

## Community Health Improvement Summit Themes Report

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This report summarizes common themes across and within discussions from the virtual UV Community Health Improvement Summits held on February 3<sup>rd</sup>, 2022 and March 23<sup>rd</sup>, 2022. Meetings were hosted by the Public Health Council of the Upper Valley and attended by 103 participants. During both events, participants self-selected into a total of two discussions each. Discussions were broken out into six priority health areas identified by the CHNA: 1) health care services, 2) child wellbeing, 3) food access, 4) housing, 5) availability of mental health services, and 6) alcohol and drug misuse prevention, treatment, and recovery. Within each discussion, participants were prompted with questions regarding factors contributing to the need, community assets working to address the need, and wish list items to address each need if participants had a “magic wand” to do so.

Transcripts of the discussions were coded and analyzed in Dedoose. A codebook was developed by tagging and categorizing related contributing factors, community assets, and wish list items within and across transcripts. Codes that came up more than 6 times were identified and combined when possible to formulate overall and topic-specific themes.

Recurrent themes from the Summit overall are followed by themes within each priority need. Appendix A provides a table of high-frequency codes by priority health area.

### Overall Themes

- *Contributing factors:*
  - Economic factors such as labor shortages and affordability of services contributed to each of the priority health areas.
    - *“There are not enough counselors, therapists, psychiatrists, or social workers. One agency worker explained that they have the highest number of clinical staff vacancies in 50 years.”*
  - Housing is at the root of many priority areas.
    - *“We need housing and stability in order for those in recovery to succeed.”*
  - COVID-19 is an illuminator/exacerbator of existing contributing factors.
    - *“The balance that families have to keep during the pandemic is increasing stress... people have to make decisions they don’t necessarily want to make, but have to in order to keep their job or home.”*
  - Burnout and stress are prevalent throughout an understaffed workforce and overburdened community of providers, teachers, and parents.
    - *“Teachers and staff are maxed out. [It’s] hard to help every child that needs it.”*
  - Pervasive stigmas around seeking care were linked to several priority needs.

- *“We do not value the people who are seek [mental health] services, and until we shift that it is going to remain a problem.”*
  - The rurality of the region (specifically its challenges around transportation, “siloed” social networks, and cellular/internet connectivity) magnifies several priority needs.
    - *“Communities are a “silo” from one another... [there’s] not a lot of cross cooperation with neighboring towns.”*
- **Community Assets:**
  - Hospital staff, community health workers, coalitions, and volunteers continue to prop up the region, often collaborating across sectors and taking on unconventional roles.
    - *“Staff who are trained in youth mental health are providing mental health training for law enforcement individuals who come into contact with youth.”*
  - Expanded telehealth/home-based/mobile providers’ services are improving accessibility challenges.
    - *“Telemedicine has helped opioid users tremendously [in] accessing their treatment programs.”*
  - Partnerships and programming in schools are working to address factors within each of the priority needs discussed.
    - *“Incredible resources in the schools helping the kids. Teachers, SAPs, social workers, counselors...”*
  - The community’s demonstrated willingness to help, its increased awareness of these issues, and the presence of anchor institutions are assets to leverage in improvement planning.
    - *“We have communities now willing to say, ‘this is our issue,’ business leaders and communities are putting this on their plate and asking what they can do about [housing].”*
- **Wish List Items:**
  - Efforts targeting social determinants of health as well as calls for systemic and cultural change were mentioned in several breakouts.
    - *“Social determinants of health bring about a multitude of needs, like lack of access to food, which can then contribute to mental health... even if mental health is not their priority it is still being affected.”*

## Themes by Priority Health Area

### Access to Health Care Services

- Factors contributing to this need:
  - Complexities of health insurance as a barrier to care (e.g. income-based limitations, cost of insurance, low reimbursement rates for Medicare/Medicaid, insufficient coverage for certain conditions/treatments)
  - Insufficient provider capacity

- Fee-for-service model and lack of transparency re: cost to patient
  - Clinical and school-based professionals/programs juggling multiple roles
  - Rurality and associated challenges
- Community assets helping to address this need:
  - Community health workers, advocacy groups, and coalitions
  - Expanded telehealth options and transportation programs
  - COVID-19 related clinics
- Wish List items for addressing this need:
  - Universal healthcare and reform of the fee-for-service model
  - Additional healthcare staff and funding
  - Additional community health workers, community nurses, and home-based services

#### *Child Wellbeing*

- Factors contributing to this need:
  - Increased stress and role-juggling for parents and teachers amidst COVID-19
  - Domestic/Partner violence, high ACEs scores
  - Financial and geographic barriers to quality childcare
- Community assets helping to address this need:
  - After-school and summer programming
  - Teachers and school staff taking on multiple roles
  - Community-led groups and coalitions
  - Established resource hubs for family support services
- Wish List items for addressing this need:
  - Early childhood resources such as parental education and play groups
  - Increased accessibility/affordability of after-school and summer programs
  - Stigma-free “drop-in” areas with free necessities for families
  - More community health workers in schools

#### *Food Access*

- Factors contributing to this need:
  - Stigma around seeking assistance
  - Poverty and inflation forcing individuals to prioritize spending on other necessities
  - Lack of nutrition education, ease/marketing of convenience foods
- Community assets helping to address this need:
  - Food pantries, food shelves, and mobile food programs
  - Community organizations and food-related partnerships within hospitals/clinics
  - Government programs (e.g. WIC, SNAP)

- Wish List items for addressing this need:
  - Expanded partnership with schools
  - Eliminating stigmas
  - Less reliance on food pantries/volunteers
  - Addressing upstream social determinants of health

#### *Housing*

- Factors contributing to this need:
  - Zoning regulations
  - Rurality and infrastructure challenges; difficulty attracting developers
  - Rising home prices and construction costs
  - Demand outpacing supply
  - Prevalence of older homes with unsafe conditions
  - Stigmas around transitional, emergency, and alternative housing
- Community assets helping to address this need:
  - Community housing assistance organizations (e.g. Keys to the Valley)
  - Cross-sector collaboration of employers, developers, and community groups
- Wish List items for addressing this need:
  - Leveraging Dartmouth College and DH's power and each's need to house employees/students
  - Revamping zoning regulations and improving voter turnout
  - Incentivizing home-shares and conversion of single- to multi-family homes

#### *Availability of Mental Health Services*

- Factors contributing to this need:
  - Insufficient and undervalued providers
  - Pervasive stigmas around mental health disorders and treatment
  - Overwhelmingly high demand, especially amidst COVID-19
  - Upstream and social determinants of health
  - Coverage limitations
- Community assets helping to address this need:
  - Mental health first aid and peer support trainings
  - Clinicians and counselors embedded in schools
  - Expansion of telemedicine
  - Community organizations, mobile crisis response teams, and community nurses
- Wish List items for addressing this need:
  - Expanded collaboration w/law enforcement mental health trainings
  - Increased trainings in trauma informed care
  - Eliminating stigmas around mental health



*Alcohol and Drug Misuse Prevention, Treatment, and Recovery*

- Factors contributing to this need:
  - Rurality and associated structural and seasonal challenges
  - COVID-19 and associated rise in need for coping strategies
  - Prevalence of mental health disorders and barriers to treatment
  - Hospital and community-led programming and training
  - Treatment costs and insufficient insurance coverage
  - Pervasive stigmas
  - Marketing and lack of education around alcohol and drug use/misuse
- Community assets helping to address this need:
  - Community organizations and support groups
  - Harm reduction and recovery-friendly approaches
  - MAT and boarding
  - Resilience education in schools
- Wish List items for addressing this need:
  - Addressing social determinants/upstream factors that lead to alcohol and drug misuse
  - More transitional housing with integrated services
  - Elimination of stigmas around seeking treatment

**Appendix A: High Frequency Codes by Priority Health Area**

<b>Priority Health Area</b>	<b>[Root Code (relevant child codes)].....frequency</b>
Health care services	[Community Assets (providers juggling roles, school programs, community groups, community health workers, expanded telehealth)].....22 [Complexities of health insurance (deductibles, limited coverage, reimbursement rates, Medicaid limitations, universal healthcare)].....13 [Economic factors (labor shortage, provider capacity, funding)].....9
Child wellbeing	[Community Assets (school-based programs, advocacy groups, family resource hubs, behavioral health programs, transportation programs)].....13 [Parental challenges (barriers to childcare, parental education, young parents, balancing multiple roles)].....11
Food access	[Economic factors (affordability, funding, income-based limitations, living wage, poverty, unemployment)].....18 [Food pantries/shelves].....13 [Stigma] .....8
Housing	[Rurality (transportation, difficulty attracting employees/developers, old/unsafe structures, siloed communities, lack of utility infrastructure, forced commutes)].....27 [Economic factors (affordability, demand, income-based limitations construction costs)].....18 [Zoning, taxes, and regulations (development regulations, rental supply, alternative housing, property tax, converting existing structures)].....17
Availability of mental health services	[Economic factors (labor shortages, turnover, funding, poverty)].....17 [COVID-19 (isolation, closures, exacerbating existing issues)] .....9 [Stigma].....6
Alcohol and drug misuse prevention, treatment, and recovery	[Community Assets (MAT, SUD education programs, support groups, coalitions, harm reduction approaches, awareness, community organizations, recovery-friendly programs)].....27 [Stigma].....9