Appendix 5:

Distributed Focus Group Analysis Report

May 2019

Purpose

The purpose of the Distributed Focus Group initiative was to ask a single broad question across multiple stakeholder groups and to analyze these results with other forms of data collected as part of the 2019 comprehensive Community Health Assessment (CHA).

Design

Essex County Health Department Public Health Unit staff were asked to include the asking of a single question at existing community coalitions/networks/committee stakeholder meetings. These groups are those with which Health Department staff have ongoing relationships and had a meeting scheduled within the first quarter of 2019. Staff documented the name of the group, number of participants, and responses to the question. Hand written responses or responses captured through meeting minutes were then transposed for documentation in a consistent electronic format; one per meeting. In total 5 groups of stakeholders, facilitated by 3 different staff and including 49 stakeholders were surveyed with this single question:
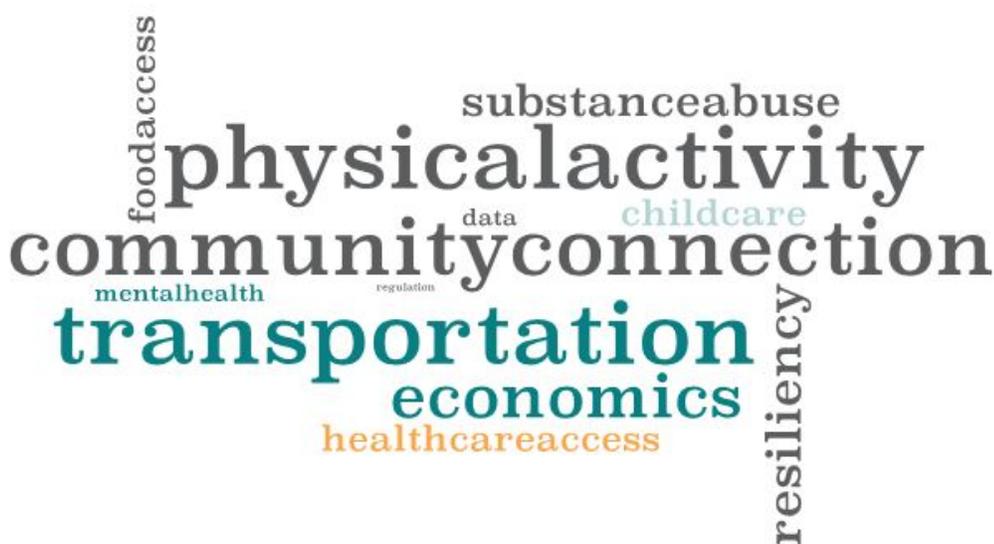
If you could change 1 thing about your community to make it better what would it be?

Significance

This process was trialed as a strategy to provide a wide range of interpretation of the question being asked leading to a wide range of responses that were likely to tap into social determinants of health.

Analysis Process

Data was analyzed to capture the major concept of response phrases to limit phrases to a single word or group of words that best captured the one (1) thing as asked by the question. This one phrase was documented as a list from which a word cloud was created to visually display the results of responses. The word cloud provides a visual design to display the weighted analysis of words or phrases as identified by stakeholders. The larger the word or phrase, the more times this was identified by respondents.

Major Findings

<u>Community Connections</u>, the most common theme, was used to encompass phrases including expanding cultural opportunities, participation in group activities/opportunities, volunteerism and others.

<u>Physical Activity</u>, including expanding opportunities for, changing the culture to be more active, and specific recreational opportunities was a commonly identified theme.

<u>Transportation</u>, as a standalone issue, was common most particularly within one group.

<u>Economics</u> was used to summarize topics such as economic stability, employment opportunities, livable wages and retaining young people.

<u>Resiliency</u> encompasses topics including Adverse Childhood Experiences (ACEs), reducing the need for foster and kinship care and increasing feelings of hope.

Following are these themes by number of times across groups:

- CommunityConnection-8
- PhysicalActivity-7
- Transportation-7
- Economics-4
- SubstanceAbuse-4
- Resiliency-4
- HealthcareAccess-3
- Childcare-3
- Food access-3
- MentalHealth-2
- Data-2

Results Summarized
Following is a summary of the stakeholder group engaged, the originally documented responses and the responses as analyzed by Essex County Health Department to capture the best meaning of the responses.

Research question: If you could change 1 thing about your community to make it better what would it be?

Stakeholder group	Original responses documented	Analyzed response
1/30/2019 Well Fed Collaborative of Essex County 13 people Elizabeth Terry	1. Land bank 2. Transportation 3. Transportation 4. Transportation 5. Transportation 6. Regulations re: services 7. Lack of mental health services 8. Real time comprehensive data analysis & impact of cq on development 9. Substance abuse 10. Childcare (affordable & quality) 11. Childcare 12. Livable wages 13. Economic stability 14. Food access>grocery stores 15. Indoor activity options 16. Retaining young people to live here	1. CommunityConnection 2. Transportation 3. Transportation 4. Transportation 5. Transportation 6. Regulation 7. MentalHealth 8. Data 9. SubstanceAbuse 10. Childcare 11. Childcare 12. Economics 13. Economics 14. FoodAccess 15. PhysicalActivity 16. Economics
2/7/2019 UVHN-ECH Population Health Committee 10 Susan Allott	1. Opportunities that engage young people in exercise. 2. Reduce dependence on drugs, opioids, and all that goes with it. 3. More opportunities for bicycling. 4. Reduce those dependent on substance abuse. 5. See a closer alignment of day to day social activities and medical needs. (ex. Eye testing at the market) 6. Get more people moving through exercise. 7. Beneficial to have more culture; get people involved. 8. More options for all ages, involving the community and gradually change the culture to embrace more activity.	1. PhysicalActivity 2. SubstanceAbuse 3. PhysicalActivity 4. SubstanceAbuse 5. HealthcareAccess 6. PhysicalActivity 7. CommunityConnection 8. PhysicalActivity

2/13/2019 Community Service Board of Essex County 11 Linda Beers	1. Better data 2. Affordable housing 3. Better job opportunities 4. Food for all 5. Increase mental health providers 6. Make informed supports 7. Swimming pool 8. Transportation 9. Beach in Crown Point	1. Data 2. Economics 3. Economics 4. FoodAccess 5. MentalHealth 6. CommunityConnection 7. PhysicalActivity 8. Transportation 9. PhysicalActivity
2/14/2019 ACAP Human Services Coalition 10 Elizabeth Terry	1. Transportation getting to providers 2. Aged friendly health systems 3. Connectivity to services-Removing stigma to get help 4. Improve hope about the future-lack of hope in the community 5. Insulation and loneliness 6. Substance abuse 7. Invitation to classes & services-friendship piece 8. Culture change-congregate meal sites (increase participation) 9. More volunteers instead of writing checks for clubs, etc. 10. Build resilience in Essex County Communities (related to ACES)	1. Transportation 2. HealthcareAccess 3. CommunityConnection 4. Resiliency 5. CommunityConnection 6. SubstanceAbuse 7. CommunityConnection 8. CommunityConnection 9. CommunityConnection 10. Resiliency
2/15/2019 Essex County Breastfeeding Coalition 5 Elizabeth Terry	1. The increase in care for foster and kinship care children 2. The trauma based behaviors in day care setting 3. Transportation issues 4. Lack of OB service and lack of pediatric and GYN providers 5. The lack of certified day care providers 6. Food security/healthy options	1. Resiliency 2. Resiliency 3. Transportation 4. HealthcareAccess 5. Childcare 6. FoodAccess

Discussion

Data collected through the Distributed Focus Group initiative was designed to complement the Stakeholder Survey. While the stakeholder survey was drafted to align with the New York State Prevention Agenda priority areas, this initiative additional information from stakeholders in a broader, free flow fashion. The initiative allowed for discussion and encourage participants to think on the community level not using the words "people" or "health".

Rather than trying to get stakeholders together for a single focus group this technique allowed staff to engage with existing groups to gather input. Staff reported conversations being difficult to capture and that results may be impacted by the flow of conversation among group members; consistent with the typical focus group process.

There were some inconsistencies in data collection as some groups went one by one through members with responses recorded; others had an open free-flow of comments from stakeholders in the group recorded during discussion.

Conclusions

This initiative was meaningful in engaging a broad representation of community stakeholders in the Community Health Assessment process. However, it could benefit from further refining to ensure:

- emphasis on community,
- consistency in delivery,
- consistency in recording of responses and
- a more concrete method to paraphrasing into common themes.