**APPENDIX A** 

# **Community Themes and Strengths Assessment**



#### **PURPOSE**

The Community Themes and Strengths Assessment (CTSA) provides community members' perceptions of leading health issues, needs, and assets. The CTSA uses qualitative methods to answer the questions:

- What is important to our community?
- How is quality of life perceived in our community?
- What assets do we have that can be used to improve community well-being?

## **METHODOLOGY**

This assessment was conducted in 2019 and led by the Alliance for Health Equity, a partnership of 37 hospitals, local health departments, and community-based organizations working together on collaborative assessment and implementation. Several qualitative methodologies were used to gather perspectives from both residents of Chicago and of suburban Cook County on behalf of CDPH and CCDPH, including community surveys and focus groups. Specific to suburban Cook County, input was gathered via 1,965 community surveys and 16 focus groups.

A wide range of communities and population groups provided input through the surveys and focus groups. As shown on the adjacent map, survey responses (1,965) were received from all over suburban Cook County and respondents were diverse with respect to age, race/ethnicity, sexual orientation, household income, and whether there were children or people with disabilities living in the household. Despite this diversity, respondents overrepresented older adults and white residents.

Focus groups were held across a wide range of municipalities such as Maywood, Harvey, Berwyn, Park Ridge, Palos Heights, and North Riverside. Host organizations included senior centers, libraries, food pantries, and other trusted institutional partners. Participants

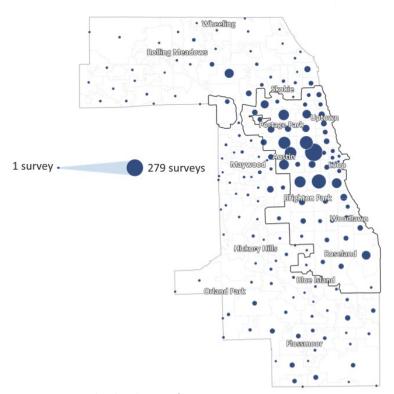


Figure 1: Geographic distribution of community survey responses. 1,965 responses were collected from suburban Cook County.

in the focus groups included a variety of communities with important perspectives, including older adults, veterans, immigrants, people living with mental health conditions, people living with substance use disorders, people with disabilities, homeless youth and adults, faith communities, communities of color, young adults, low-income families with children, and healthcare providers. A list of the specific host organizations and locations is provided below.

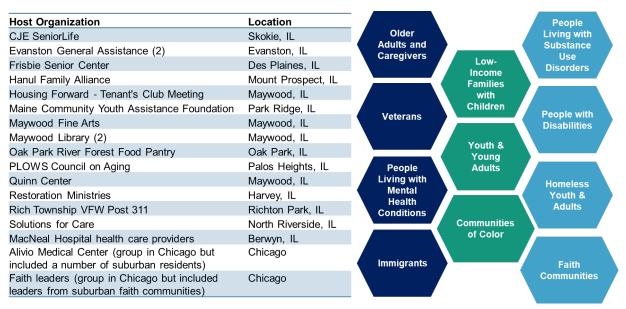


Figure 2: Host organization and location of 16 focus groups conducted in suburban Cook County and populations represented across focus groups.

# Survey questions covered:

- Most important health problems within the community;
- Most important things necessary for a healthy community;
- And two open-ended questions regarding the greatest strengths in the community where you live and something you would like to see improved in your community.

Focus group questions varied according to the population for that specific group. Focus group guides were structured with three major sections. All groups were asked questions in the first section, including:

- What makes you proud about your community/what do you like most about your community?
- What does a community need to be healthy?
- What are the top health needs of your community?

Groups were then asked questions around access to services specific to their population or perspectives:

- How easy or hard is it to access healthcare/mental health care/substance use disorder treatment?
- What types of programs and services are available for children in your community?
- Have you encountered any barriers when trying to access programs or services?

Focus groups were then asked about strategies and solutions with the following questions:

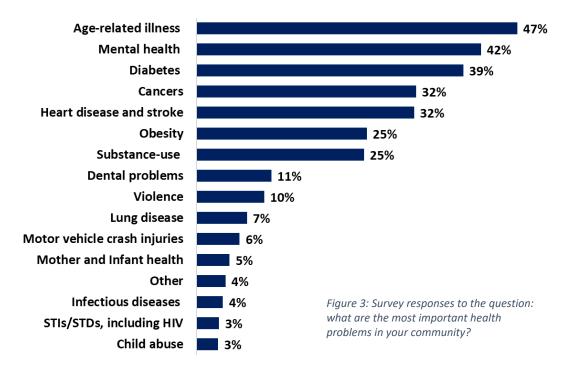
- What are some possible solutions to the problems that have been mentioned?
- How can hospitals, health departments, and community organizations work together to address some of the problems that have been mentioned?
- What role do you see people in your community playing in the solutions you mentioned?
- How can we ensure your voice is heard when decisions are made that affect your community?
- What would be the best ways for us to communicate with communities about progress?

All focus groups were asked the closing question in a round-robin style: "What is the number one issue that you would like to see addressed to improve health in your community?"

#### **FINDINGS**

## Community input survey – top community health problems

The top five community health problems identified by suburban Cook County survey respondents included: age-related illness, mental health, diabetes, cancers, and heart disease and stroke. These issues were each selected by 32 percent or more of the survey respondents.



Variations existed by population group with regard to survey respondent prioritization of different health problems. In particular, the prioritization of mental health relative to other top issues varied considerably by demographic group.

For African American/Black respondents, although the top five community health problems were the same as the overall group of respondents, diabetes and cancers were much more salient issues. A full percent of African American/Black respondents selected diabetes and 81 selected percent cancers, compared to just 39 percent and 33 percent of respondents.

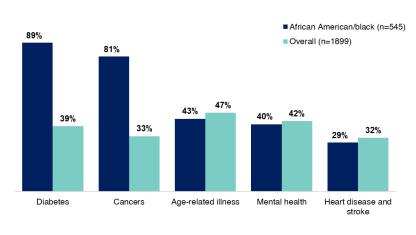


Figure 4: African American/Black survey respondent (n=545) answers to the most important health problems in your community.

For respondents with children in the household, mental health was the top health problem identified (50%). Other top responses for this population included not only diabetes, age-related illness, and cancers, but also substance use (28%) and obesity (27%).

Similarly, for younger adults (n=133), mental health (53%) was the most important health problem identified, followed by age-related illness, diabetes, substance use, and obesity. For older adults (n=575), age-related illness was the top issue (60%), followed by diabetes, heart and stroke, disease and cancers. Mental health, number though the five priority, was only selected by 28 percent of older adults compared to 53 percent of younger adults and 50 percent of individuals with children in the household.

Finally, for lower income respondents (incomes less than \$20,000 per year), mental health was also the top

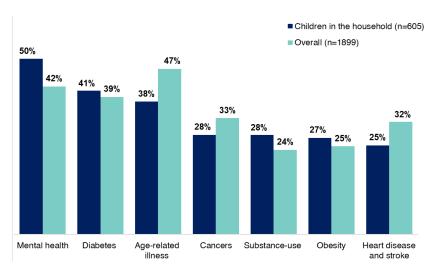


Figure 5: Survey responses from people with children in the household (n=605) to the most important health problems in your community.

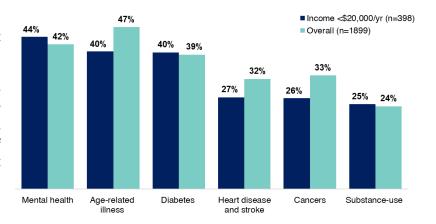
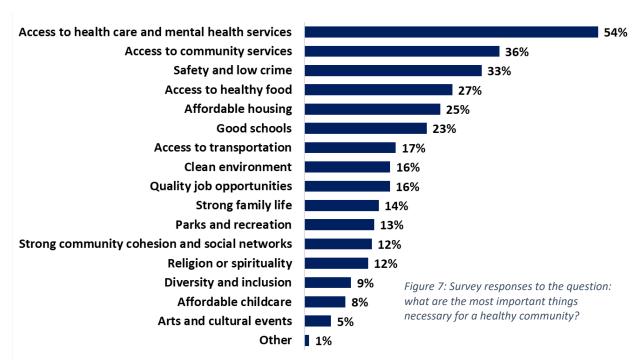


Figure 6: Survey responses from lower income respondents (n=398) to the most important health problems in your community.

issue (44%), followed by age-related illness, diabetes, heart disease and stroke, and cancers.

## Community input survey – top things necessary for a healthy community

The top five things identified by survey respondents as necessary for a health community were access to healthcare and mental health services; access to community services; safety and low crime; access to healthy foods; and affordable housing. These issues were all selected by 25 percent or more of the survey respondents.



Though most population groups selected the same top five items necessary for a healthy community, some variation existed by population group in the relative prioritization of the five different items.

African American/Black respondents selected the top five things necessary for a healthy community compared to all respondents. However, unlike the overall respondent group, access to healthy food (33%) and affordable housing (32%) above prioritized were safety and low crime (24%).

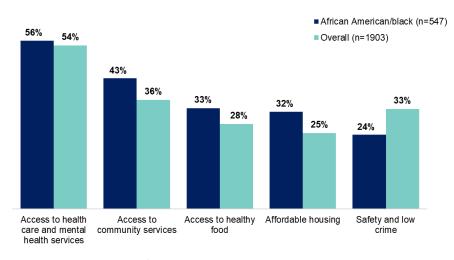


Figure 8: African American/Black survey respondent (n=561) answers to the things necessary for a healthy community.

Lower income respondents also selected the same top five things necessary for a healthy community. For this group, however, affordable housing ranked second (41%), followed by access to community services, access to healthy food, and safety and low crime. Access to transportation was the sixth top item according to lower income respondents.

For respondents with children in the household (n=618), the same top five

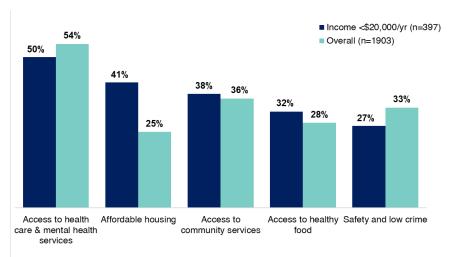


Figure 9: Lower income respondent (n=397) answers to the things necessary for a healthy community.

things were selected in the same order. Notably, the sixth priority, good schools, was higher among those with children at home (27% versus 22% overall).

For older adults (n=592), good schools was actually the fifth most important thing for a healthy community (24%) and interestingly ranked above affordable housing.

By contrast, younger adults (n=137) had a different prioritization of things necessary for a healthy community than other groups. Though they shared the same top choice in access to healthcare and mental health services, younger adult respondents then selected safety and low crime (36%), affordable housing (31%), access to healthy food (29%), and access to community services (28%). Younger adults also selected a clean environment as their sixth most important thing for a healthy community (23%).

### Community input survey – open ended responses

Survey respondents could choose to answer two open-ended questions:

- What are the greatest strengths in the community where you live?
- What is one thing that you would like to see improved in your community?

Of the 1,552 responses to the greatest strengths in the communities, responses most commonly related to the following categories:

- Community cohesion
- Safety and low crime
- Education
- Accessibility
- Community services
- Transportation

Of the 1,210 responses to something you would like to see improved, responses most commonly related to the following categories:

- Safety and low crime
- Economic development
- Infrastructure
- Community cohesion
- Affordable housing

#### Focus group input – key themes

Among the 16 focus group conversations, five key themes emerged:

- Social determinants of health
- Structural determinants of health
- Behavioral health
- Access to health care
- Chronic disease

Specific sub-themes for each of these themes are depicted in the visual below.

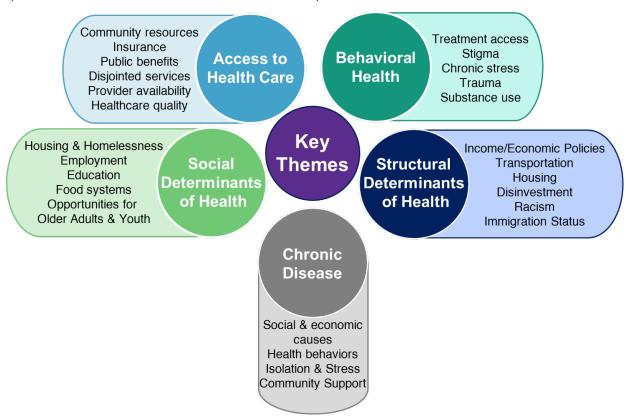


Figure 10: Key suburban Cook County focus group themes and sub-themes.

## Focus group input – quotes illustrating key themes

# Access to affordable community resources

"When I filed for different types of help for myself, I went to twelve different agencies for help with twelve different things. Each one of them had a different financial threshold. (Oak Park River Forest Food Pantry)

#### Access to health care and behavioral health services

"When my aunt was sick they took 2 hours to see her in ED and by the time they saw her, her appendix had burst - an hour after her emergency surgery they pushed her into the hallway and discharged her after one day because they didn't have room for her." (Restoration Ministries)

"The hospitals often call us for translation services, but we don't have the staff to do that. They also send a lot of people our way when they don't know how to help, but we can't necessarily help either." (Koreanspeaking service provider)

"We need services for people without papers and making sure their health needs are met, and we need bilingual services and services that understand our culture and our language... even more important now (during the time that 'public charge' policy is being debated). (Alivio Medical Center)

# Disinvestment in certain areas / inequity / differences between communities

"No one pays attention to Harvey because they see it as a bad neighborhood because of all the violence that's here so that's why they choose to not fix it up... They take taxes and raise taxes, but things don't change, it is getting worse and worse." (Restoration Ministries)

"Money is not being put into the community, because if you go and walk around Maywood you can see there are a lot of foreclosed houses and a lot of the streets are messed up." (Maywood Fine Arts)

# **Education and youth development**

"The schools need to be better - because people in school today, in the future determine what happens." (Restoration Ministries)

"There are a lot of low-income mothers, you know that have to work two jobs or whatever... and we need more programs for youth, you know, support for low-income families, and then the kids will have some place to hangout and redirect their attention and energy to something more productive." (Quinn Center)

#### **Food access**

"Some people don't go to farmer's markets because they think it is too high. But if you have a link card and take it there you can get double the food. But they aren't aware of this, they don't have that information." (Oak Park River Forest Food Pantry)

"We don't have a grocery store, and you have to go to Melrose Park to go to the grocery store." (Maywood Fine Arts)

"(In talking about obesity and diabetes) Healthy food, like organic food, is more expensive... it is very expensive. But we have to put more value on healthy food because in the long run, it's going to end up being more expensive." (Alivio Medical Center)

# **Housing and homelessness**

"When I started having housing problems and had to be homeless, I had a little cut in my foot, and it got infected and it got damaged." (Housing Forward)

"Unfortunately, due to the high taxes, people are forced to move out and leave those houses that will eventually be primetime real estate for somebody else to come and maximize the profits" (Maywood Library)

# Mental health, substance use, and trauma

"For folks that are trying to make it through multiple stressful events, they can collapse if they don't have stress management and coping services available to them." (Evanston General Assistance)

"Stress leads to drinking and health problems - stress is a gateway to health problems." (MCYAF)

"There are common mental health problems like depression that affect a lot of people. Maybe they could have programs at the library or somewhere and invite the community to them. Then if you are feeling depressed then you could go there and find out what resources are available to you... And, we have to eliminate the stigma of all this stuff." (Oak Park River Forest Food Pantry)

"You try to put mental health services in communities and there is a stigma about having these facilities in a neighborhood. Communities need to be educated." (Rich Township VFW)

#### Older adult health

"We get a lot of calls from our clients [older adults] without family asking us to take them to an appointment or help them with a task because they don't have anyone else to ask" (Hanul Family Alliance)

# Transportation

Transportation was identified by many participants as a barrier to accessing healthcare services, children's programming, etc. especially for older adults, people with disabilities, and low income families.

"I was going to physical therapy and the transportation company blew me off a few times and so my physical therapy got canceled." (Housing Forward)

## Communication

Almost all focus groups emphasized communication as a solution to finding resources to address the barriers to a healthy community. This included communication between local government and community members, and communication between the various sectors of the health system.

# **Community-driven solutions**

Participants across most focus groups highlighted the importance of community member voice when creating or refining resources. Participants in one group recommended "co-design" when developing and implementing programs and initiatives. Additionally, youth participants expressed wanting to have their voices heard more in the community.

"A healthy community is one that helps people in need get access to services and resources so everybody in the community can prosper." (PLOWS Council on Aging)

"Soon we will be adults in this community, so they need to give us the education, teachers, and better schools we need because that will advocate for a better Harvey in the future." (Restoration Ministries)

## **GAP ANALYSIS**

Although this was an overall robust community themes and strengths assessment, several populations and communities were identified whose voices were underrepresented throughout the community input process. These groups included:

- the LGBTQ+ population;
- Arab American/Middle Eastern populations;
- Spanish speakers/Latinx populations;
- justice-involved youth and adults;
- people living with substance use disorders; and
- groups focused specifically on economic investment, wages, wealth, etc.

Additionally, since this assessment was conducted in 2019 prior to the COVID-19 pandemic, community perspectives specific to lived experiences of the pandemic were not reflected. While many of the themes that emerged, such as structural determinants of health, have become ever more apparent during the pandemic, the direct perspectives of those who experienced death of a family member due to COVID, who suffered a job loss due to COVID, who are living with long COVID symptoms, and who worked in frontline jobs were not captured in this assessment. Future surveys, focus groups, and other qualitative methods will need to reach groups whose voices were not adequately included in this assessment.

For full reports of these assessments, including the demographics of participants, complete survey tool, and other appendices, view the <u>focus group report</u> and <u>community input survey report</u> from the Alliance for Health Equity.