CADH

Focus Groups with Municipal Leaders

Summary Report

February 2009

EXECUTIVE SUMMARY of Municipal Leader Focus Groups

Purpose & Participants

CADH contracted with the Communications Department at Central Connecticut State University (CCSU) to conduct five focus groups. The focus groups were conducted to:

- Identify potential benefits and barriers of working collaboratively with local health directors.
- Assess existing knowledge of health disparities among municipal leaders.
- Determine the extent to which health equity is considered in the development of regulations and policies/practices.
- Identify opportunities to communicate information on the root causes and opportunities to address health disparities.

The focus groups were conducted with elected municipal officials, salaried municipal department heads, volunteer commission and board members involved in economic development, land use and housing, public safety, education, and environment. Participants were selected to ensure representation from small, medium, and large towns/cities from across the state.

Key Findings

Participants acknowledged that disparities related to socioeconomic status are evident to varying degrees in urban, large suburban, suburban, and rural communities. The observed disparities are unique to each community and reflect the population of that geographic area. Communities of all sizes indicated that disparities will become more apparent and of increasing concern because of the current economic crisis.

A proactive approach to research, identify, and confirm health problems would enable municipalities to better set priorities and allocate resources.
Environmental Focus Group
November 2008

Participants enthusiastically agreed that increased communication and collaboration across disciplines would be helpful in creating awareness and addressing disparities at a local level. Additionally, they indicated that local and state government officials should encourage collaboration among various disciplines; increased collaboration would ensure that policy and regulation decisions best meet the needs of communities.

Participants identified local health directors as principal facilitators of activities aimed at addressing the root causes of health disparities. It was determined that local health directors are experts in their field, particularly on health disparities. Further, participants agreed that better access to the knowledge and experiences of health directors would benefit the overall wellness of communities.

Many legislators don't understand the practical ramifications associated with unfunded mandates and that these mandates consume valuable time and resources that could be allocated more effectively.
Public Safety Focus Group
December 2008

Participants acknowledged that collaboration with local health directors would reduce duplication, increase efficiencies, and maximize resources. While participants believe that collaborating with health directors would be beneficial, they acknowledge that limited financial and human resources are potential barriers to collaborative efforts. Participants also determined that their limited understanding of the role of public health and health directors keeps them from initiating efforts to collaborate.

Participants agreed that health equity concerns should be considered when formulating government regulations, institutional polices/practices, and allocating resources but it was determined that these issues are not specifically discussed or considered when policy decisions are made.

LAND USE & HOUSING

Health Disparities

- Participants agreed that health disparities related to socio-economic status are primarily observed in urban and suburban communities. Participants also recognized that health disparities are not isolated to lower income populations. Specifically, incidences of asthma and respiratory cancer from air toxins and traffic congestion were cited as health issues that impact all members of a community regardless of socio-economic status.
- While participants acknowledged the presence of health disparities, participants felt that health disparity issues have not been studied.
- Participants identified a direct correlation to health and availability of sidewalks. Participants noted the increasing number of individuals in suburban areas that walk to work and the health hazards associated with motor vehicle traffic (respiratory health and physical safety).

Policy & Regulation

- Participants acknowledged that anti-blight ordinances aimed at improving the exterior appearances of structures and vacant lots alleviate health hazards associated with rodents, trash, and sanitation. Additionally, participants felt that the economic crisis (unemployment) may prohibit residents from being able to maintain their homes. The financial penalties associated with anti-blight ordinances may create additional financial and mental stress for community members.
- Participants suggested that public health officials become actively involved in economic, environmental, land-use, and transportation policy formation but cited limited human and financial resources as potential barriers. Additionally, participants felt that public health officials should be consulted during the project review process to help identify potential health issues.
- Participants acknowledged that today's public health issues are complicated and require public health officials to expand their role beyond regulation enforcement.
- Participants believed that increased communication with public health professionals would help to facilitate discussions and policy formation to include health equity concerns.

Collaboration

- Participants stated that through their preparation and training to become land-use planners, they are encouraged to take a multi-disciplinary approach to policy development and implementation but have had minimal interactions with public health officials in the past.
- Participants agreed that Chief Elected Officials should be responsible for initiating multi-disciplinary collaboration in their communities.

E N V I R O N M E N T

Health Disparities

- Participants acknowledged that health disparities are most evident in areas with high population density and among individuals who have a lower socio-economic status. Participants recognized that public health officials attempt to minimize health disparities by providing disease screening and vaccinations to individuals in these areas.
- Participants cited low paying jobs, long work hours, crowded living conditions, and poor diets as factors that compromise health. Further, participants suggested that health care needs are considered secondary to more immediate needs of food, shelter, and safety.
- Participants agreed that access to educational opportunities could improve economic status and help to alleviate health disparities.

Policy & Regulation

- Participants expressed concern regarding available funding to support social services. Specifically, participants felt that minimal opportunities exist to initiate new programs aimed to address health disparities as budgets are limited and more significant funding is allocated to education and public safety.
- Several participants stated that a proactive approach to research, identify, and confirm health problems would enable municipalities to better set priorities and allocate resources.
- Participants noted several allocation decisions related to environmental policies that have disparity implications, including: decisions to remediate causes of asthma and development of pocket parks in poorer, urban areas. Additionally, participants agreed that federal and state resources (not local) are allocated to address issues that affect the needs of lower socio-economic groups.
- Participants noted that their interactions with public health are primarily regulatory in nature and that the role of public health at the local level must evolve in order for health disparity issues to be addressed. Additionally, some participants felt that public health officials may not engage in activities outside their regulatory role unless explicitly required to do so.

Collaboration

- Participants agreed that public health officials need to work collaboratively with department heads from a variety of disciplines to identify and prioritize health disparity issues. Participants felt that few people are aware of health disparities or doing work to address them. It was suggested that public health officials lead these efforts.
- Participants cited limited staffing and their lack of understanding of public health as barriers to collaborative efforts.
- Participants suggested that public health officials should proactively approach agencies/groups that engage in social service work to familiarize themselves with their current priorities and identify opportunities to work together.
- Participants suggested that Chief Elected Officials take an active role in initiating multi-disciplinary collaboration to include public health in project planning discussions. Participants acknowledged that they have been successful in working collaboratively across disciplines in the past.

PUBLIC SAFETY

Urban Areas & Health Disparities

- Participants cited inferior living conditions (unsuitable housing/unsafe environment) and availability of social services as reasons why health disparities are more evident in urban communities than in suburban and rural communities.

Suburban/Rural Areas & Health Disparities

- Participants expressed concern regarding the recent influx of migrant groups to suburban communities. They live in crowded housing which taxes household facilities (septic) and creates health hazards. Additionally, illnesses (TB, hepatitis) are easily spread through these living conditions and can be passed on to their places of employment/general public.

Policy & Regulation

- Participants cited the process of creating legislation as a barrier to collaborative efforts. Participants acknowledged that many legislators don't understand the practical ramifications associated with unfunded mandates and that these mandates consume valuable time and resources that could be allocated more effectively.
- Participants perceived that public health officials are not active in policy planning at the municipal level and that contact between public health officials and other department heads is infrequent.

Overarching Themes

- Participants noted that their role has evolved to the point that 60-70% of their time is devoted to addressing health-related issues (mental/physical).
- Participants believe that more resources need to be allocated toward mental health services for underserved populations. Participants suggested that practitioners providing school-based counseling, family counseling, and drug/alcohol treatment should work more collaboratively to share and maximize resources.
- Participants agreed that health equity is not considered in budget allocation decisions.

Collaboration

- Participants are accustomed to and have been successful in working collaboratively across disciplines to enforce statutes that regulate living standards and safeguard people.
- Participants felt that multi-disciplinary collaboration is feasible but requires clear and realistic expectations for all parties and that the Chief Elected Official must take an active role in imitating and fostering collaborative efforts.

Policy & Regulation

- Participants expressed concern regarding public health legislation that is perceived to work against economic development. Participants cited the additional costs for quarterly testing of public water supplies as a contributing factor to the closure of several small businesses.
- Participants indicated that local public health priorities are driven by state health department polices, state laws, and funding, not by the acuteness of health problems. Participants felt that the regulatory (money generating) aspects of public health will continue to supersede prevention programs that could provide a better return on investment.
- Participants agreed that economic development is about business and real estate development and health disparities are not a primary concern. However, it was noted that health issues may be dealt with indirectly through pollution remediation projects or federal grants that mandate a percentage of resources be allocated to addressing public health issues.

Collaboration

- Participants acknowledged that they have a limited understanding of the role of public health and that it would be beneficial to have a better understanding of how public health issues impact their communities.
- Several participants felt that public health officials prefer to work independently and do not regularly interact with other agencies. Participants suggested that public health professionals should be included in multi-disciplinary efforts that drive policy development. It was determined that a multi-disciplinary approach would allow for inclusiveness, better utilization of resources, and ultimately enhance program implementation.
- Participants acknowledged that successful multi-disciplinary collaboration is dependent on the Chief Elected Officials establishing teams and setting priorities.

Fiscal Constraints

- Participants determined that limited economic resources negatively impact health. For example, participants suggested that healthy living environments improve health conditions but require substantial financial resources.
- Participants questioned the ability of public health officials to dedicate the appropriate time and resources toward addressing health disparities because limited funding is allocated to emergency preparedness and other established programs.

E D U C A T I O N

Urban Areas & Health Disparities

- Participants acknowledged that health disparities are evident in public schools located in urban areas where the student population is comprised of lower and lower middle class youth. The limited financial resources available to families within these communities are reflected in the limited/lack of healthcare services available to school-age youths. Many schools in urban communities now offer healthcare services via school-based clinics to accommodate the healthcare needs of students.

Suburban/Rural Areas & Health Disparities

- Participants from suburban and rural communities suggested that health disparities may become more evident in their schools as job loss rates and house foreclosures continue to increase.

Overarching Themes

- Participants expressed concern regarding the expanded role of public schools and questioned the degree to which communities understand their evolving role and the funding required in offering expanded services. Specifically, schools in urban and large suburban communities are providing education, nutrition, healthcare, and childcare services to their communities.
- Participants agreed that public schools should not be responsible for addressing health concerns but acknowledged that health issues can impede the learning process and their responsibility is to ensure that all students are provided with an equal opportunity to learn.
- Participants identified a need for additional human and financial resources to address the increased number of behavioral and mental health problems of students.

Collaboration

- Participants recognized that public health professionals and education professionals have similar objectives but separate roles. Specifically, many of the functions that schools help to coordinate or perform directly are related to health (i.e., nutrition, vaccination, dental care, eye glass procurement, mental health counseling, behavioral treatment, substance abuse treatment).
- Participants noted that as budgets continue to be reduced, the ability to maintain services may depend on securing collaborative partnerships. In addition, participants expressed a desire to engage in collaborative efforts that result in increased support, additional funding, and ultimately improved conditions of schools.
- While participants believe that collaborating with health directors would be beneficial, they identified the inflexible nature of state policies and the tendency for institutions to be territorial as potential barriers. Additionally, participants perceived that the primary function of public health as regulatory and their role as an enforcement agency may limit their resources and inhibit collaborative efforts.
- Participants acknowledged that the ability to establish collaborative partnerships with public health officials would require a better understanding of the role of local public health officials and the role of public health at the state level.

Data

- Participants also expressed a need for data to identify the extent of disparities in schools and that this data would provide an opportunity for education professionals to work with public health officials. Participants felt that by working together their ability to acquire resources to address needs of their students would be enhanced.

Municipal Leader Focus Groups – Towns/Cities Represented

Land-Use & Housing

1. Berlin
2. Enfield
3. Lebanon
4. Lisbon
5. Madison
6. Meriden
7. Naugatuck
8. New Haven
9. Stratford
10. Trumbull

Environmental Management

1. Bridgeport
2. East Haven
3. Meriden
4. New Haven
5. New Milford
6. Old Saybrook
7. Orange
8. Plainville
9. Westbrook
10. West Haven
11. Wilton

Public Safety

1. East Haven
2. Fairfield
3. Madison
4. Mansfield
5. North Haven
6. Old Saybrook
7. Portland
8. Stamford
9. Torrington
10. Vernon

Economic Development

1. Ansonia
2. Avon
3. Bridgeport
4. Coventry
5. Manchester
6. Rocky Hill
7. Trumbull
8. Waterford
9. Windham

Education

1. Barkhamsted
2. Canterbury
3. Canton
4. Higganum
5. Middletown
6. Plainville
7. Scotland
8. Waterbury