.htm>.
3. United States Department of Health and Human Services. *Healthy People in Healthy Communities: A Community Planning Guide Using Healthy People 2010*. Washington, DC 2001.
4. New Hampshire Department of Health and Human Services, Office of Health Statistics and Data Management. *Behavioral Risk Factor Surveillance System*. Concord 2009.