North Country Health Compass Partners

School Personnel Population Health Focus Groups

Fort Drum Regional Health Planning Organization
January 2019

School Personnel Population Health Focus Groups

Abstract

The North Country Health Compass Partners, in partnership with the Fort Drum Regional Health Planning Organization (FDRHPO), conducted focus groups with school personnel in Jefferson, Lewis, and St. Lawrence Counties in October 2018.

The Health Compass Partners worked with FDRHPO staff to develop a set of questions regarding population health. A total of 23 participants attended focus groups in which a trained facilitator guided them through these conversations.

Major themes included (1) insufficient capacity in mental health care to meet the needs of families, (2) poor connectivity between schools and health care services, (3) the need to expand community activities and improve their accessibility, (4) rural identity as both a challenge and a source of strength, (5) the role of poverty in family health, (6) the challenge of distance, and (7) schools as unique community spaces.

Purpose

The Fort Drum Regional Health Planning Organization, representing the North Country Health Compass Partners, completed four focus groups with school personnel in Jefferson, Lewis, and St. Lawrence counties. The purpose of this project was to learn about the perceptions, opinions, ideas, and beliefs regarding population of school personnel across the tri-county region.

The information in this report will inform future population health improvement efforts across the region. This includes the work of the North Country Health Compass Partners, as they continue to develop, implement, and evaluate regional health improvement initiatives through research, data analysis, community engagement, and intersectoral collaboration.

Methodology

Trained FDRHPO staff conducted four focus groups Jefferson, Lewis, and St. Lawrence counties in October of 2018:

- One group at the St. Lawrence-Lewis BOCES Center in Canton, St. Lawrence County on October 22nd from 3:30 p.m. to 5:00 p.m.
- Two groups at the Jefferson-Lewis BOCES Center in Watertown, Jefferson County on October 29th from 3:30 p.m. to 5:00 p.m.
- One group at the BOCES Howard G. Sacket Technical Center in Glenfield, Lewis County on October 30th from 3:30 p.m. to 5:00 p.m.

FDRHPO recruited participants from school districts by e-mail with the assistance of BOCES in all three counties. E-mails were addressed to school superintendents. (See Appendix A. Focus Group Invitation.) In addition, FDRHPO staff invited school counselors directly by e-mail. Each focus group was designed for between five and ten participants.

Focus groups were held at county BOCES buildings because they are a central location within each county with which staff from all districts are familiar. Focus groups were held on week days outside of school hours to minimize scheduling conflicts for participants. Food and refreshments were provided to participants.

23 participants in total participated in these focus groups. This included 16 in the Jefferson County focus groups, eight in the St. Lawrence County focus group, and four in the Lewis County focus group. Separate groups were held in Jefferson County because of the large number of participants. Personnel from 13 distinct school districts were included in these groups. The most common job roles for participants were principal, superintendent, and counselor, but nurses, nurse educators, teachers, and other administrative staff, including a Community Schools Site Coordinator, a Supervisor of Adult & Continuing Education, and a Director of STEM Programs were also represented. (See Table 1. Participation by County, Table 2. Participant Titles, Table 3. Participant Districts, and Table 4. Participant School Types.)

Table 1. Participation by County	
County	**Count**
Jefferson	12
St. Lawrence	7
Lewis	4
Total	**23**

Table 2. Participant Titles	
Title	**Count**
Principal	6
Superintendent or Assistant Superintendent	5
Counselors	5
Other Administrators	3
Nurse Educator	2
Nurse	1
Teacher	1
Total	**23**

Table 3. Participant Districts	
District	**Count**
Massena	4
Jefferson-Lewis BOCES	3
Watertown City	3
Indian River	2
Ogdensburg Free Academy	2
South Jefferson	2
Adirondack	1
Canton	1
Carthage	1
LaFargeville	1
Lowville Academy	1
South Lewis	1
Sackets Harbor	1
Total	**23**

Table 4. Participant School Types	
Title	**Count**
Central	8
Primary	2
Intermediate	7
Secondary	3
BOCES	3
Total	**23**
Note: Primary general refers to grades K-5, intermediate to grades 6-8, and secondary to grades 9-12.	

Each focus group was led by a trained facilitator following a moderator's guide consisting of 13 questions and an image exercise intervention. (See Appendix B. Moderator's Guide and Appendix C. Healthy Communities Image Exercise.) These questions centered on participants' views on the community's top health needs, what matters most about health, and the role of schools in promoting a healthy community. FDRHPO staff designed the moderator's guide with input from an ad hoc committee of the North Country Health Compass Partners. Participants were directed to share their responses in a free-flowing, open discussion format. In addition to the facilitator, a notetaker was present for each session and discussion was digitally recorded for the purpose of report writing. What was said, not who said it was documented to preserve anonymity for participants. Each discussion lasted between one and one-and-a-half hours.

Results

Six key themes came through from these four focus groups. Two themes were strong in all three counties: Unmet need for mental health services, and poor connectivity between services overall. Four additional themes were most emphasized in specific counties. (See Table 5 – Key Themes.)

Table 5. Key Themes

Jefferson	Lewis	St. Lawrence
Gap between mental health care capacity and mental health needs: The quantity, geographic reach, and variety of local mental health services is insufficient to meet the needs of schools and families.		
Poor connectivity between services: When it comes to health care, social services, local amenities and community events, no one has complete information about what is available, where, when, and for whom. This is a significant barrier to schools meeting the needs of students and families.		
Need to expand community activities: Existing community activities are an asset, but there is a need to expand them and improve accessibility, especially for poorer families.	**Strong sense of rural identity:** Being a rural, agricultural community makes this area unique – and offers both challenges and advantages when it comes to health and wellbeing.	**Expansion of poverty:** With changes to family structure and the local economy, students and families face greater material and cultural barriers to success compared to past decades.
		Challenge of distance: Lack of some services within county. For others, lack of sufficient spread within county for all to access. High cost of transportation.

The following sections describe participant responses within each question area.

Defining Health

When asked to define what a healthy community looks like, participants showed a strong understanding of the population health framework.[1] They recognized the importance of clinical and non-clinical health factors alike and showed awareness of roles for both a person's environment and individual agency. Participants generally described health as a long-term concern that is often neglected for the sake of focusing on more immediate interests.

Participants describe health in terms of a broad set of health determinants, naming environmental factors such clean air and water, social factors such as interpersonal relationships and family settings, health literacy, and individual decision-making.

Participants recognized the importance of both mental health and physical health. They talked about health in terms of the ability to perform both mental and physical tasks without facing health-related limitations.

Regarding health literacy, participants emphasized the need to make informed decisions regarding diet, nutrition, exercise, and health care. One participant referred to the importance of "being prepared and knowing your rights" as a patient in clinical settings.

Self-efficacy, or a person's belief in his or her ability to meet goals, also featured in this discussion. Participants saw both self-efficacy and health literacy as critical traits for making healthy decisions that parents, students, and school personnel alike are sometimes lacking.

One participant described health as a "lifelong project" of taking care of oneself to avoid problems later in life. Another referred to health as a matter of taking responsibility rather than "letting things go."

Key terms: wellbeing, mental wellbeing, emotional health, mindfulness, lifestyle, holistic wellness, diet, nutrition, exercise, intentionality, aging, chronic disease, responsibility, end of life care

Describing a Healthy Community

Participants focused on the absence of illness, environmental health determinants, access to care, transportation, prevention programs, and

[1] See Kindig, D., & Stoddart, G. (2003). What is population health?. *American journal of public health*, *93*(3), 380-3. Full text available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447747/.

health literacy as key features of healthy communities. Participants also noted that schools are a particularly important resource for creating a healthier community.

Participants described a health community as one in which people are infrequently sick, and where illness rarely impedes daily activities. They identified student absenteeism as a specific measure of community wellbeing.

Participants also said that a healthy community is contingent on the quality of its health determinants. They emphasized the importance of healthy opportunities. They named specific areas of importance such as (1) healthy eating, including healthy groceries, a Wegmans supermarket, restaurants with healthy menus, and farmers markets; (2) exercise, including opportunities to be outside and close to nature, bike lanes, walking trails, and athletic fields; (3) community activities that emphasize both social connectedness and other healthy choices, such as 5k runs; (4) proximity to health services, such as Planned Parenthood, Dentists who accept Medicaid, and all forms of mental health services. They described a healthy community as one with the material resources to meet the needs of both its child and adult residents.

Furthermore, they stressed the importance of availability of clinical care. One participant said that a healthy community "would have nearby health care providers for all categories of service, for all payers, and for all ages."

Another area of emphasis was affordability and accessibility, particularly regarding transportation. Participants said that services and amenities are only as accessible as the transportation that brings community members to them. They showed special concern for children and teenagers who are too young to drive, as well as families that lack a reliable automobile. They also said that making programs accessible to families during "the dead of winter" was particularly important, given the limited opportunities for outdoor play, particularly for families with children living in small apartments.

Participants said that evidence-based prevention programs were an important feature of a healthy community, with the tobacco control singled out for praise as a model that should be applied to other health concerns such as obesity, alcohol use, and other substance use. They described positive influences as critical to both the current wellbeing and lifelong health outcomes of children and teenagers, "especially those who struggle to make good decisions themselves."

Health literacy, particularly for parents, was another key concern. Participants noted that a healthy community is one in which parents and other community members are educated about emerging health concerns such as vaping and vaccinations.

Participants noted that schools are an important amenity for maintaining a healthy community. They are a central location, a hub for social networks, and a safe, accessible, and familiar physical space for neighbors. Schools also often serve as a point of access to health services, especially for children living in more remote or rural settings.

Key terms included: absenteeism, healthy foods, opportunities, community activities, recreational activities, sense of agency, mindset, resources, experiences, nature, Medicaid services, mental health services, tobacco control, affordability, transportation, positive influences, health literacy

Our Region's Strengths as a Healthy Community

When asked to name the region's strengths as a healthy community, participants focused on (1) community activities, (2) local agriculture, (3) the availability of outdoor activities.

Participants said that there were community activities happening year-round, such as parades, festivals, and fairs. However, participants noted challenges with making these activities accessible to people without automobile transportation and keeping the entire community informed about them.

Discussion emphasized the importance of local agriculture and opportunities to promote healthier eating habits through activities like farm-to-school programs. Participants said that healthy eating options exist locally, specifically mentioning the Atman Juice Bar & Café on Public Square and the region's multitude of farmers markets. However, participants noted challenges in terms of educating the community about healthy eating.

The region was described as a good place for outdoor activities such as hiking, skiing, running and mountain biking. They noted the availability of outdoor education programs, especially in the Adirondacks in Lewis and St. Lawrence counties. However, participants noted information and transportation barriers to promoting these opportunities.

Key terms: community activities, local agriculture, farmers markets, outdoor activities, healthy eating, nature, school activities, extracurriculars

Our Region's Shortcomings as a Healthy Community

The region's greatest shortcomings as a healthy community came up in terms of (1) unmet need for certain forms of health care, (2) the transportation challenges imposed by low population densities and the need to travel large distances, (4) low awareness of community activities, (5) the struggle to maintain healthy habits through a long winter season, and (6) low health literacy among adults.

Unmet need for health services, particularly mental health care, was a concern in all counties. In St. Lawrence and Lewis counties, participants identified Dentists who accept Medicaid as an additional area of need. In St. Lawrence County, participants described a need for reproductive health care that has grown in recent years in the absence of Planned Parenthood.

Participants described distance to services as a challenge even when they are available elsewhere in the region. They mentioned programs for children and teenagers run by the YMCA and Cornell Cooperative Extension as examples of activities that would be more heavily attended if they had better transportation options.

Transportation was emphasized everywhere, but particularly in St. Lawrence County. For the more remote districts that serve populations outside of the region's largest population centers, distance to even basic services can be sufficient to require a full day of absence from work or school. For more advanced services, families might need to undertake costly and time-consuming travel to another county. Reliance on automobiles is especially challenging for those who lack a reliable vehicle, including students who are unable to get themselves around without the assistance of someone who is old enough to drive.

Another common sentiment was frustration with not understanding how to follow community events or where to look for family activities in the region. Participants said that they were often overwhelmed by details and often had difficulty knowing where to look. They cited regulatory barriers as an obstacle to using schools for more community activities, such as after-school recreation and community group meetings.

Participants said that long winters both as an obstacle to keeping physically active and a source of "gloom" for many residents. In Jefferson County,

participants identified Watertown as a place with a particularly high need for winter activities for children given the large number of families who live in apartment housing with limited opportunities for outdoor play in their neighborhoods.

There was a large amount of frustration with the low level of health literacy among parents and other adults in the community on topics ranging from vaping and vaccinations. Participants said that adults with chronic diseases are particularly difficult to engage, but that they were particularly interested in reaching this group both for the sake of their own health and because their habits and attitudes would filter down to younger neighbors and family members. Participants described poor attitudes toward health improvement as common and complained of low uptake of available resources among community members. Participants in Jefferson County mentioned that when they visit other places they see people running and jogging outside, but that this was a rare sight in the region, aside from soldiers from Fort Drum. Some felt that this reflects a lack of safe places to exercise in the region.

Key terms: Planned Parenthood, Dentists who accept Medicaid, mental health services, transportation, distance, remoteness, lack of information on community activities, long winters, seasonal depression, arts, health literacy, culture

Healthy Community Exercise

The moderator in each focus group asked participants to describe three images in terms of how they represented a healthy or unhealthy community. The images featured (A) an urban streetscape with multi-modal transportation, (B) a rural agricultural landscape, and (C) an auto-oriented commercial strip. (See Appendix C. Healthy Communities Image Exercise.) Responses to this exercise showed that participants recognized health trade-offs between urban and rural settings.

Participants described both Image A and Image B in mostly positive terms. For Image A, they were attracted to features such as bike paths, sidewalks, and public transportation, especially as all these modes of transportation are shown in use. However, some features of Image A stood out to participants as unhealthy, including emissions, tobacco use, and a general sense of crowdedness.

When discussing Image B, participants reacted most strongly to the presence of fresh grass and "clean skies." They also noted how the presence of animals and farm equipment suggested a connection between place and diet. This image also provoked observations on features of rural life that are more threatening to health, such as isolation, lack of services such as water and sewer, transportation challenges, and economic deprivation.

Some participants said that although both Image A and Image B seemed like healthy places, they would only want to live in a place more like Image B. The Lewis County focus group had the strongest affinity with image B, with one participant going so far as to say that "a rural setting typically means a healthy environment."

No one selected Image C as demonstrative of a healthy community and the language used to describe it was overwhelmingly negative. Discussion included correlations between an unhealthy physical environment and poor mental health. Participants noted that although sidewalks are visible, the built environment was not friendly to active transportation such as walking or biking, particularly on a harsh winter day. They also noted the presence of unhealthy food options and a high volume of high-speed auto traffic.

Key terms that participants used to describe these images are summarized in Table 6 – Healthy and Unhealthy Image Descriptors.

Table 6: Healthy and Unhealthy Image Descriptors

Healthy	Unhealthy
walking	city living
biking	bars
accessibility	fast food
public transportation	crowded
home-grown	winter
clean	busy
fresh	isolation
woods	dirty
grass	poverty
animals	well water
calm	auto emissions
peace	
serenity	
relaxed	
nature	
raw	
green	
movement	
safety	
open space	
organic	
gardens	
comfort	
sunshine	

Regional Assets

When asked what they liked about the region, participants emphasized (1) natural amenities, (2) sense of community, (3) a sense of peacefulness and safety, and (4) proximity to food production.

Participants named natural amenities as a top advantage, including Lake Ontario, the St. Lawrence River, and the Adirondacks. They particularly appreciated the availability of outdoor recreation, the pleasant appearance of a green and undeveloped environment, and the experience of nature through the changing seasons.

Participants also liked that the region offers proximity to family and familiarity with neighbors. Some cited family as a reason for returning to the region after living elsewhere. They described the region as a place with a strong sense of community.

A common theme was that the region compares positively to other places because of its "slower pace of life" and friendliness. Participants cited safety as an advantage, particularly for children. This sentiment was anchored in a belief that crime is much lower and less threatening to their families here than in more urban settings. In the words of one participant: "Compared to living in places with murders and other awful events on the local news, the problems here are nothing."

Participants also said that they like living in an area with many farms, where "farm-fresh foods" are available. They also noted that they did not feel too far removed from more urban settings, naming Syracuse, Kingston, Ottawa, and Montreal as cities that offer more amenities within a distance that requires only a day or weekend trip.

Key terms: nature, seasons, family, friendly neighbors, farms, farm-fresh food, safety, not too remote, sense of community

Regional Concerns

When asked what concerned them about the region, participants talked about (1) economic challenges, (2) changes to family structure, (3) problem drug use, and (4) insularity.

Economic challenges were a leading concern. Participants talked about a lack of good job opportunities, particularly in the private sector. In St. Lawrence County, long-term economic changes dominated the conversation. There

was a strong sense that the mix of families in the county had changed over the decades, with a larger share of students living in poverty or in households without stable employment, and a smaller share of students coming from two-parent households. Participants said that these changes had been particularly dramatic in de-industrializing population centers such as Massena and Ogdensburg.

Participants named "the decline of the family" as a leading source of problems for educators. Marks of family stability such as marriage, homeownership, and steady employment are in decline while behaviors like parent drug use and low community engagement have increased.

Participants in all three counties were concerned about increasing drug problems, especially heroin use. Participants in St. Lawrence County saw drug problems as particularly pervasive, with one participant describing children passing through "open-air drug markets" as they walk home from school. Vaping was another area of drug-related concern.

Some participants were concerned about the region's insularity, driven by lack of diversity and limited experiences. They felt that many residents of the region would have trouble adjusting to life in other areas, and that this was a problem. In the words of one resident, "Part of being a healthy community is being able to go to other places and bring something back."

Key terms: employment, deindustrialization, drug problems, parent engagement, marriage, poverty, insularity, lack of diversity, limited experiences

The Role of Schools

There was widespread agreement that health and wellness is a major part of schools' missions. Participants said that many students struggle with learning because their basic physical and emotional needs were not being met. Participants also said that poverty played an important role in the relationship between student health and education.

Discussion focused on how role of schools in health is rapidly expanding. Schools are doing more, facing new challenges, and in many cases still figuring out how to best address these needs. They agreed that schools serve as the first tier of services for mental health and counseling but cited a need for greater support from the health care system for acute cases.

Participants emphasized the role of physical education and health classes in building health literacy. They described existing curricula for these programs as insufficient for establishing health literacy and out-of-date. They said that regular physical education was too focused on sports, with other elements of wellbeing relegated to a brief, half-credit high school health course.

Participants said that it is important for school personnel to exemplify healthy habits in their own lives to set a good example for students. They agreed that schools need to help students make better health decisions on everything from energy drinks to cannabis. In the words of one participant, "The model for cigarette use needs to be followed with other habits." The idea of restorative justice received attention, with participants saying that taking the time to explain risks and harms is more effective than just punishing. Many said that schools need to focus more on making students feel safe, especially those who go to from home settings where they frequently feel unsafe.

Participants said that schools can help students by connecting them to resources and establishing relationships with people who can help, even when the school district itself does not have that capacity. Participants also emphasized that there is a limit to what schools should be expected to achieve.

When asked to describe how schools were already effective at promoting health, participants discussed (1) providing indoor exercise space and other recreational opportunities, (2) mindfulness activities, such as "Brain Break," (3) programs for social-emotional learning, such as the "Positivity Project" for training K-7 teachers in promoting mental wellbeing, (4) student health services, such as the North Country Family Health Center's dental health clinic, (5) free breakfast, (6) programs to help students with basic material needs, such as the backpack program or "ready rooms" equipped with hygiene supplies, and (7) school community outreach, including building relationships with local hospitals.

Participants also emphasized that schools do not have the resources to fully address the health problems that affect learning and other aspects of students' lives. "Schools are not a magic wand," said one participant. They said that schools can satisfy their mission in full only by connecting students with other social and clinical services. Moreover, as students spend most of their time outside of the classroom, schools require support from engaged parents and other community members.

Key terms: tier-one services, health literacy, setting a good example, making better decisions, restorative justice, safety, making connections, reasonable expectations, indoor exercise spaces, mindfulness, Brain Break, Positivity Project, homeroom activities, assemblies, dental health clinic, North Country Family Health Center, 4-H, free breakfast, backpack program, recreational opportunities, community outreach, schools as community hubs, ready rooms

Unmet Needs

The unmet needs identified were for (1) in-school mental health services, (2) other in-school health services, (3) improvement in parent health literacy

Mental health services available within the school building were identified as a top need. Alternate arrangements, such as sharing counselors between schools, or relying on guidance counselors and teachers to provide functions outside of their area of expertise, are insufficient. However, many districts lack the resources to provide these services, and frequent transitions among professional staff makes building consistent and trustworthy relationships with students difficult. On-site social workers and counselors were mentioned as needs in all three counties. Participants also wanted other health services in schools, including primary care and dental care, because this would improve access and reduce absenteeism, especially in remote districts where travel to care often requires a full day's absence from the classroom.

Participants said that the availability of urgent care for mental health problems is insufficient. They also described problems in the emergency department for children and teenagers with mental health emergencies, including long wait times, lack of separation from adult patients, and lack of inpatient services. A common sentiment was that schools face increased expectations from parents, community members, and the state that they will provide students with needed health services, ranging from mental health, to physical wellness, to social work, but often lack the resources to locate these services so that they are available to all students where they attend classes.

Participants named distance to all health services as a challenge, particularly for schools serving parts of the region that are more distant from population centers like Watertown. Participants in St. Lawrence County said that reproductive care was not available to many students without traveling out of the county.

Parent attitudes about health and health care were also named as a challenge. Participants said that many parents have no ability to recognize healthful foods or prioritize spending on health. They suggested that schools would only be successful in improving student health if they could provide wellness lessons for parents, because parents control the home environments where students spend most of their time. Parent attitudes toward mental health care were identified as a specific obstacle, because many parents do not understand mental health care or how it can help their children.

Participants in all three counties felt that poverty was the root of most of the community's problems in both education and health. Participants described student stress as "at an all-time high." Some discussed lifestyle contributors such as lack of time for unstructured activities, lack of freedom for independent outdoor play and exploration, and the heavy involvement of the legal system in childhood.

Key terms: mental health services, school social workers, mental health urgent care, mental health emergency care, distance, primary care in schools, reproductive health, parent attitudes, parenting skills, mental health stigma, health literacy, parent education, home environment, poverty

Challenges with Health Care

Participants identified the main challenges with health care as (1) difficulties among parents and school staff alike in navigating the complexities of the health care system and (2) insufficient care for children and adolescents with serious enough mental health problems to require inpatient care.

Participants agreed that the health care system was difficult for families to navigate. They described significant problems with existing referral systems and service directories, a consequence of which is that school personnel are unaware of community resources for helping students. Participants said that school personnel often have difficulty understanding where to refer students, especially for mental, emotional, and behavioral health care. Some expressed a desire for a "single point of access" to mental health services. Participants also said that legal requirements around patient privacy were often an obstacle to working with students with specific mental, emotional, or behavioral health needs. Schools are unable to facilitate continuity of care because health care organizations cannot share information on student-patients

Inpatient care for children and adolescents with mental health problems was described as insufficient, involving long waiting lists and sometimes requiring that families travel as far as Vermont or Syracuse. Participants said that this was also a problem for adults, requiring families to travel great distances because of parents with mental health problems.

Key terms: referrals, mental health services, awareness of community services, inpatient mental health care, distance

Valuable Health Resources

The most valuable health resources identified by participants were (1) supportive parents, (2) clinical services in schools, (3) health standards for nutrition, physical activity, and mental wellness, (4) efforts to educate school personnel about community health services, such as those conducted by Lewis Community Services and (5) programs that connect students with local health services, such as the Children's Home's mental health hotline, Single Point of Access (SPOA), and Planned Parenthood.

Participants named parents who hold students accountable are a major source of help, noting that their absence creates many of the largest problems.

Participants said that clinical services in schools, where present, are helpful because they can respond quickly to need, to not a disrupt a student's day, and do not require that parents be available for transport.

Participants described standards as helpful, because they encourage school personnel to be more thoughtful and aware of subjects like diet, exercise, and mental health.

Several specific programs that connect students with health services were praised as helpful: Participants said that "community-based mental health access points" are good at connecting students with the services that they need. The Children's Home was named as an important source of mental health services, such as the mental health hotline, and as an entity that helps to connect children with community resources. Other programs named included Single Point of Access (SPOA) and Planned Parenthood. Participants agreed that a dedicated liaison between schools and health services would be helpful, especially as schools often lack a person to serve in this role.

Key terms: parent support, school-based health clinics, community-based mental health, nutrition standards, physical activity standards, mental health standards, Children's Home, SPOA, Planned Parenthood

Limitations

Only one or two focus groups were conducted in each county. The best practice for focus groups is to conduct enough groups with each target population to reach a saturation point at which few or no new ideas are likely to come up in successive groups. While FDRHPO conducted enough focus groups to identify recurring themes for school personnel at the *regional* level, comparisons between counties should be interpreted with more caution given the limited data collected within each.

In addition, focus groups took place at only three separate sites. These sites were not equally accessible to school personnel in all parts of the region. This is particularly true in St. Lawrence County, which is the largest in New York State and has several distinct population centers.

These focus groups took place with a limited cross-section of school personnel. Front-line staff were less represented than administrators. A series of focus groups focused on reaching other groups, especially teachers, might encounter different attitudes from those shown here. Furthermore, participants in these focus groups repeatedly emphasized the importance of collecting information from even more perspectives, including students and parents.

An additional consideration is that these focus groups blended personnel from different levels of their organizations. Although the focus group mailings targeted all staff, they were distributed to school superintendents via BOCES. Front-line staff may have been reluctant to participate in an open discussion involving the administrative personnel who supervise them. Moreover, participating in a focus group in a small-town setting may have reduced any sense of anonymity. Many participants were familiar faces to both one another and the FDRHPO staff conducting the focus groups.

Finally, focus groups are a qualitative research method, and are most suited to identifying problems rather than designing or evaluating programs. The findings from these focus groups are best interpreted with reference to other data sources, such as measures from the North Country Health Compass website (ncnyhealthcompass.org).

Appendix A. Focus Group Invitation

CONTACT: Tracy Leonard
(315) 755-2020 ext. 13
tleonard@fdrhpo.org

September 10, 2018

North Country Health Compass Partners Focus Group Invitation

Dear Tug Hill Seaway Region Superintendents & Principals,

The North Country Health Compass Partners, a population health coalition of the Fort Drum Regional Health Planning Organization, is working to understand the perceptions, opinions, beliefs and attitudes of community stakeholders regarding health and wellness so that regional collaboration occurs, and strategies to improve the quality of life can be devised.

Essentially, we'd like to know more about what you and/or members of your team (principals, teachers/faculty, staff members, school counselors, board members, etc.) recognize as top health needs in our community, what matters to you as it relates to health and wellness, and what you see as your role in improving population health.

Your input as school personnel is essential, for it is these types of conversations that impact and help improve student academic performance. Therefore, **we'd like to invite you and/or members of your team to participate in one of the three following focus group sessions which will be held from 3:30 – 5:00 pm:**

A. *Mon., October 22, 2018 at the St. Lawrence County BOCES (40 W. Main Street, Canton, NY 13617)*
B. *Mon., October 29, 2018 at the Jefferson-Lewis BOCES (20104 Arsenal Street, NY 13601)*
C. *Tues., October 30, 2018 at the Howard G. Sackett Technical Center (5836 NY12, Glenfield, NY 13343)*

Each focus group should last no longer than 90 minutes and light hors d'oeuvres will be served.

If you'd like to participate, please register here: https://www.surveymonkey.com/r/2018SchoolFocusGroups . **Registrations will be accepted until 5:00 pm on September 28, 2018.** Within a week of each focus group, we will email further details and a reminder to confirm attendance.

If you have any questions, please contact Tracy Leonard, Deputy Director at (tleonard@fdrhpo.org) or call (315) 755-2020 ext. 13. Thank you in advance for your consideration. We look forward to hearing from you.

Sincerely,

Tracy Leonard

Tracy Leonard, on behalf of the North Country Health Compass Partners

# # #

About the Fort Drum Regional Health Planning Organization
FDRHPO works to strengthen the *system for health* for the integrated Fort Drum and civilian community through analysis, identification of needs and leveraging of resources to fill gaps through innovation and collaboration. For more about FDRHPO, visit www.fdrhpo.org.

About the North Country Health Compass Partners
The North Country Health Compass Partners is a collaborative of local hospitals, public health agencies, behavioral healthcare providers, prevention councils, educational institutions, insurance providers, and community-based organizations that meets monthly to discuss, brainstorm and review the community's population health priorities. The Health Compass Partners also serve as the steering committee for a regional health data website maintained by FDRHPO, which contains interactive charts, graphs, and dashboards for all the region's population health priority areas. It can be accessed at www.ncnyhealthcompass.org.

Appendix B. Moderator's Guide

INTRO: Hello, my name is _____ and I am the moderator for today's 90-minute group discussion.

I work for the Fort Drum Regional Health Planning Organization in Watertown, NY.

FDRHPO: analyze system, identify gaps, leverage resources

ACKNOWLEDGEMENT: I want to thank you for coming in today and for fitting this session into your schedule.

PURPOSE: I am working on this project to help our population health committee with long-range planning as it relates to your perceptions, opinions, beliefs and attitudes regarding health and wellness.

We'd like to better understand:

- what you recognize as top health needs in our community
- what matters to you as it relates to health and wellness
- what you see as your role in improving health in our community

AGENDA: During the course of our time together you will be:

- participating in group discussion
- looking at images and reflecting on what you see

This is a free-flowing discussion

I am looking for different points of view and there are no wrong answers.

Please contribute honestly - you cannot fail!

DISCLOSURES/PERMISSIONS:

- FACILITY SETTING:
  - Recording: today's session will be recorded for note taking purposes only. What was said, not who said it will be reported.
  - Notetakers: there will be a notetaker (s). Similar to the recording, they will capture what was said, not who said it.

    These notes will simply be used to assist us with report writing.

They may interrupt if they feel I have missed something or clarification is needed.

- RESTROOMS & FOOD/BEVERAGES
  - At any time, please feel free to excuse yourself to use the restroom or to get more food or beverages; but we ask that there **only be one person be up and out at a time** to ensure the conversation continues without interruption.

GUIDELINES: To make this an effective research session, here are some guidelines:

- Please **talk one at a time**.
- Talk in a voice as **loud** as mine.
- **Avoid side conversations** with your neighbors.
- Work for **equal "air time"** so that no one talks too little or too much.
- Allow for **different points of view**. There are no wrong answers.
- **Say what you believe**, whether or not anyone else agrees with you.
- **Only one person up or out** of the room at one time.

SELF INTROS: **I'd now like to move into introductions.** Please introduce yourself to the group and tell us: **(ON EASLE – WITH TITLE)**

1. Your First Name
2. What School District You Represent
3. Your Role/Title Within the District
4. One thing you do to be healthy
5. One thing you do to relieve stress

CLOSE THE CIRCLE WITH MY INTRO

ISSUE A: Defining Health

1. When you think of health, what words come to mind?

   PROBE:

2. How would you describe a healthy community?

   PROBE: In what ways does our community embody that?

   PROBE: In what ways does our community fail to embody that?

TRANSITION:

I'd like to now present you with a few images…

[**INTERVENTION 1:** Healthy Community Images → "Appeal Score"]

Distribute images A, B & C. Which image appeals to you most as a healthy community? Write down your answer.

How many said image A?
How many said image B?
How many said image C?

REMINDER: mention the number of hands/people aloud

DISCUSSION:

Health Community:
1. What is it about image A that demonstrate a healthy community?
2. What is it about image B that demonstrates a healthy community?
3. What is it about image C that demonstrates a healthy community?

Unhealthy Community:
1. What is it about image A that demonstrates an unhealthy community?
2. What is it about image B that demonstrates an unhealthy community?
3. What is it about image C that demonstrates an unhealthy community?

PROBE: How do these pictures make you feel?

TRANSITION:

Now that I have a sense for how you define health and the aspects of a healthy community, let's talk about our community specifically.

ISSUE B: The Community's Health - Facilitators & Barriers

1. What do you like most about living here?

2. What concerns you most about living here?

   PROBE: How do these things affect your health and well-being?

3. What are some aspects of your community (home, school, work or play) that promote health and wellness?

4. What is one health need/gap for your school district?

5. What is one health need/gap for the community?

6. What is one challenge you (or the people you serve) have encountered with the healthcare system over the past year? (Reminder: probe for ideas other than insurance).

   PROBE: If you had a magic wand, what is one thing you'd change in the community?

ISSUE C: Health Promotion / Your Role

1. As school personnel, what do you see as your role in promoting a health community?

   PROBE: What is one factor that helps you carry out this role?

   PROBE: What is one barrier that prohibits you from carrying out this role?

2. What health resources or information is valuable in helping you serve your school district?

   PROBE: How do these resources or information help you serve your school?

3. How does health and wellness fit into your district's overall mission?

PROBE: In what ways do you believe health and wellness impact academic success?

CLOSURE:

Last Question:

[INTERVENTION 2: SHOW OF HANDS]

1. How many of you are confident that you can influence community health?

   REMINDER: VERBALIZE THE NUMBER OF HANDS (Y/N)

2. Is there anything you wish to mention that we haven't discussed?

As our session draws to a close:

- Please pass back/return the handouts I shared.
- I want to thank you for your discussion and for coming.
- I learned some new things and have a lot of information for my report.

NEXT STEPS:

- Focus groups with school personnel are being conducted in all three counties (Jefferson, Lewis & St. Lawrence)
- A summary of the discussions will be compiled into a report and shared with our Regional Population Health Steering Committee, the North Country Health Compass Partners
- The findings from these sessions will help inform population health strategies & community health planning
- In the new year, we'd be happy to share any follow-up ideas and conduct a presentation for your school on community health data. Please let us know if you're interested.

Appendix C. Healthy Communities Image Exercise


IMAGE B


Friendly's
FREE SUNDAE WITH
NEW ENGLAND COD ASKET
LIBERTY TAX
ALL YOU CAN
EAT SHRIMP!
Regular
Plus
Ultra 93
OFFICIAL
IMAGE C