

# MDI TOMORROW

## Community Health Workgroup

Minutes from March 1, 2002

Attending: Dale Hamilton, Community Health & Counseling; Jeanne Fortier, MDI Hospital; Joel Farley, The Jackson Laboratory; Marty Lyons, Harbor House Community Center; Doug Michael, Healthy Acadia Coalition and Gayle Gaynor, Healthy Acadia Coalition.

Introductions were made by all. Doug presented an overview of the MDI Tomorrows project as well as an overview of the Community Health sub-committee. We identified that there are/will be many areas of overlap with the other sub-committee groups. As a first step in framing the community health issues, worksheets were distributed with the following 2 questions and we were asked to each take 5 minutes to complete them. Responses were shared with the group as Marty Lyons documented on a flip chart.

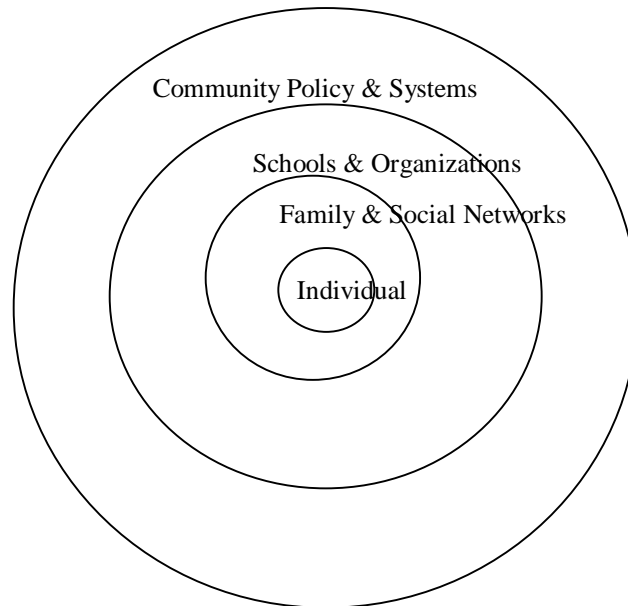
### **What are factors, forces & features in the greater MDI region that contribute to our Health & Well-being?**

- ✓ Our community systems – we have an infrastructure which supports health
- ✓ Involved Community – people looking out for each other
- ✓ Hospital & Health center network- availability of primary care services
- ✓ Health promoting resources/orgs – (YMCA, YWCA, Harbor House, Whole Health Ctr., Neighborhood House, etc)
- ✓ Village centers with walkable neighborhoods
- ✓ Access/Availability of ANP for recreation, physical activity
- ✓ Active, outdoor ethic – valued in our community
- ✓ Interrelationship (level of interaction) between kids, schools and the community at large
- ✓ Elementary schools which are local to the communities where our kids live
- ✓ Healthy family role models within our community
- ✓ Dedicated, committed health and social service professionals

### **What are the barriers, obstacles, or gaps which resist health in our region?**

- ✓ Availability of Drugs, Alcohol, tobacco
- ✓ Unhealthy Role models
- ✓ Lack of Dental Access for specific populations (Medicaid)
- ✓ Work ethic/ seasonal unemployment
- ✓ Sprawl – lack of healthy community design discouraging walking
- ✓ Lifestyle “out of control” for some
- ✓ Mental Health issues
- ✓ Expectations of kids to be “entertained”
- ✓ Emotional Climate within the schools
- ✓ Food & Beverage availability in our schools
- ✓ Dietary Trends – increasing consumption of fast food, junk food and soda
- ✓ Fast paced lifestyle, expectations of ourselves, kids & family
- ✓ Changing family structure – single parent homes, less supervision, less time, more stress.
- ✓ Transportation
  - Access and availability of public transportation
  - Auto emissions
  - Roadways not safe for human powered transit
- ✓ Cost / Affordability of prevention and treatment services
  - Access to certain populations
  - Recovery cost in health care facilities
  - Shrinking risk pools and aging population exacerbating the cycle of health insurance cost crisis.

After reviewing the lists we acknowledged that there are some individual/family issues and some broader community level issues. Dale suggested it would be helpful to categorize the factors. We decided to arrange these 'supportive' and 'resistive' health factors according to a social-ecological framework. In other words, at which level does each factor most greatly influence health?



### **Supportive Health Factors (assets) arranged by sphere of influence**

#### **Community Policy & Systems assets**

- ✓ Village centers with walkable neighborhoods
- ✓ Our community systems – we have an infrastructure which supports health (water supply, sanitation systems)
- ✓ Access/Availability of ANP for recreation, physical activity
- ✓ Access to locally grown food

#### **School & Organizational level assets**

- ✓ Elementary schools which are local to the communities where our kids live
- ✓ Hospital & Health center network- availability of primary care services
- ✓ Interrelationship (level of interaction) between kids, schools and the community at large
- ✓ Health promoting resources/orgs – (YMCA, YWCA, Harbor House, Whole Health Ctr., Neighborhood House, etc)
- ✓ Diversity of extra curricular activities and educational programs, adult education programs

#### **Family & Social Network level assets**

- ✓ Active, outdoor ethic – valued in our community
- ✓ Involved Community – people looking out for each other

#### **Individual level assets**

- ✓ Dedicated, committed health, education and social service professionals
- ✓ Individuals committed to taking care of themselves
- ✓ Positive, healthy role models within the community

## **Resistive Health Barriers, arranged by sphere of influence**

### **Community Policy & Systems level barriers**

- ✓ Sprawl – lack of healthy community design discouraging walking & social interaction
- ✓ Lack of Dental Access for specific populations (Medicaid)
- ✓ Availability of Drugs, Alcohol, tobacco
- ✓ Seasonal Economy
- ✓ Cost / Affordability of prevention and treatment services
  - Access
  - Recovery cost in health care facilities
  - Shrinking risk pools and aging population exacerbating the cycle of health insurance cost crisis.
  
- ✓ Transportation
  - Access and availability of public transportation
  - Auto emissions
  - Roadways not safe for human powered transit (walking, biking)

### **School & Organizational level barriers**

- ✓ Food & Beverage availability in our schools
- ✓ Emotional Climate within the schools

### **Family & Social Network level barriers**

- ✓ Changing family structure – single parent homes, less supervision, less time, more stress.
- ✓ Unhealthy Role models
- ✓ Fast paced lifestyle, expectations of ourselves, kids & family
- ✓ Increased social disconnection between elders and youth

### **Individual level barriers**

- ✓ Lifestyle “out of control” for some
- ✓ Substance dependencies (tobacco, alcohol and other dependencies)
- ✓ Work ethic
- ✓ Seasonal unemployment
- ✓ Expectations of kids to be “entertained”
- ✓ Mental Health issues
- ✓ Dietary Trends – increasing consumption of fast food, junk food and soda

The group decided to reflect on this draft framework and email it to the larger group for comments/additions/suggestions. The Community Health workgroup will continue to solicit and incorporate additional assets and barriers via email and schedule a follow-up meeting after the April 11 meeting of the MDI TOMORROW coordinating committee.

More input, comments, suggestions and additions would be appreciated – please contact Doug Michael at Healthy Acadia 288-5331, [doug@healthyacadia.org](mailto:doug@healthyacadia.org)