

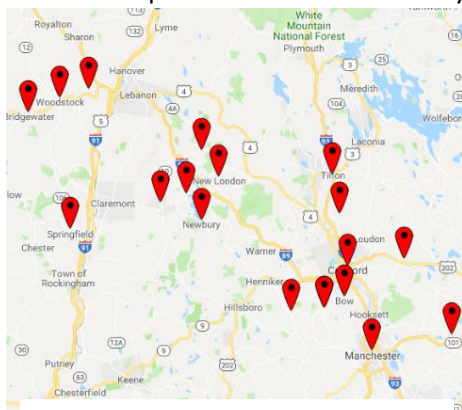
COMMUNITY PERSPECTIVES ON HEALTH

COMMUNITY AMBASSADOR DEBRIEF, JANUARY 2019

INTRODUCTION

This report provides community-level perspectives on health issues facing communities across the [Dartmouth-Hitchcock service area](#). The report was created by [Partners for Community Wellness](#), a network of people who engage with Dartmouth-Hitchcock as advisors, advocates and philanthropists to advance community health and wellness across the region. Content for the report was gathered by [Community Ambassadors](#). Ambassadors raise awareness and generate discussion about health issues in their communities. They inform Dartmouth-Hitchcock on how communities are thinking about and responding to health issues, and they engage their communities to promote health and wellness.

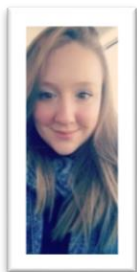
Between September 2018 and January 2019, ten Ambassadors held conversations with 33 people to



Locations of conversations

understand community-level perspectives on local health and health care issues identified in [community health needs assessments \(CHNA\)](#). Ambassadors engaged people in Bow NH, Bridgewater VT, Concord NH, Dunbarton NH, Manchester NH, Newbury NH, Newport, NH, Quechee VT, and Sunapee NH. Ambassadors met with people within their immediate social circles—colleagues, family, friends, and neighbors—as well as community leaders such as chiefs of police, chambers of commerce, and legislators. They asked questions like, “*What stands out to you?*” and “*What experience do you have with any of the health priorities?*”

On January 11, 2019 the Ambassadors came together to debrief what they learned. The themes from that meeting are summarized here.



MENTAL HEALTH AND ADDICTION ARE CONNECTING ISSUES

Ambassadors shared data with community members on multiple health issues—chronic disease, oral health, aging, child neglect, and access to primary care, to name a few. Ambassadors discovered that community members were eager to share their stories. They heard affirmations that mental health and substance misuse are “connecting issues.” It seemed that almost everyone had a story to share, making it relatively easy for people to discover a sense of connection with one another.

Bow, NH. Four out of five directors of a local business had personal stories to share about loved ones struggling with depression. For example, one has a daughter in college who lives at home and commutes to class. She retreats to her bedroom every day upon returning home. He doesn’t know what’s wrong or how to handle it. As a result of sharing their stories, the leaders decided to take a closer look at how their self-insured health plan is structured to determine if the benefits they offer are adequate to meet the mental health needs of their employees. “If we are struggling with mental health issues in our own lives,” remarked one director, “how many of our employees are also struggling?”

Newbury, NH. Two women learned they both had lost a child to addiction. One had spent “half his life in therapy”, including months at a mental health and addiction treatment hospital at a cost of \$30k/month. She believes that he would still be alive today if he had been “allowed to smoke pot.” Pot would calm him down, she said. But as an attorney working in a law firm, he was unable to smoke pot. Instead he turned to “huffing,” the inhalation of toxic gases in order to become intoxicated. He died from huffing.

Concord, NH. The shared experience of tragedy is opening up some families to talk more about how mental illness has affected their lives. After one family lost someone to suicide, they now feel more comfortable telling each other, “If you’re not feeling well, you need to tell someone.”

Manchester, NH. A group of thirty-somethings were unsurprised by the number of young people (27.3%) who report being sad/depressed. In their experience, mental health conditions are the norm for today’s teenagers.

BARRIERS TO ACCESSING CARE

People shared with the ambassadors their stories of difficulty accessing or using services. Some of the top reasons people had trouble accessing care seemed to be a lack of awareness around what services are available, transportation issues (in both rural and urban communities), and lack of affordability.

Manchester, NH. A mom shared a story about her high-school child with a mental illness for which she cannot easily access treatment. Her family earns too much to qualify for subsidized care but too little to pay for the services out of pocket. “It’s hard with a young person who is struggling because many of them are, but it’s tough to find providers who ‘get it’ and can see when the depression or anxiety is at a level where severe measures/interventions are needed.”

Newbury, NH. In this rural community, residents discussed how far away they are from mental and physical health care services. There are no urgent care or walk-in clinics that they can access nearby. They would like to see clinical services made available locally, perhaps in schools or other existing community organizations.

Manchester, NH. Isolation from services is not only a problem in rural areas. Urban residents experience the same lack of access to services available within city limits. Many people perceive the bus system in Manchester to be inconvenient and unreliable. Many residents without automobiles find the sprawling city disorienting and hard to navigate. Services that are proximate may be inaccessible due to railroads, fences and other physical barriers that limit mobility.

Concord, NH has an increasing immigrant population and has seen a spike in automobile accidents due to lack of experience and poor driving skills, which has brought to light the need for better, more proactive driving instruction. Police also see domestic abuse and alcohol use by New Americans, and are concerned about future generations. They also note that Concord has people coming back into the community after being released from prison who have unique challenges and needs for services.

Newport, NH. Cost and transportation are not the only barriers preventing people from accessing needed services. Culture and self-identity differences can be significant but perhaps less visible as barriers. A local senior center offers many free programs and services, particularly for the aging population. However, many residents seem to avoid services not because they don’t need them but because of the perception that they will be regarded as an “old person.” “I don’t want people to think I am old” said one resident.

Woodstock, VT. Another example of identity and belonging is the many seniors who do not feel they are fully accepted or welcomed to a regional senior center because of their socio-economic status. The

policy of the center is to engage multiple surrounding communities to use their services. But those from less affluent communities feel they do not fit in with the more affluent clients of the center.

New London, NH. “If you cut your arm,” says a resident, “I can tell you where to go. If you feel sad and lonely, I don’t know where to tell you to go.” There seems to be a lack of understanding of what mental health services are available and where or how people should access those services. Residents are hard pressed to identify the locations for mental health services in their communities. This problem is compounded by the difficulties people face when trying to talk about mental illness. “What is behavioral health?” “Is this the same as mental health?” “How do we talk about addiction without saying the wrong thing... without offending someone?”

LOCAL INSTITUTIONS AND LOCAL HEALTH ISSUES

Some ambassadors met with neighbors and friends, while others strategically sought out the stakeholders in their community – the legislators, school district leadership, and law enforcement. Ambassadors talked with each other about both the shared and unique resources of their various communities, and how these resources may or may not be helpful in addressing some of their community health needs.

Quechee, VT. Offices of the Hartford Area Chamber of Commerce are open daily to welcome visitors and serve local businesses. A staff member reports that local residents frequently drop by simply to find others to talk with, to connect with others in the community. Some residents also drop by if they don’t have heat and need a warm place to visit. Without open community spaces like the Chamber offices, it’s not clear where these residents would go. Some lack social ties to help them get information, seek advice, or simply feel a sense of connection to their community.

Bow, NH, Canterbury, NH, and Newbury, NH. Libraries connect people with more than information. They are central hubs for community members to connect with each other and for children to go after school. Social workers, community nurses, and other service providers will often go to libraries to find people who may need services. Some residents would like to see more of this “meeting of people where they are” to connect them to services. “What if service providers set up clinics in or very near to libraries where so many people needing services often spend their time?”

Manchester, NH, and Springfield VT. Fully utilizing libraries to connect with people in need of services may not be as easy or obvious as it sounds, however. Some librarians are concerned about people using their bathrooms to do drugs. Some have witnessed overdoses and do not feel equipped to manage crises related to drug addiction. “Is this really the role of a librarian?” When a librarian was asked how she would feel about having Narcan (for reversing the effects of a drug overdose) available at the library, she was concerned it sends a message that the library welcomes drug use on its premises, which could alienate children and others who need to feel safe.

Manchester, NH. A teacher experiences conflict between his role as an educator and his role as an emotional support for his students. Students frequently come to him with anxiety and mood disorders that make it hard for them to do their homework. “If a student says I am not mentally well enough to write this essay, what should be my response?” He has no formal training in mental health. He doesn’t want to harm the child or provide uninformed advice. He feels a responsibility to the student’s education. He thinks the student should complete the homework in order to learn the material. How can the teacher navigate these challenging situations?

FINAL REFLECTION

Overall, the Ambassadors reported that they enjoyed the process of interviewing and engaging with their fellow community members. They also shared that they were pleasantly surprised by how willing community members were to talk with them about these issues. Some conversations that were originally scheduled for thirty minutes lasted over an hour. The Ambassadors appreciated the defined scope of their role, the simple visual aid of the data that was provided to them, and the opportunity to serve as a liaison to their community. Almost all Ambassadors indicated a willingness to repeat this process as needed in the future.

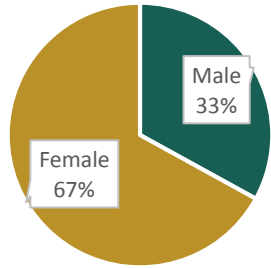
NEXT STEPS

This report was shared with Dartmouth-Hitchcock’s Community Health Committee to help inform system-wide decision making around community health priorities and strategies. Input from Ambassadors, partnered with ideas from D-H clinicians, NH and VT public health professionals, and Community Health leaders will help frame how D-H thinks about shared strategies to address community needs.

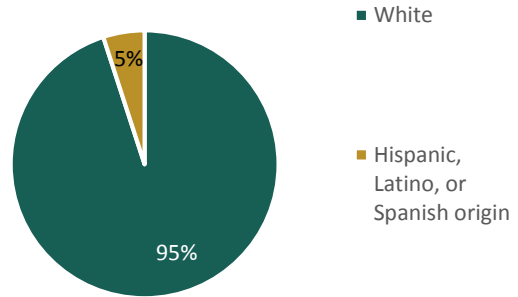
Next up, Ambassadors will be invited to participate in a Spring 2019 campaign to further engage community members around a specific health priority and action strategy. Current ambassadors will be invited to participate, as well as new recruits to the program.

DEMOGRAPHICS OF COMMUNITY MEMBERS ENGAGED BY AMBASSADORS

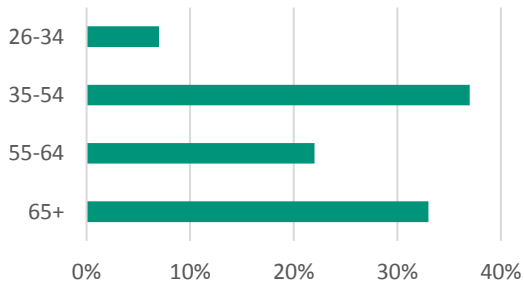
Participant Gender N=33



Participant Race N=27



Participant Age N=27



Participants who identify as having a disability or impairment N=14

