

Catholic Medical Center
Dartmouth-Hitchcock
Elliot Health System

Manchester Community Needs
Qualitative Analysis Report

Presented to the Boards of Directors and Staff by

Laurie J. Storey-Manseau
StoreyManseau
Marketing, Public Relations and Communications

October 23, 2000

Manchester Community Needs Assessment Study
Catholic Medical Center
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Introduction

In the summer of 2000, Catholic Medical Center, Dartmouth-Hitchcock and Elliot Health System engaged Laurie Storey-Manseau, principal of StoreyManseau, a marketing, public relations and communications consulting firm located in Hopkinton, New Hampshire, to update information on community needs in the greater-Manchester area. The study was conducted over a two-month period, and was comprised of two components – a series of interviews with selected community representatives and focus groups of various community groups.

Eleven individuals were interviewed face-to-face about their perceptions on community needs. (See list of individuals in Appendix 1.) Individuals were selected from a lengthy list provided by Catholic Medical Center, Dartmouth-Hitchcock and Elliot Health System. In most instances, interviews were held in the places of business of those interviewed, and they lasted approximately one hour. Attempts were made to arrange interviews with three other individuals, but meetings could not be scheduled.

Questions asked probed each individual's perception of community needs today in greater Manchester. The first half hour of each interview was dedicated to a free-flow of ideas and thoughts surrounding issues and needs in Manchester. The second half hour of the interviews was structured as a review of the 1997 Compass Project community needs assessment led by the United Way, with the opportunity for each individual to add to or eliminate from the needs defined in the 1997 assessments and then a prioritization of the new list through a multi-voting process. Finally, individuals were asked to make recommendations as to where the three study sponsors could have a meaningful impact today on Manchester's community needs.

Discussions with the consultant were informal and participants seemed very comfortable in sharing their thoughts, insights and recommendations. Many participants seemed surprised with the idea that the study sponsors could contribute to community needs in anyway other than those defined as health-care issues. Some were equally excited about thinking in terms of these organizations' involvement in finding solutions to housing shortages, education issues, and providing leadership for the community.

In addition to interviews, focus groups of community groups, along with polling of social service workers and public health leaders in the community comprised the remainder of the qualitative study. (See Appendix 3.) Participants were anxious to share their opinions and pleased that the three organizations were willing to listen. Participants shared their thoughts and ideas freely, during two hours of discussion. Each session began with a free-flow brainstorming among participants as to what greater Manchester's community needs might be. The second part of the focus groups focused on prioritizing the list created by

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participants and then discussing what activities or actions needed to take place to address the top priorities. Finally, participants were asked to individually name one community need that was important to them and make a recommendation of how the city's health-care providers could address the need.

The following pages include a summary of comments and findings, along with recommendations based on feedback from the various individuals and groups participating in this study. The consultant submits this

report without making any recommendations on how the findings should be used or presented. The consultant is available to present findings to and answer questions from various volunteer and staff leaders of all three study sponsors.

It has been a pleasure to conduct this study on behalf of and to offer this information to Catholic Medical Center, Dartmouth-Hitchcock and Elliot Health System. In particular, thanks to Sr. Margaret Ahern, Gina Balkus, Deb Grabowski, Denise Marcouillier, Paul Mertzic and Joan Stevens for the information and opening of doors each provided as the study was defined and begun.

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Study Findings

Manchester, New Hampshire, is a community benefiting from a booming economy, which has brought forward an array of community needs that may have been unapparent and unanticipated in the last community needs assessment conducted in 1997. While some of the needs identified in the last assessment are still relevant, others are no longer pressing or have been addressed in some fashion. Still other needs have emerged as the result of addressing and resolving needs identified in 1997.

Participants in the qualitative analysis, which updated the community needs assessment conducted in the summer and early fall of 2000, concluded that the most pressing community needs Manchester faces today are:

- Access to and Affordability of Health, Mental Health and Dental Services
- Education
- Affordable and Accessible Housing
- Children and Youth Services
- Elderly and Disabled Services
- Issues of Diversity, Culture and Language
- Public Transportation

Access to and Affordability of Health, Mental Health and Dental Services

Overwhelmingly, the issue of availability of affordable dental health services for the city's uninsured and low income was pointed to as a pressing and urgent need. Unlike medical and mental health where providers have worked together to provide measures to ensure some availability of services to the city's poor and uninsured, there is no perceived safety net that affords people basic and routine care for their dental needs. Consequently, those unable to access dental care are left with rotting teeth which result in implications for general health, employment and social acceptability.

Despite the existence of Catholic Medical Center's Poisson Dental Clinic, none of those participating in the qualitative analysis named the clinic as a resource in the community for dental services in support of the low income and uninsured. There seems to be a lack of awareness in the community that the clinic is available as a resource to this population.

Dental health is an area where there has been little emphasis among health-care providers, in favor of other initiatives in the health-care arena. However, participants said that in not addressing it as part of a larger solution to the provision of health-care services for low-income and uninsured residents, efforts toward enhancing the health status of the community would not meet with success. The lack of availability of dental health services is a part of a larger problem, not a singular problem. And, solutions to health-care access cannot be addressed in exclusion of dental health – any solutions must address both issues.

Access to health care for the city's residents continues to be a problem. For those who are not low income or who do have insurance, access is an issue because of limited availability of primary care providers in the city, some participants said.

For those who do not have insurance or who have limited incomes, access to care seems to be restricted on several fronts. Severely limited availability of appointments at the Manchester Community Health Center and limited services provided through the Health Department's Mobile Health Team creates an inability to access care and pushes people to the hospitals' emergency rooms when they have no other options. Many of those interviewed indicated that transportation to and from the Manchester Community Health Center is a problem for some, and that creating satellite offices of the center in various neighborhoods would alleviate both appointment access and transportation issues. Providing additional health-care services, without requirements surrounding citizenship, through the Mobile Health Team would also address the access and availability issues. (As a note, there are Federal regulations that dictate how these types of services can be accessed.) Some suggested that expanding health-care services of the Parish Nurse program, and widening the program to include more churches outside city limits could assist in creating access to care.

The issue of sensitivity to diversity and multiple languages was raised quite often when talking about access to health care. This was cited as a serious problem, with growing populations in the Latino, Bosnian, Haitian and Vietnamese populations in Manchester. Because of cultural and language barriers, often these populations are not able to access health-care services. One interviewee questioned the ability to protect a patient's confidentiality when there is a language barrier, noting that often a bi-lingual family member or friend must be brought along to a provider appointment to translate. This impacts the patient's ability to maintain privacy, and could cause great embarrassment to the patient. The end result is that quite often, the patient will opt to avoid appropriate health care rather than be embarrassed in front of a family member or friend.

Others commented on the challenges of being able to access health-care providers who are sensitive to the needs and customs of those from diverse populations. Language, alone is not the issue. It is a combination of the lack of interpreters and the lack of understanding of various cultural practices and beliefs.

In the area of mental health, most often the need for mental health support in local schools was mentioned. There continues to be great concern for students at risk for suicide, with limited or no intervention measures available to teachers and administrators. Lack of counseling support for substance abuse and alcoholism among teens seemed also to be a serious concern. Limited assistance is available through school nursing services and student assistance programs, but these efforts are significantly understaffed in comparison to the need that exists. Counseling to assist in the area of eating disorders is also a need among the teen and young adult populations in greater Manchester.

As students stretch themselves with extra-curricular activities, part-time jobs and academics, support for stress management has become a necessity in today's school systems. Yet, there are very limited resources to avail students of this type of support. School counselors and school nurses regularly see students who are overtaxed and unable to manage. They feel overwhelmed and have no place to seek support and guidance. Counseling support available in the community and accessible for students would reduce the levels of anxiety for students and would provide referral resources for school administrators.

Education

The issues in education took on a number of meanings for study participants. Overall, there is the belief that greater Manchester's schools are generally overcrowded, understaffed, under funded and in poor physical condition. There is also the strong belief that support for education is one of the most important efforts that must take place, because tomorrow's area leaders and residents are being taught there.

Participants saw many opportunities for Catholic Medical Center, Dartmouth-Hitchcock and Elliot Health System to support and become vital partners with greater Manchester's schools. Among them, health education programming, volunteerism, in-school clinics, counseling services, funding support and management mentoring were all mentioned. Most participants felt strongly that the study's sponsors could and should play a stronger role in the area's schools than they do today.

Many participants suggested that stronger relationships, particularly through partnerships with not just one, but many schools, would be mutually beneficial. They saw opportunities for enhancing the health status of the community by impacting lifestyle behaviors early in students' lives. School health clinics were advocated by many who saw this as an initiative that would capture young people at risk for many dysfunctional behaviors, substance and alcohol abuse, sexual activities, mental health issues, and overall health problems.

Some identified local schools as places for the study's sponsors to unearth and address emerging community needs on a real-time basis. For instance, children from all backgrounds and races attend schools. The issues of families and neighborhoods manifest themselves in schools very quickly. Catholic Medical Center, Dartmouth-Hitchcock and Elliot Health System staffers, by being integrated in the schools, would be in a perfect location to identify and bring forward many community needs on an ongoing basis.

Affordable and Accessible Housing

The lack of affordable housing in Manchester was an issue about which many participants spoke. It is an issue that hits particularly hard in the city's low-income population. Rents have skyrocketed, as landlords are able to ask as much as \$600 a month for just a room.

Exacerbating the problem is a seriously limited supply of short-term alternatives to permanent housing. With a booming economy, resulting in a high availability of jobs and increased tourism, motels and hotels are filled every weekend and most weekdays. The city welfare workers have great difficulty in securing any type of temporary housing, and often resort to sending people to campgrounds or to other cities in New Hampshire for a place to stay on a temporary basis.

The city's homeless shelter – New Horizons – has been filled to capacity and during the winter months, when people cannot stay outdoors all night, the shelter's sleeping quarters spill over into its dining facilities. With record-breaking occupancy during the summer months, the shelter's administrator fears for the coming winter months, as he's uncertain that the shelter can accommodate all who will seek a place to stay.

Adding to the problem are practices among the city's landlords that restrict housing for low-income residents even further. Non-refundable application fees as high as \$100, and a list of tenants who are undesirable that is freely shared among the city's landlords, make access to housing very difficult for some people.

As opposed to the experience of the 1980s, housing starts are slower and banks are more conservative in their lending practices. These factors result in no quick relief in the near future from this shortage.

Study participants saw several opportunities for the study's sponsors to be part of a solution to the housing shortage. With staff that has expertise in finding rental space and regularly negotiates for that space, advice and support for the city's homeless shelter and welfare department to find and access additional space would be welcomed. Additionally, helping to locate temporary housing space among the properties that the study's sponsors currently may own could provide stopgap support on a temporary basis for families until other reasonable housing measures could be secured.

Finally, providing leadership to bring awareness of the problem to their staffs and those in the city who could help craft a solution would be a role each of the study's sponsors could play.

Children and Youth Services

Services and support for greater Manchester's children and youth ranked high on the priority list of community needs. In analyzing the results of interview participants' multi-voting process, areas related to Children and Youth Services included Recreation Services for Teens/Youth and Families, and Child Care. When considering these three identified needs together, a ranking of the third most urgent of need is identified. Clearly, issues surrounding greater Manchester's children and youth are considered pressing and important.

Study participants indicated that this need is important because of the risks children and youth face today in health issues, violent behaviors, pregnancy, substance abuse and alcohol abuse. They identified many areas where Catholic Medical Center, Dartmouth-Hitchcock and Elliot Health System could have a meaningful and immediate impact in addressing these needs.

Participants in the focus groups noted the insufficient number of good day-care and after-school programs in the area. Focus group participants and those interviewed recommended that the study's sponsors provide leadership and guidance in the creation of after-school programs to not just care of children while their parents work, but to engage children and youth in a manner that stimulates them and creates opportunities for growth. While participants identified some programs, they are very limited and cannot currently meet the needs that exist in greater Manchester for after-school care. In the absence of adequate programs, children and youth are left with no place to go during the hours between school ending and their parents getting home from work. This fosters risky behaviors.

Development of parenting skills is essential to support children and youth. Those skills are too often lacking in adult parents and teenaged parents alike. Realizing that poor parenting is a societal issue, participants recommended some areas where the study's sponsors could begin to address the need and have an impact over the long term. Recommendations included development of an identification processes for at-risk new parents and development of parenting skills programming during pre-natal doctor visits and birthing classes. Also, intervention and support from the study's sponsors for teen parents within the area's high schools to learn skills and behaviors that foster strong families and healthy children was recommended.

Violence prevention is an important area of intervention among today's children and youth. Anger management, healthy lifestyles education, substance abuse intervention, counseling for dysfunctionality in families and identification and support for abused and neglected children were all areas deemed important to address by the study's sponsors.

Elderly and Disabled Services

The needs of an aging population in greater Manchester are becoming more and more visible. The cost of living on a fixed (and many said, inadequate) income, transportation, meals, affordable housing, support services, access to health care and affordability of prescriptions loom large, as the baby-boom population is about to enter into the ranks of the seniors age group. And, as they enter their senior years, they will demand and expect more services than previous generations did. Manchester is simply unprepared presently to address those needs.

Study participants viewed support of the elderly and the disabled as essential to the existence of a healthy and viable community. In Manchester, because of cultural issues that surround this population's resistance to seeking support and help outside their immediate families, developing programs that will be utilized creates an added challenge.

Nonetheless, programs are essential and services, such as day programs, which engage and support elders and the disabled, while fostering self-sufficiency and active lifestyles were viewed as the most important and acceptable. Offerings like those operated by Prime Time, were most exciting, even though there was not widespread knowledge of Prime Time among the study's participants.

Transportation continues to be an issue for this population, too. Participants suggested that development of services and programs that are transportable to seniors and the disabled are more enticing than those where people need to find transportation to and from programs and services.

Housing for the elderly, and not in the sense of nursing home facilities, was high on the list as a need in Manchester. With limited affordable and accessible seniors' independent and assisted living residence in greater Manchester, and an aging population soon to expand the demand for such living arrangements even further, Manchester's leaders must address the situation and develop plans immediately.

Issues of Diversity, Culture and Language

In considering how greater Manchester is changing in its population, there has been a huge explosion of diverse ethnic and racial groups moving into the area. This is particularly true in the growth of Latino, Haitian, Vietnamese and Bosnian ethnic groups living in and around Manchester.

The growth in diversity in the city forces the hand of having to acknowledge and address a vision for how diversity can enrich and enhance the culture of greater Manchester. Study participants stated that city leaders need to develop a means of celebrating diversity and incorporating it into daily life in greater Manchester. For instance, directional signage should be multi-lingual; city celebrations, such as parades, should acknowledge and celebrate minority groups; interpretation services should be readily available and accessible for all purposes, to name a few.

With the growth in these diverse populations come challenges of how to meet the needs these groups have and how to build strong relationships with the enclaves of diversity in Manchester. How to overcome cultural and language barriers is the most serious issue faced today.

Step one, study participants said, is to adopt a realization that diversity is an asset and to create a vision for where diversity can add to the experience of Manchester. Bringing about changes that incorporate various languages and cultures into everyday life is necessary throughout the city, and in particular in the health-care service providers in greater Manchester. Study participants said that there needs to be a wide array of professional translators in health-care facilities who speak the languages most prevalent today in the city. And, recognizing the cultures of these various minority groups and addressing their health-care needs on their terms and not on the providers' terms is essential.

Employers can become more open to diversity by making employment applications multi-lingual. Employment recruitment could be more diverse, as well, with commitments from area employers to hire employees from minority populations, offer training to minorities to become proficient in skills and language, and assistance for minorities in resume writing and job searches.

Participants suggested that the study's sponsors work with minority groups to learn about and better understand their cultures so that together they can develop programming to enhance the health of these populations. The most notable change that study sponsors need to make, based on the perceptions of the participants, is to have providers who speak the languages of the most prevalent minority groups.

The study's sponsors could also act as leaders in bringing other leaders in Manchester to the table to discuss and develop a true vision for diversity in greater Manchester, study participants said.

Public Transportation

In focus groups, the issue of access to public transportation came up often. Participants commented that the ability to get to medical appointments, employment, or anywhere in and around the city is limited by public transportation that is not adequate to serve the needs of the population. Most impacted by this situation are the elderly and the low income.

Seniors in the community see lack of coordination among the existing public transportation systems as a barrier to successful, affordable transportation. They also cited the lack of “sudden” transportation, for those times when people are unable to plan and unable to wait. The cost of travel between Manchester and Bedford was also noted as a problem, with taxi cab rides costing almost double when they cross the Bedford town line.

While acknowledging that there are some support services in the city – Caregivers, Red Cross, etc. – providing transportation, besides public resources, focus group participants expressed concern that these services are diminishing because of insurance restrictions prohibiting volunteer drivers to transport people in their cars. They urged leaders to look into the problem and recommend a solution so that these services will not be lost.

Recommendations

There were several individual recommendations as to where the study’s sponsors could have a meaningful and lasting impact on addressing community needs in greater Manchester. They have been incorporated into the Interview Write Ups located in Appendix 1. They are also included in Appendix 3, where focus groups made recommendations on the needs they viewed as the most pressing for greater-Manchester.

Throughout the qualitative research, there were some recommendation themes worth mentioning in the finding section of this report.

- Creating capacity in health services by providing decentralized clinics in rural areas, city neighborhoods and in schools.
- Providing funding and staff support for counseling services in schools.
- Providing widespread language interpretation services in health-care facilities, and conducting sensitivity and cultural competency training for health-care providers.
- Bringing health-care providers together to find a quick and workable solution to a crisis surrounding access to dental care. This includes significantly raising awareness about existing dental health services available in the community.
- Supporting a solution to increase availability of affordable, accessible housing by lending professional expertise and available space.

Study participants were excited about the possibility of working with Catholic Medical Center, Dartmouth-Hitchcock and Elliot Health System to address and resolve the city’s community needs. They thanked the study’s sponsors for offering them an opportunity to discuss community needs and giving them a chance to suggest solutions.

Focus Group Community Needs Priorities To Be Addressed

Parents of the VNA Child Care Center

- Low-Income Housing
- Rent Caps
- Better Teachers
- Safer Schools
- Affordable Daycare
- A Home for Parent/Baby Adventure
- Volunteerism

Seniors Participating in Prime Time

- Safety
- Transportation
- Taxes
- Cost of Medication
- Building Accessible Housing
- Social Security
- Cost of Health Care

Representatives of the N.H. Minority Health Coalition

- More Interpreters
- Public Transportation
- Affordable Housing
- Free Health Care for the Needy
- Training for Translators in Specialized Fields (i.e. Legal, Health Care, etc...)
- International Center
- After-School Programs
- Job Training
- Job Fairs for Minorities
- Understanding of Cultural Differences in Health Care and Business

Greater Manchester Social Service Association

- Bank of Translators Who are Organized and Accessible to Social Service Agencies
- Community Bulletin
- Specific Information to Agencies on How to Serve Minority Populations
- Access State Interpretive Services
- More Funding for Adults to Learn English as a Second Language
- Integration of EOL Between Children and Adults
- Cultural Competency Conference for Teachers
- Foster Diversity in Schools and Classrooms
- Training of Staff

Recommendations to Address Community Needs

Housing

- Build more housing units
- Create shorter waiting lists
- No application fees
- Security deposits for lengthy periods
- Enforcement of current regulations
- More emergency housing
- Subsidized units
- References for new arrivals with no history in the community
- Rent-to-own programs
- Reach architects and contractors
- Get to Baby Boomers in the future
- Require regulations (i.e. for every 10 units built, build one for seniors)
- Remodel old homes to make them ready for seniors
- Convert mill buildings to homes
- Get rid of bureaucracy
- Crack down on deadbeat landlords
- Reward good landlords
- Code enforcement
- Support for middle class
- Write letters to the Mayor
- Write letters to the Governor

Transportation

- Cars and drivers paid for by the government
- More regulation of cabs
- Publish schedule of cab fares
- Publish schedule in multiple languages
- Coordination of transportation services
- Waiver for insurance for those who volunteer to drive
- “Sudden” transportation (i.e. urgent needs)
- More buses
- More frequent buses and stops
- Longer hours and holidays
- Discount rates for elderly and students
- Get a train

Day Care/After-School Care

- More clubs for boys and girls for social activities with sports
- Advertise available services
- Tutors for students who need help
- Speakers – teenage pregnancy, drugs – orientation
- Train more teachers
- Offer sliding-scale rates

- Raise income eligibility levels
- More government regulation
- Group rates
- Rates based on services used
- Sick care
- Involve private industry

Safety

- Teach in the schools
- More police on the streets
- Programs to have children become friendlier with police
- Address domestic violence
- Neighborhood watches
- Address elder abuse
- Screen caregivers
- Respite care
- Police presence in schools
- Security staff in schools
- Metal detectors in schools
- See-through backpacks
- Locked schools
- Attend community meetings
- Newsletters announcing school board meetings
- Counselors at all levels in schools
- More in-house suspension for students (as opposed to out of school suspensions)

More Interpreters

- Contact community leaders in each cultural group
- Contact colleges and universities
- Hire minority community leaders who understand culture
- Flyers when there is a need for publicity

Needs Prioritization by Interviewees

Those interviewed for the study were asked to use the list of community needs identified in 1997 by the Compass Project as a basis for updating community needs.

First, they were asked to add to or eliminate from the list based on their knowledge and beliefs about current community needs. They were also given the option of accepting the list as it was, without changes.

Next, they were asked to prioritize these needs through a multi-voting exercise. In this exercise they were each hypothetically given \$10 to allocate to the needs. They were allowed to allocate only in full-dollar increments. They could allocate any amount, up to \$10, to needs they believed were important.

The results of their allocations are totaled below, resulting in an overall prioritization of needs.

Multi-Voting Results

<u>Rank</u>	<u>Need</u>		<u>Total Votes</u>
1.	Access to Health, Mental Health and Dental Services	20	
2.	Education		17
3.	Affordable Housing		10
3.	Children and Youth Services		10
5.	Elderly and Disabled Services	8	
6.	Civic Capital		5
7.	A Low Crime Rate		4
7.	Revitalization of Downtown Manchester	4	
7.	Information Sharing		4
10.	Recreation Services for Teens/Youth and Families	3	
10.	Child Care		3
10.	Coordinated Community Services	3	
10.	Funding Pattern Changes	3	
10.	Interpretation Services	3	
15.	Good Paying Jobs		2
15.	Cultural Competency Across all Health and Social Services	2	
15.	Development of a Strong Workforce		2
15.	Violence Prevention		2
19.	More Responsive Transportation Services	1	
19.	Cultural Sensitivity, Respect and Commitment to Change	1	
19.	Development of Multi-Language Help Book	1	
19.	Development of Detox Services	1	
19.	Diversity Vision	1	
24.	Teenage Pregnancy		0
24.	After-School Programs		0