

Healthy Community Dialogue 2000 The Maine Perspective

Katherine Perkins, MPA & Kara Ohlund
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“Health is not a commodity that is given. It must be generated from within. Similarly, health action cannot and should not be an effort imposed from the outside and foreign to the people; rather it must be a response of the community to the problems that the people in the community perceive, carried out in a way that is acceptable to them and properly supported by an adequate infrastructure.”

-- Haldan Mahler, Director General
World Health Organization

ABSTRACT

Objectives: In April and May 2000, Maine Turning Point (MTP) worked with community organizations to host 18 roundtable dialogues to assess local health concerns and priorities within differing socioeconomic and geographic populations and to serve as a vehicle for communities to initiate discussion on this topic amongst themselves.

Methods: Roundtable dialogues were convened and facilitated by a community health professional from within each community. Three participant groups were identified—health service providers, community members and youth—and each group was interviewed separately.

Participants were asked to respond to a series of questions to determine the indicators of and barriers to improved community health and to assess the general health of the particular community as perceived by the participants. Each dialogue was audio taped and key points were recorded on flip charts. Responses were categorized after careful analysis of 1,640 comments from 208 people.

Results: Maine communities have similar values, goals and ideals. At the local level there is a broad definition of health that understands the links between jobs, economic development, leadership, and strong social fabric and the traditional “health” areas such as mental, environmental, physical, and medical health. In each community public health professionals and other residents understand that there is or will be the need to conduct a local health assessment and to create a local plan to improve health in their community and among their friends and neighbors. However, there is also a clear message that citizens have identified a role for public health professionals and state government that will aid local efforts to create a local culture and policies that support health.

Conclusions: The State has a role to play in fostering and funding the ability of local communities to respond to local needs. The consistency of themes can guide local and state level policy development and stronger public health infrastructure will provide a framework for local health improvement activities.

PURPOSE

Maine Turning Point (MTP) is a statewide effort to support communities in creating and sustaining coordinated delivery of public health services. The success of our efforts and the creation of a public health plan for Maine are dependent upon a clear picture of health needs and priorities and community strengths and weaknesses as well as the strengths and weaknesses of the current public health delivery system.

MTP worked with local host organizations to host Healthy Community Dialogues in 18 communities throughout the state of Maine during 2000. The dialogues, in the form of roundtable discussions, were designed by the Coalition for Healthier Cities and Communities (CHCC), a national network of partnerships and organizations working towards healthier people in healthier communities. The dialogues served a dual purpose in that they provided MTP with information about local health concerns and priorities within differing socioeconomic and geographic populations while also serving as a vehicle for communities to initiate discussion amongst themselves. This document is an attempt to describe issues identified in the roundtable meetings while accurately representing the perspectives of the health service provider, youth and other community member participants.

DESCRIPTION

A total of 18 roundtable discussions were conducted during April and May 2000 for the purpose of community assessment. Focus groups of health service providers, community members and youth were convened and facilitated by a community health professional within each community.

Participants were asked to respond to the following series of questions:

- What do you believe are the 2-3 most important characteristics of a healthy community?
- What makes you most proud of your community?
- What are some specific examples of people or groups working together to improve the health and quality of life of our community?
- What do you believe are the 2-3 most important issues that must be addressed to improve the health and quality of life in our community?
- *What could be done on a regional or state level that would be helpful to you in dealing with health issues in our area?*
- What do you believe is keeping our community from doing what needs to be done to improve health and quality of life?
- *How would you characterize the relationship among parents, the schools, and the larger community? Are there relationship issues that need to be addressed?*
- What actions, policy, or funding priorities would you support to build a healthier community?
- What would excite you enough to become involved (or more involved) in improving our community?

The process involved lots of listening and talking with some questions requiring a vote to assess the priority of the response. Each dialogue was audio taped and key points were recorded on flip charts. Responses were categorized after careful analysis of 1,640 comments from 208 people.

RESPONSE

Question 1. What do you believe are the 2-3 most important characteristics of a healthy community?

Summary: Youth, health service providers and other community member roundtable participants each identified the same key areas as the 2-3 most important characteristics of a healthy community; namely, a committed citizenry, accessible and available health care services and a healthy, and safe environmental setting (Table 1). Responses were ranked based on the number of people supporting the statement with number one being the highest number of votes.

Table 1. Most Important Characteristics of a Healthy Community

Youth:

1. Healthy leaders who are trustworthy people and good role models
2. Healthy environment: clean/litter free
3. Safe environment: low crime rate
4. Variety of people; good interaction between age groups
5. Access to emergency medical services

Health Service Providers:

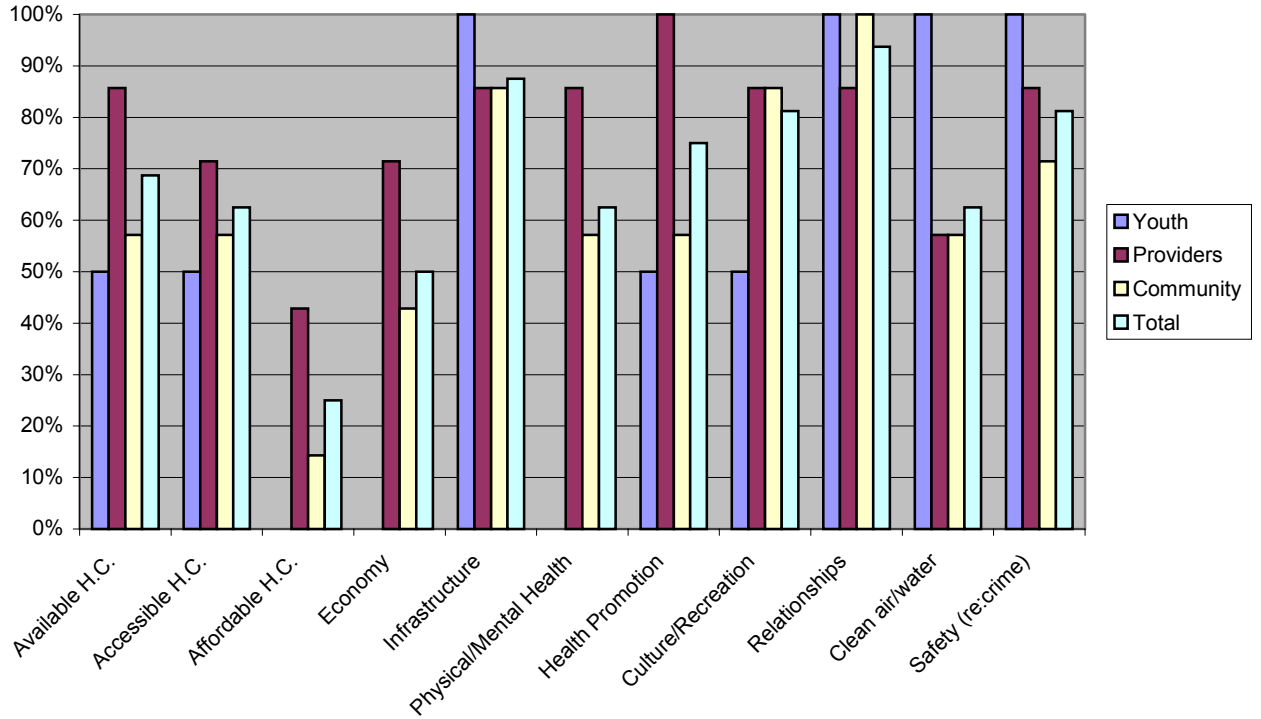
1. Availability, accessibility, and affordability of a broad spectrum of services that address body, mind and spirit.
2. Connectedness; involvement; volunteerism
3. Sound economics; jobs
4. Education, including health education

Community Members:

1. Neighbors caring for one another; involved in community
2. Comprehensive, accessible health care system
3. Healthy ecosystem/environment
4. Good schools
5. Low unemployment; livable wages

There were a variety of responses that received too few votes to be considered significant, however, in the course of the 18 different discussions they convey specific themes. For example, 81% of all respondents mentioned the availability of cultural or recreational activities as being characteristics of a healthy community. Specifically, this might have been stated as “youth resources/activities/centers,” “cultural variety,” or even “appreciation for history and culture.” Chart 1 shows the frequency of response for each theme by group type. Social relationships were mentioned most frequently with a response rate of 94%, followed by infrastructure at 88%, and culture/recreation and safety at 81% each.

Chart 1.



Question 2. What makes you most proud of your community?

Summary: Roundtable participants responded to this question with a total of 189 items. They were not ranked or categorized. They appear below, organized by category and tabulated by frequency of response (Table 2). Once again, the major theme is social relationships (100%), followed cultural environment (69%), schools (63%), and town/services (63%).

Table 2.
Response Frequency

	Youth	Providers	Community	Total
Churches	0%	14%	29%	19%
Economics	50%	14%	14%	44%
Environ. Beauty	100%	29%	57%	50%
Environ. Clean	100%	43%	14%	38%
Environ. Cultural	50%	86%	57%	69%
Environ. Safe	100%	57%	0%	38%
Health orgs.	50%	57%	14%	38%
Relationships	100%	100%	100%	100%
Schools	50%	57%	57%	63%
Town/services	0%	86%	57%	63%

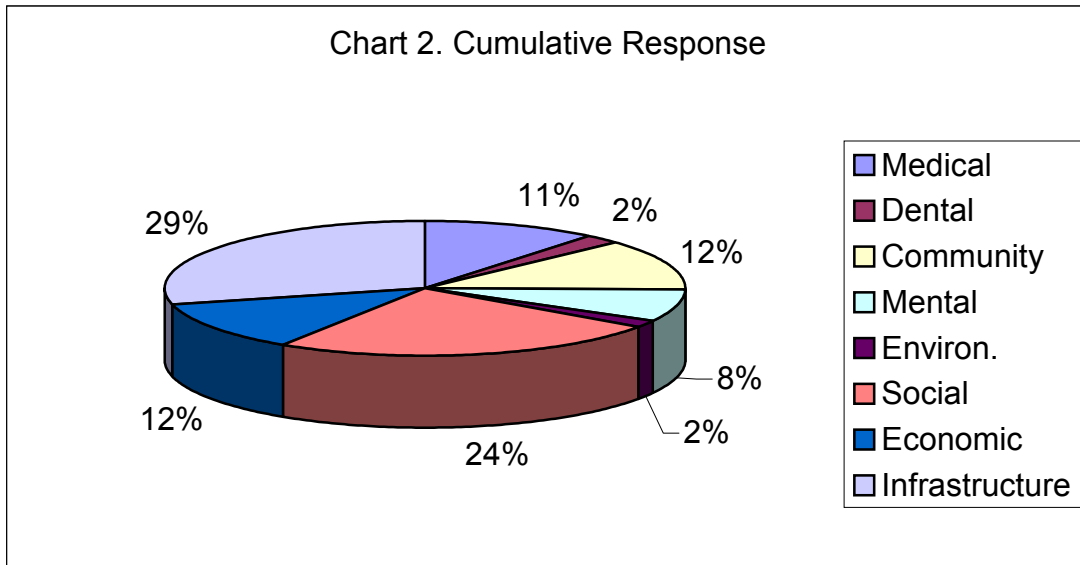
Question 3. What are some specific examples of people or groups working together to improve the health and quality of life of our community?

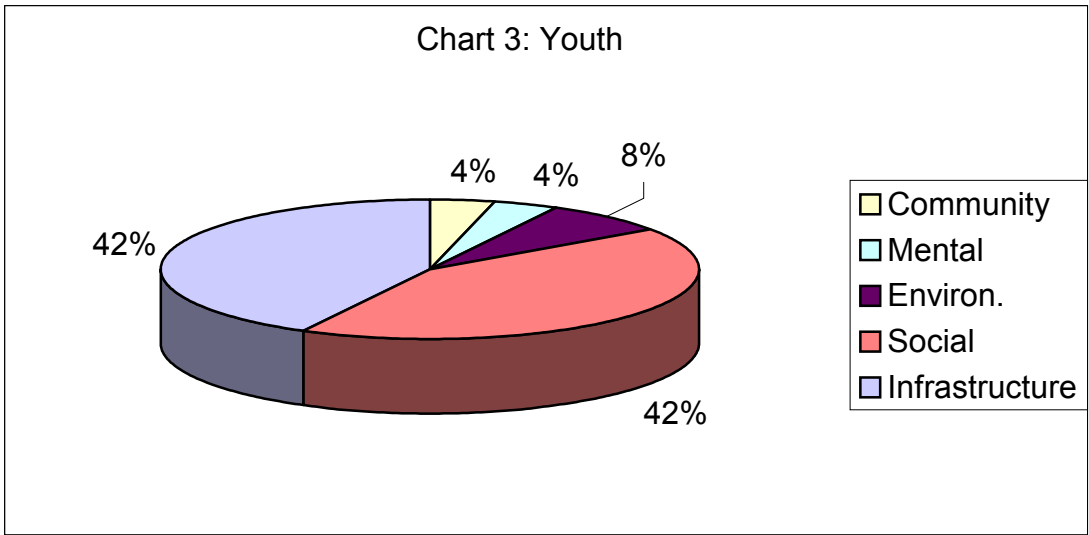
Summary: Roundtable participants frequently named specific community programs, service organizations and agencies, while stressing the value of the support provided by businesses, schools and towns.

- **Youth:** Lots of volunteer opportunities and youth programs (hospital, school, Big Brother/Big Sister, church groups, scouts, food banks/soup kitchens); programs are teen-driven - do community work with adult support; service professionals are active in the community: fire fighters, police officers, doctors); everybody works together—people know each other, live close together; community events bring people together (art, entertainment); school activities; after school enrichment classes; recreational groups
- **Health Service Providers:** Many active groups and programs—churches, schools (college, high school, elementary, adult education programs), shelters, home health agencies, police/fire/rescue, soup kitchen and food pantry, teen centers, cultural groups/programs, chambers of commerce, foster care agencies and care providers, service organizations, summer residents, land trust, town government, hospital outreach/educational programs, Special Olympics, senior citizens; employers hire people with disabilities; coalitions of business and community that make programs possible; agency collaborations—lack of turf issues; programs that keep healthcare local like cardiac rehab, oncology
- **Community Members:** Churches, food pantries, soup kitchens, housing rehab programs, teen centers, free health clinic, public, private and volunteer service organizations, library; community group effort and involvement; school programs (including adult ed), recreation programs, community scholarship funds, Scouts, drug awareness and other youth-oriented programs; exercise programs and facilities; police and other town agencies; unified health system; generous business support for community programs; neighbors helping neighbors

Question 4a. What do you believe are the 2-3 most important issues that must be addressed to improve the health and quality of life in our community?

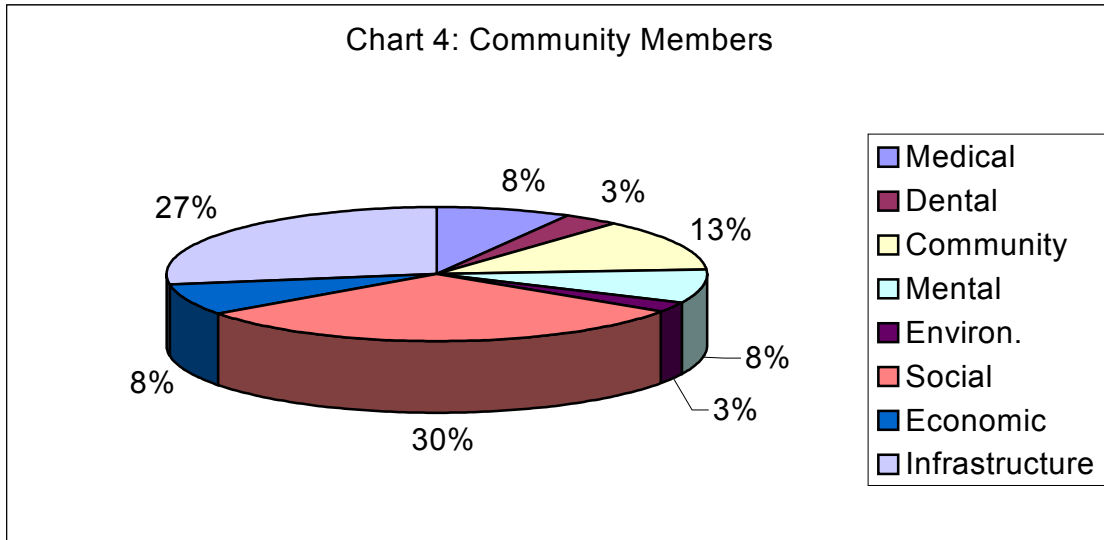
Summary: Roundtable participants responded to this question with a total of 221 items. Only a few of the participant groups ranked their top three responses, most responded with a long list of issues. These are presented below by category and show frequency of response (Charts 2—5).

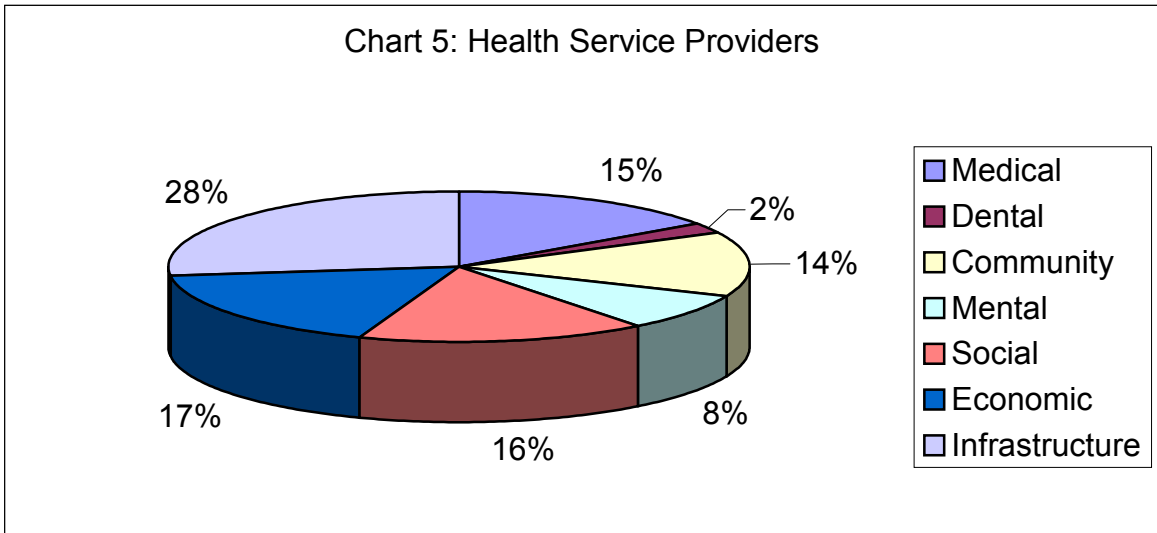




Once again, infrastructure (29%) and social (24%) issues were most frequently mentioned as determinants of a healthy community (Chart 2). It is interesting to note the differences and similarities between the three subject groups for this question.

While the youth groups' perception mirrors the cumulative data with infrastructure and social concerns weighted equally at 42% (Chart 3), the total number of concerns is relatively few (n=5) compared to the community member (n=8) and health service provider groups (n=7) (Charts 4 and 5). Another interesting distinction is the priority (17%) that health service provider groups gave to economics compared to youth (0%) and community members (8%).





The groups who ranked their response to this question include the two youth groups, three health service provider groups and one community group. The youth participants identified communication, drug/alcohol abuse, violence, and problems associated with population growth as the most important issues that must be addressed. The health service provider groups identified the health/service system, drug/alcohol use among youth, lack of dental services, and tobacco use as their priority issues. The one community group that ranked their response identified industry and jobs as the number one priority, followed by improved housing quality and protection of the environment.

Question 4b. *What could be done on a regional or state level that would be helpful to you in dealing with health issues in our area?*

Summary: Participants expressed clear views of what needs to be done. The perception seems to be that part of the process is missing. For example, youth feel there is not enough follow-through on the part of the police force or the schools in enforcing the laws and rules. Health service providers feel that increased funding and more flexibility in funding guidelines is necessary to support existing programs. Community members want a service in place to tell them what resources or programs are available and how to access them.

- **Youth:** enforce laws (traffic, criminal); schools need to communicate better with the community to get better support; schools need to enforce rules on smoking; more comprehensive health education in lower grades; educational opportunities to replace punitive/financial punishment; slow town growth—keep community small
- **Health Service Provider:** increase funding for health service/programs, more flexible funding; create benchmarks for communities, better coordination and delivery of services (resource data base); make health insurance tax deductible; need regional transportation, broaden physical education (policy changes that require all worksites offer time for physical activity—schools too), comprehensive school health; expand health insurance, data collection and analysis, what works and what does not; hire grant writer for region, update drug/alcohol programs—use media creatively (outlaw smoking/all substance abuse); increase minimum wage/job opportunities; reduce regulation; interact with legislature/change structure of legislature; support new business initiatives/regional economic development, technology; infrastructure—need basics
- **Community Members:** Access state health data locally; statewide education campaign; locally available services (chronic pain clinic, alcohol rehab., mental health resources) and more info. on what is already available (via 800#); teacher training re: disability issues; enforce rules/laws/subsidize law enforcement; stop unfunded mandates; state insurance coverage for health, dental, vision, mental health; long-term funding for youth programs and easier access; grant writer

Question 5a. What do you believe is keeping our community from doing what needs to be done to improve health and quality of life?

Summary: Roundtable participants responded to this question with a total of 187 items. Again, presented by category with tabulated frequency of response (Table 3).

Table 3.	Youth	Provider	Community	Total
Social/Relationship				53%
Lack of understanding/awareness	2	13	6	
Lack of communication	3	3	1	
Apathy/No "buy in" to idea of health	2	7	8	
Disengaged/privacy/fear/pride	0	6	4	
Lack sense of self-worth	0	2	3	
Poor family relationship	1	3	2	
Community refuses to recognize Problems	2	3	3	
No real sense of community (belonging)	2	2	3	
Lack of cooperation	0	5	2	
Drug/alcohol abuse	1	1	1	
Poor interpersonal relationships: Judging	1	3	3	
Lack of personal accountability	1	1	0	
Economic				23%
Lack of government funding	1	8	3	
Personal economics/economic Disparity	0	7	6	
Lack of volunteers/role models	0	12	6	
Infrastructure				24%
No long range plan/vision	0	4	2	
Lack of advanced education	0	2	0	
Logistics	0	10	5	
Priorities	0	7	3	
Lack of recreation/cultural Opportunity	0	2	1	
Politics/conflicting agendas/competition	1	5	2	

Question 5b. *How would you characterize the relationship among parents, the schools, and the larger community? Are there relationship issues that need to be addressed?*

Summary: Of the 18 roundtable meetings, nine characterized the relationship between parents, schools and larger community as positive or said that there were no relationship issues that needed to be addressed. Of note is the fact that in both roundtable discussions held with youth, they characterized the relationship among parents, schools and communities “not supportive” with a variety of reasons mentioned including mistrust, miscommunication and lack of structure. Representative comments from the participant groups are as follows:

Identified as Positive/No Relationship Issues:

- **Health Service Providers:** Inclusion of “at-risk” groups; takes a village to raise a child—that’s what we do here; strong sense of responsibility, appreciative, caring; excellent communication, small community atmosphere; good relationships; concerned and involved citizens
- **Community Members:** Great relationships, work well, not broken; welcoming and embracing school community; programs well attended, active parent groups

Identified as Negative/Issues to Addressed:

- **Youth:** Poor relationship; lack of communication or miscommunication between parents, students, school, and communities; lack of effort, motivation, support; lack of funding; barrier between parents and youth; environment is not one for open conversation; lack of family structure=lack of structure in the individuals life.
- **Health Service Providers:** Compartmentalized—broken; should be tri-pod: school-parents-community; competitive, warring—different agendas; closed in summer, no access to gym/library; only academic-lose resources 12 months; marginalities—elderly, family/people with no kids; low aspirations of Maine high school grads related to parent involvement/support; Small nucleus of people; denial; class issues; ambivalence about money;
- **Community Members:** need money; “lack of respect and privacy between school staff and teachers toward students family and home life”; stigmatized for being low-income; not enough time for kids to eat lunch at school; discipline issues; policies need to reflect the community, need to change as community changes; staff members at school do not interact with the community

Question 6. What actions, policy, or funding priorities would you support to build a healthier community?

Summary: Roundtable participants responded to this question with a total of 159 action/policy/ funding/items that could be condensed and itemized under the headings of individual/community or state/federal responsibility (Table 4).

Table 4.

Participant Group:	Individual/Community:	State/Federal
Youth:	<ul style="list-style-type: none"> • parental education on youth issues • community guidelines • better communication—web pages, bulletins, newspaper; more info on voting topics • police should sponsor more events so people can get to know them better • community center • prevention education for teens • interactive activities (community, volunteers) 	<ul style="list-style-type: none"> • tougher building codes to protect open space and views
Health Service Providers:	<ul style="list-style-type: none"> • hire grant writer at community level • comprehensive mentoring programs • drug testing in school • infrastructure to support volunteers • integration of health in schools/community • worksite flex time; • peer support groups and counseling programs 	<ul style="list-style-type: none"> • Parity in health insurance • Local involvement on how state spends funds • systemic support for community-shared resources • incentives to keep housing affordable • funding priorities • continuity planning/funding—lifetime support vs. pilot programs • deal with medical care staffing crisis • action to create a national health care system/universal health care system • public transportation • consistent enforcement of statutes
Community:	<ul style="list-style-type: none"> • leadership (committee to identify, quantify and respond to health needs • extend lifetime of programs • show residents impact of local matching money • funding shifts to wellness and prevention • early childcare 0-5 years • coherent plan • responsibility for community members in building healthy community 	<ul style="list-style-type: none"> • More taxes (if demonstrable results • reimbursement for preventative health care • enforce or create new public health and safety ordinance • funding shifts to wellness and prevention

Question 7. What would excite you enough to become involved (or more involved) in improving our community?

Summary: The cumulative response resulted in 121 comments centered around a few particular themes. Basically, people would become involved in community activity that is well-planned, adequately-funded, result-oriented, and achievable; it must stimulate involvement and be supported by public, private and political leaders. People want to understand the process and know they can make a difference. They want to be appreciated. Some specific comments follow:

Youth:

- “Advertise your success—people are attracted by visible success.”
- “Takes some people doing it... others will follow when they see them doing something that looks like fun and helps people.”
- “Well-advertised, well organized programs with good communication between programs and schools as well as peer communication on what programs or activities are available for us to become involved with.”

Health Service Providers:

- “Action-oriented with achievable goals, specific task opportunities, visible results.”
- “Encourage, reward, acknowledge volunteerism.”
- “A support structure; financial resources to support the effort.”
- “People need to feel they can make a difference, see positive results.”

Community:

- “Ask—invite participation.”
- “Focus—large groups talk, small groups act.”
- “Advertise results—use the media, it works!”
- “Strategic plan; financial support; good leaders.”
- “Recognize people for their commitment, thank them.”

CONCLUSION

A clear message from this assessment is that Maine communities have similar values, goals and ideals. At the local level there is a broad definition of health that understands the links between jobs, economic development, leadership, and strong social fabric and the traditional “health” areas such as mental, environmental, physical, and medical health. In each community public health professionals and other residents understand that there is or will be the need to conduct a local health assessment and to create a local plan to improve health in their community and among their friends and neighbors. However, there is also a clear message that citizens have identified a role for public health professionals and state government that will aid local efforts to create a local culture and policies that support health.

Community members realize that they share the responsibility of defining, creating and maintaining a healthy community. They have identified local leadership in many areas but have stated the need for planning models, funding and the cooperative support of state agencies and programs. This support, combined with their collective strengths and resources, will provide the foundation they need to build healthier communities.

Public health professionals can help by responding to local priorities identified in this document and facilitating opportunities to show the connection with statewide public health objectives. Public health advocates can and should work to assure commitment at all levels of governance to provide communities with the structure and financial support needed to support local health improvement.

RECOMMENDATIONS

- The State has a role to play in fostering and funding the ability of local communities to respond to local needs;
- The consistency of themes can guide local and state level policy development.
- Stronger public health infrastructure will provide a framework for local health improvement activities.

ACKNOWLEDGMENTS

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Tanya Abbott	Maggie Laughlin
Tina Bailey	Kathy Lean
Laurie Hocken Brocht	Sylvia Libby
Kathy Christenson	Annie Lunt
Ginger Collins	Sue Martin
Marla Davis	Pat Metulaitis
Mary Derosier	Patty Michaud
Deb Gorham	Judy Rawlings
Barbara Grillo	Susan de Rosario
Darlene Higgins	Kristine Scher
Barbara Holt	Angela Turner
Pat Hutchinson	Charlie White
Andy Kane	

APPENDIX

Healthy Community Dialogue Conveners

Contact:	Organization:		Participant Group
Carrie McFadden	Sebasticook Valley Hospital	Pittsfield	Provider
Diane Brandon	York Community Wellness Coalition	So. York County	Youth
Marla Davis	Healthline	Brunswick Area	Provider
Myrna Daigle and Aroostook Home Health Services	St. John Valley PATCH	Fort Kent Area	Provider
Gladys Richardson	Healthy Futures	Winthrop	Provider
Pat Hutchinson	Healthy Futures	Augusta	Youth
Patty Duguay	River Valley HCC	Andover	Community
Patty Duguay	River Valley HCC	Canton	Community
Bill Flagg	Northern Maine Health Center	Aroostook	Provider
Judy Nadeau	So. ME Med. Center	Kennebunk	Community
Judy Nadeau	So. ME Med. Center	Saco	Community
Larry Marcoux	UWAC	Lewiston	Community
Maggie Laughlin	Northeast Health	Camden	Community
Maggie Laughlin	Northeast Health	Union	Community
Maggie Laughlin	Northeast Health	Rockland	Community
Ginger Collins	St. Andrews Hospital	Boothbay	Provider
Leah Binder	Franklin County HCC	Phillips	Community
Natalie Morse	Waterville Patch	Waterville	Provider