*Behavioral health refers to the full range of mental and* *emotional well-being - from the basics of how we cope* *with day-to-day challenges of life, to the treatment of mental illnesses, such as depression or personality* *disorder, as well as substance use disorder and other* *addictive behaviors.*

**CHNA 20 Behavioral Health Initiative Project**

**Background and Purpose**

CHNA 20 is served by South Shore Hospital, the Beth Israel Deaconess-Milton Hospital, Steward Norwood and Steward Carney Hospitals. Each of these hospitals recently conducted a community health assessment and each cites behavioral health as a prioritized community issue. CHNA 20’s own community assessment data names behavioral health as a major area of concern for residents. Therefore, CHNA 20 chose to focus its efforts to impact system, policy, and environmental change for behavioral health through an evidenced-based CHNA 20 grant opportunity that would complement, align, and strengthen existing behavioral health activities.

This effort, the *CHNA 20 Behavioral Health Initiative*, began with the formation of a Behavioral Health Subcommittee. Comprised of Steering Committee members, the subcommittee was charged to oversee the initiative. The Subcomittee and CHNA 20 staff began reviewing local and statewide quantitative behavioral health data. To confirm the direct voice of CHNA 20 community members and delve deeper into issues related to the problem, the subcommittee elected to have the coalition conduct focus groups. The purpose of the focus groups was to elevate behavioral health (BH) awareness, initiate BH conversations, share BH resources, and gather community BH improvement ideas. Consequently, during the summer of 2016 six professionally conducted focus groups were held within the catchment.

In September and October the qualitative focus group data was analyzed. This data was then combined with local and statewide quantitative and hospital community assessment data producing a summary of the current state of mental/behavioral health within the CHNA 20 service area. A list of best practices that complemented data findings was also compiled. Summary data and best practice information were to be used in the next phase of the project, the creation of an on-going but finite community-based Behavioral Health Task Force.

Over a period of several months, task force members will be asked to attend monthly meetings. Their goal will be to craft the focus of the CHNA 20 behavioral health grant program based on the provided best practices and data. Once the focus has been identified, CHNA 20 staff will write the BH Request for Application (RFA). The RFA will then be returned to the task force for their final input. Once deemed ready, the document will be reviewed by the CHNA 20 Steering Committee for final approval and release.

**Analysis and Reporting of the Focus Group Data**

**Data/research sources utilized**

* + CHNA 20 service area hospital community assessments reviewed:
    1. South Shore Health System (2016),
    2. Beth Israel Deaconess-Milton (2015)
    3. Steward Health /Carney Hospital (2014)
    4. Steward/ Norwood Hospital (2015)
  + Current programming and best-practices
    1. South Shore Compass Website
    2. General internet search and review
  + Independent sources of information
    1. Beth Israel Deaconess-Milton Internal and External Interview Notes, August 2015
    2. South Shore Health Compass Website
    3. Focus Group Participant Anonymous Demographic Survey (age, gender, ethnicity, town, and type of health insurance)
    4. MassCHIP
    5. MA Department of Mental Health
    6. Enhance Asian Community on Health (EACH) Emotional Health Community Forum (May 2016)

**Focus Group Methods and Procedures**

**Background:**

Focus group planning began with the Behavioral Health Initiative Subcomittee and staff. The goal was to hold seven focus groups. Three cohorts were agreed upon 1) transitional youth [ages 18-26] 2) community members [ages 27-59], and 3) elders [ages 60+]. With groups ranging in size from 8- 12 participants. Based on the 13 town CHNA 20 service area four geographic clusters were identified: Canton, Sharon, Norwood; Quincy, Hull, Weymouth; Braintree, Milton, Randolph; and Norwell, Hingham, Scituate, Cohasset.

A decision to provide stipends to note-takers, facilitators, and participants was made to encourage commitment to the process. Food was also provided at each event. Funds were set aside for translation needs as the coalition wanted to hold focus groups in Haitian Creole and Chinese. A limited amount of funds were also set aside for participant transportation support.

**Focus Group Preplanning:**

Utilizing a CHNA 20 Resource Map developed for the project, CHNA staff began extensive outreach to promote collaboration for the project, including recruiting facilitators, foreign language speakers/note takers, and venues.

Preplanning included the creation of the tools listed below. The demographic survey, focus group guide, and outreach flyers were translated by either note takers, facilitators, and/or other community members. After the items were completed, staff began outreach to recruit facilitators, foreign language note takers, and venues.

**Project Tools Created:**

* *Resource Map*: The map was developed to pinpoint BH direct service resources and potential stakeholders within the CHNA 20 service area. This information was used for facilitator recruitment, translation needs, outreach, venue, and brochure input.
* *Demographic Survey*: The demographic survey was to capture de-identified focus group participant data including age, gender, ethnicity, town in which they live, and their type of health insurance. Haitian-Creole and Chinese versions were also created.
* *Facilitator Scope of Work*: The explanation of duties for facilitators was developed by staff. It included a timeline, outline of duties, and stipend information. CHNA 20’s role was also defined in this document.
* *CHNA 20 Focus Group Guide*: This was a collaborative effort between staff and the BH subcommittee to ensure continuity of method and questions at each focus group. The guide included the script for the focus group including the welcome, the explanation of the process, the discussion questions, and closing remarks. This document was translated into Haitian and Chinese.
* *BH Resource Brochures:*  Informational brochures were developed for each cohort using the above named Resource Map. The resources brochures were only available in English. Each brochure contained BH warning signs, basic statistics and local /emergency service resource information.
* *Invitational Flyers:* Invitational flyers were created for each cohort and distributed in communities. Flyers were created in English, Haitian-Creole, and Chinese.
* *Video:* A two minute BH video was identified, edited, and utilized as a “conversation starter” at each focus group. A script was made so that foreign language speakers could translate. At foreign language groups the video was shown once in English and repeated with foreign language voice over.

**Facilitator Method and Procedures**:

The CHNA 20 member list was reviewed to build a facilitator recruitment list. Facilitators with clinical experience and/or prior focus group facilitation were identified. A personalized electronic invitation with the scope of work attached was extended to potential facilitators. Telephone contact was made to confirm their participation and to match their experience to a specific cohort. Confirmed facilitators were sent the CHNA 20 Focus Group Guide and the video to examine for their planning purposes. The Haitian and Chinese language focus group facilitators received both English and translated versions of the guide. Foreign language facilitators were given the video script to translate and asked to show the film once in English and then again with foreign language voice over.

A Survey Monkey document was created to determine facilitator day, date, place, and time availability. Scheduling the date and times of groups was based on the Survey Monkey information. Venues were also booked based on facilitator availability information.

To encourage facilitator engagement, a $150 stipend was offered. Five of the six facilitators were fee-for-service clinicians and accepted the payment offer. The sixth salaried professional did not accept the stipend.

**Note Taker Method and Procedures**:

Qualitative English language focus group data notes were recorded by CHNA 20 staff and a CHNA 20 Regis College summer intern. The Haitian and Chinese language focus groups had one foreign language note taker and a CHNA 20 staff member in attendance. All note takers collected general statements and as many de-identified quoted phrases as possible. Only the Asian focus group was electronically recorded by the facilitator for later review. All note takers did not participate or comment during any part of the group discussion. The program coordinator and the summer intern reviewed group notes after each conversation was completed.

**Participant Method and Procedures:**

There were three cohorts, 1) transitional youth, ages 18-26; 2) community members, ages 27-59; and 3) elders, 60 and over. The community member cohort included two English speaking groups, one Haitian-Creole speaking group, and one Chinese speaking group. There was one group each of transitional youth and elders. Facilitators for particular cohorts recruited that age group. English speaking facilitators posted flyer/invitations at their agency and directly invited participants. Foreign language participants were recruited either by direct invitation from a foreign language facilitator, note taker or from a collaborating social service agency who agreed to outreach to their client base. The majority of participants came from direct invitation. Each participant received a twenty-five dollar gift card at the completion of the focus group.

It should be noted that a seventh focus group was scheduled with a Norwell venue and facilitator in place. Recruitment occurred in Cohasset, Hingham, and Norwell. However, the group was cancelled because of the potential low number of attendees.

**Focus Group Data Collection**

Because participants were either self proclaimed, diagnosed with, or were directly affected by a family member/loved one’s issue(s) with behavioral health, there were limitations to the method and not necessarily reflective of the general population.

There were a total of 57 focus group participants. Ten out of thirteen towns were represented with at least one focus group participant. The exceptions were the towns of Norwell, Scituate, & Hingham. The demographics of the six focus groups were:

|  |  |  |
| --- | --- | --- |
| **Gender** | **Male** | **Female** |
| 12 | 45 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Age** | **18-26** | **27-40** | **41-59** | **60-70** | **71-80+** |
| 9 | 4 | 27 | 6 | 11 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Ethnicity** | **Asian** | **Black/Haitian** | **White** | **2 + Races** |
| 13 | 10 | 31 | 2 |

After the community conversations were completed qualitative data analysis began. All focus group notes were reviewed for themes by highlighting meaningful text. This ranged from a word, to parts of a sentence, to a full sentence. Similar data was grouped into topics such as stigma, community education etc. Eighteen conversational topics were initially cited. A table was created with these conversation topic headings. The highlighted phrases were entered into the grid under the appropriate heading by again using a word, phrase or sentence. Some words such as “resources,” appear under multiple topic headings. The table was reviewed again by color coding to identify the major dominant theme(s). The color codes were grouped and counted, confirming three major trends.

The three overarching themes that emerged were stigma, the need for general BH education, and the need for knowledge of BH resources. It is important to note that when community sectors and/or cultural groups had been discussed within groups, participants stated that stigma, the lack of education and knowledge of resources (for parents, family members, and those directly affected) were intricately linked. Participants often spoke in terms of a circle of discrimination and isolation that exists because people do not understand BH issues. They reported that communities stigmatize by discriminating and isolating those affected. Those directly affected or parents/family members responsible for a minor’s care do not seek or know about treatment options because of the discrimination and this cycle exacerbates and perpetuates BH problems.

**Findings:**

**Focus Group 3 Primary Themes**

**1. Stigma**

**2. Need for Behavioral Health Education**

**3. Need for Behavioral Health Resource Awareness**

**Solutions**

Solutions suggested by focus group participants were education based targeting specific groups within communities. These groups included the sectors noted below 1) general community/parents/family members, 2) medical professionals, 3) school personnel, 4) those directly affected, and 5) social service professionals.

**Conclusions**

The focus group responses from CHNA 20’s four community focus groups and the transitional youth cohort strongly overlapped, aligned, and conjoined into the three major themes of stigma, broad-based BH education, and awareness/education of BH resources. The elders group singled out depression, isolation, and dementia to a greater degree, but still returned to the same stated themes.

All four regional hospital community assessments identify behavioral health as a priority area and the need for community BH primary prevention to address it. Mental health stigma has been identified as one of the major obstacles to accessing behavioral health resources in the 2015 Steward Norwood and 2014 Steward Carney Community Health Assessment. The need for broad-based mental health and substance abuse education is highlighted in the 2015 South Shore Hospital (SSH) Community Assessment. The SSH assessment also notes the lack of knowledge of available community resources. All of our regional hospital community assessments BH data align with CHNA 20 focus group data themes stated above.

The goal of the focus groups was to capture community member’s thoughts and feelings concerning behavioral health. Once analyzed, focus group themes could not have more closely corresponded to the findings from all four hospital community assessments. This close alignment supports the validity of our local qualitative and quantitative data which will serve as the basis of the CHNA 20 Behavioral Health grant opportunity to complement, align and strengthen existing behavioral health activities.

**Attachments/appendices**

* Data – demographics, themes
* Interview guide (tools)
* Resource sheet