Anne Arundel County
Maryland

2012 Community Health Needs Assessment:
Summary Report on Health Focus Groups

Sponsored by

Healthy Anne Arundel
Working Together To Promote Health and Wellness

Holleran Consulting
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I. Background & Methodology

The Healthy Anne Arundel Coalition (HAAC) is spearheading a comprehensive assessment of the health needs of individuals living in Anne Arundel County, Maryland. HAAC is a partnership of public sector agencies, health care providers and payers, community-based partners, the business community, and academic institutions aimed at improving the County’s health. The purpose of the assessment is to gather information about the health needs and health behaviors of Anne Arundel residents.

As part of the assessment, HAAC contracted with Holleran, an independent research and consulting firm located in Lancaster, Pennsylvania, to conduct focus groups with community members.

Five focus groups were held at various locations throughout Anne Arundel County in August and September 2012. Focus Groups topics addressed Mental & Behavioral Health, Access to Health Care, and Nutrition & Physical Activity. Each session lasted approximately two hours and was facilitated by trained staff from Holleran.

In total, 55 people participated in the focus groups. Participants were recruited through local health and human service organizations and public news releases. In exchange for their participation, attendees were given a $50 gift card at the completion of the focus group. Select demographic figures for focus group participants including gender and race are provided in Appendix A. Participants came from a variety of ZIP Codes throughout Anne Arundel County. It is important to note that the results reflect the perceptions of some community members, but may not necessarily represent all community members in Anne Arundel, MD. In general, the proportion of females and Blacks/African Americans was higher in the focus groups than the overall population in Anne Arundel County.

The following report summarizes the results of all five focus groups. One group focused on Mental & Behavioral Health issues, one group was primarily focused on Obesity/Overweight Issues and Nutrition & Physical Activity, and the three remaining groups focused on Access to Health Care and Nutrition & Physical Activity. Participants in the Mental & Behavioral Health Focus Group were individuals with mental and/or behavioral health issues or family members of individuals with mental and/or behavioral health issues. The four other focus groups included individuals from the general population in Anne Arundel County.

Discussion guides, developed in consultation with HAAC, were used to prompt discussion and guide the facilitation. Copies of the Discussion Guides can be found in Appendices B, C, and D.

HAAC and its partners will use the results of the focus groups in conjunction with secondary statistical data and key informant feedback to understand community health needs and prioritize public health endeavors.
II. Key Discussion Themes

ACCESS TO HEALTH CARE

Barriers to Health Care

Three of the focus groups began with a discussion about access to health care. Several participants indicated that they or someone they know have had difficulty obtaining health care services. Participants were asked about barriers to accessing health care services in the community.

Participants indicated that lack of insurance coverage and inability to pay were major barriers to accessing health care services in the community. Some individuals in the community are not offered health insurance through their jobs while others are unable to afford the health insurance that is offered. Co-pays, deductibles, and prescription costs also present challenges in accessing health care. One participant explained that, "There are limited services for people with limited income." Another commented that, "If you are on a fixed income and can't afford to pay, you are stuck. You can't get help."

The groups discussed how the economic downturn has further complicated access to health care issues. One participant stated, "I know people who lost their jobs and lost their insurance. They have health issues, but they put off seeking help because they can't afford it." Another explained, "My business collapsed last year and my wife was diagnosed with late-stage cancer. My family's combined income decreased by 90% in one year."

Participants also expressed frustration with trying to understand what their health insurance covers and finding a doctor who accepts their insurance. Attendees explained that many providers will not take patients with Medical Assistance or PAC. PAC or Primary Adult Care is a program that provides free and low-cost health services for low-income adults in Maryland who do not qualify for Medical Assistance. Attendees explained that providers who do accept patients with Medical Assistance and PAC coverage sometimes treat those patients as second-class citizens compared to patients with private insurance coverage. One participant commented, "They label you and treat you like dirt. We might not have great insurance, but we're human too."

Transportation is also a barrier in accessing health care. Participants talked about how the system is fragmented and not easily accessible throughout the county. In some cases, people forgo health care because of lack of transportation. One participant explained, "I don't live on the MTA service route so I can't access public transportation. I was able to get some transportation from the Office of Aging, but it was limited to certain hours and certain days." Another participant commented, "Transportation is a big problem. Not only do people have difficulty getting to the doctor; they also have difficulty getting to the pharmacy to get their prescription."

There is a transportation service for people with Medical Assistance, but participants stated that it is difficult to use and not always reliable. One participant expressed frustration that the current contractor for the Medical Assistance Transportation program provides poor customer service. She said that she recently scheduled a ride to take her daughter to a counseling appointment and it never showed up. Other attendees commented that they had issues with transportation showing up late or not at all.
Participants also discussed the need for access to affordable dental care. One participant stated that, “A lot of people do not take care of their dental health, including me. Dental health is so expensive. I can’t afford it.” Participants explained that there are dental clinics at University of Maryland and other schools that provide dental health services at reduced price, but they pointed out that there is a waiting list and a lot of people are not aware of these programs.

Participants mentioned that language can also be a barrier for some people in the county. They expressed concern that children sometimes have to translate and interpret for their non-English speaking parents. Participants suggested that there is a need for bilingual and culturally competent providers. In addition, they explained that some Latino/Hispanic residents are reluctant to seek health care because of documentation/immigration issues.

When asked where uninsured and underinsured individuals go for health care, participants indicated that uninsured residents often utilize the Emergency Department for primary health care because the Emergency Department will not turn them away if they do not have insurance. They stated that some uninsured residents also go to medical clinics such as the Stanton Clinic for care, but they explained that many people are not aware that the clinics exist.

**Key Health Issues**

When asked about major health issues facing the Anne Arundel community, participants identified the following issues:

- Obesity/Overweight
- Cancer
- Diabetes
- Hypertension & Heart Disease
- Environmental Health Concerns
- Mental & Behavioral Health/Substance Abuse
- Caregiver & Aging Issues

Obesity/Overweight issues were most frequently mentioned by participants. A detailed discussion from the Nutrition, Physical Activity, & Obesity/Overweight Focus Group is included in this report (p 6-7). Chronic diseases like cancer, diabetes, and heart disease were also commonly cited issues. Attendees felt that the rates of these diseases were increasing. They discussed the need for education and supportive services to address these chronic conditions. One participant said, “I am shocked with the lack of information and education around diabetes. My doctor said to me ‘Okay, it’s official you have diabetes, wrote a prescription and left.’ He left me to figure out how to learn how to use the machine and what I was supposed to do. I had to find a diabetes education program on my own.” Other participants explained that there were waiting lists for chronic disease management programs.

Several participants expressed concern that residents in Anne Arundel are possibly being exposed to certain environmental pollutants that could be affecting their health. They talked about chemical factories, power plants, military dump sites, and airport facilities that could be polluting the air and water. Participants commented that the county in general has high rates of cancers and that some areas like Severn seem to have cancer clusters. One participant said, “In North County, we have a lot of chemical plants, and I’ve heard that cancer is more prevalent in that area.” Another participant talked about the practice of airplanes dumping excess jet-fuel into the atmosphere before landing.
Participants mentioned that there is a growing aging population in the area and explained that the need for aging services and caregiving support is increasing. Several participants had personal experiences in caring for loved ones who were aging or ill and expressed frustration in trying to navigate the system to get help. Some participants discussed the need for bereavement/grief counseling and hospice support.

Mental and Behavioral Health/Substance Abuse issues were also discussed at length by participants. The need for mental health counseling and addiction services was mentioned multiple times. In addition, participants indicated that there is a growing problem with addiction and abuse of prescription drugs including pain medications. A more detailed discussion from the Mental & Behavioral Health Focus Group is included in this report (p 8-11).

**Awareness of Health & Human Services**

Participants repeatedly stated that people in the community are not aware of the health care services and options that are available to them. This theme arose throughout the focus group discussions. One participant stated, “Communication and awareness are major issues. Just because it’s there that doesn’t mean people know it’s there.” Another commented, “Help is usually available, but you have to know the right questions to ask.”

One participant explained that there is a program in Anne Arundel County called Network of Care that helps people navigate the system to receive assistance; however, a lot of people are not aware of the program. Participants felt that there was a lack of coordination of information and services in the community. Another participant stated, "It’s not all together. There isn’t a central place to get help."

When asked where people generally get health information, participants indicated that they get information from newspapers, magazines, hospital newsletters, flyers, brochures, church bulletins, church leaders, and doctors’ offices. The school systems, libraries, the health department, and community agencies were also mentioned as resources for information. In some cases, they learn about programs and services through word of mouth from friends, family, and neighbors.

One participant commented that, “The information needs to be centralized and the information they have needs to be same. You call one person and they tell you one thing and you call another person and they tell you something completely different. You get the run around and you get frustrated.” Participants talked about the need for a telephone number like a 411 for health information that could be a clearinghouse for information and referral. Participants suggested that the number could be promoted on billboards, bus boards, and placards on publicly-owned vehicles.

When asked for suggestions for other ways to disseminate information, some participants suggested that information could be shared through television public service announcements and community access programming. One participant commented, “Most people have a TV, if health information could be available through the TV it would reach a lot of people.” Another participant explained that the school system and the local government have automated phone messaging/text messaging technology which could be used for major health announcements. Attendees pointed out that they have become increasingly reliant on the internet for information. In fact, many participants learned about the focus group through email blasts from community email lists. Government agencies, elected officials, and different community groups have developed networks to distribute information electronically.
NUTRITION, PHYSICAL ACTIVITY, & OBESITY/OVERWEIGHT ISSUES

Obesity/Overweight was discussed in detail as a major health issue and as a factor contributing to other key health issues. One participant stated, “The majority of people are overweight. This is a real crisis. There needs to be more education.” Attendees were especially concerned with childhood obesity.

When asked what challenges people in the community face in trying to stay physically fit and eat healthier, participants suggested the following common challenges:

- Cost
- Motivation/Effort
- Time/Convenience
- Education/Knowledge
- Stress/Depression
- Television/Video Games

Several participants indicated that cost is a barrier. They explained that healthy foods like fresh fruits and vegetables can be expensive, and unhealthy food is often cheaper. Participants mentioned that there are some local Farmer’s Markets that increase access to fresh produce, but not everyone can afford to buy it. One participant stated, “It’s cheaper and easier to go to the dollar menu at McDonald’s than to buy food and cook it.”

Attendees also talked about people not having the time or the skills to cook healthy meals. One participant stated, “I see a lot of young mothers at the grocery store and their carts are full of TV dinners and junk food, and their kids are fat.” Another participant commented, “I’m a young mother with a young daughter. I’m tired, and I don’t have time to cook. I try to feed my daughter healthy foods, but I work every day and I have other responsibilities. I know the generation before me did it, but they had husbands to help. I don’t. The family dynamic has changed. I can’t be superwoman.”

The groups also discussed how cultural beliefs can influence weight issues. For example, one participant explained that sometimes African-Americans associate weight with beauty and wealth. Attendees discussed how attitudes and behaviors related to food are often established at a young age. One participant commented, “I was raised to clean my plate and not waste food. When you have a buffet in front of you or are served huge portions, you feel like you have to eat it all.” Participants also talked about how the media influences eating habits. They explained that people are constantly bombarded with advertising for unhealthy foods.

Participants discussed the need for more physical activity among children. One participant said, “When I was a child, we walked everywhere, and I don’t think the younger generation gets exercise.” Attendees felt that physical activity should be emphasized in the schools and expressed concern that schools are cutting back on time for gym and recess. Participants also talked about the increasing cost of sports programs for children. They explained that participation in some school sports like football can cost more than $200. Participants stated the need for free/low-cost exercise and recreation programs for youth. Attendees talked about mobile recreational sports programs that organized pick-up sports games in some neighborhoods in the past.
When participants were asked whether there are opportunities in the community for children and adults to be active, many felt that there were not. Some attendees pointed out that the B&A Trail connecting Annapolis to Glen Burnie and the network of public parks provide free recreational opportunities for residents of Anne Arundel County. Others pointed out that there are safety concerns with some of the trails and parks. One participant said, “I know I wouldn’t feel safe walking on it alone. Certain sections have a lot of problems.” Crime and lighting were mentioned as issues. Participants also stated that many people are afraid to let their kids outside because of drug dealers, gun violence, and sexual predators.

The attendees offered suggestions for how Anne Arundel County could motivate people to change their unhealthy habits. The groups discussed how some workplaces have company wellness programs and wellness challenges to encourage employees to eat healthy and exercise. Participants suggested that community-wide initiatives focused on eating healthy and exercise could help engage people in the community. For example, a weight loss challenge like the Biggest Loser program could be a fun way to get people involved in healthy behaviors. They felt the community awareness and community support would help people stick to their goals. They also expressed interest in creating community walking programs in neighborhoods throughout the county.

When asked what kinds of things were helpful to participants when they tried to be physically fit and eat healthier, the participants mentioned the following supports:

- Creating a plan and establishing goals
- Cooking simply
- Cutting out soda and junk food
- Trying to be a role model for children/family
- Making a commitment to having family dinner
- Having a buddy/mentor to help with motivation
- Group/team-based physical activity like walking clubs

Participants provided the following recommendations to encourage people in the community to eat healthier:

- More healthy restaurants and stores
- Reasonable prices for healthy food
- Coupons/Vouchers for healthy food
- Healthy Cooking Demonstrations/Classes
- Healthy Recipes & Healthy Cooking Tips
- Family-oriented Workshops for children and parents to learn together
MENTAL & BEHAVIORAL HEALTH

Perception & Stigma about Mental & Behavioral Health Issues

As stated earlier, participants in the Mental & Behavioral Health Focus Group were individuals with mental and/or behavioral health issues or family members of individuals with mental and/or behavioral health issues. The group brought a wealth of insight from their own firsthand experience as they all have worked to navigate the mental and/or behavioral health arena in Anne Arundel County.

To begin the discussion, the group was asked to define what mental health and behavioral health meant to them. While the majority of the group felt mental health was the ability to think clearly, there appeared to be some initial hesitation to talk about mental health and behavioral health in further detail. Eventually, the discussion led to some participants sharing information about their personal experiences with mental and behavioral health issues.

One participant stated it this way, “I prefer psychological disability, because I don’t really feel as though I am ill.” Another commented, “Mental health brings up a whole lot of issues. It’s a shame it’s been treated so separately from physical health. I feel as though primary health providers are often misinformed, as is the public.”

While one member felt behavioral health and mental health were the same, the majority of the group defined behavioral health as acting a certain way and associated it with behaviors such as smoking, drinking, and substance abuse. The group also discussed that while they felt mental and behavioral health were separate issues, they can be intertwined.

Each participant responded with quick affirmation when asked if mental and behavioral health issues are problems in Anne Arundel County. They were also in agreement when one member stated, “I don’t think it is specific to Anne Arundel. They talk about the health system being broken, but the mental health system is completely broken.”

The overarching theme as the discussion led into the community’s attitude towards mental health was one laced with words such as stigma and lack of acceptance. The group spoke of mental illness as being perceived as a “weakness or a character flaw” or as a “them versus us” mentality. In addition, they expressed their frustration with the public who generalized that people with mental health conditions were more violent in nature. Participants commented that some people are reluctant to seek care because of the stigma around mental health and substance abuse. Participants talked about African American men in particular not wanting to admit that they have mental or behavioral health issues.

Many felt the community believed an individual with a mental health diagnosis was incapable of being a successful member of society. One participant said, “There are many people who have a mental health issue and are very successful, but they seem to be closeted. The majority of people who seek out help are very strong and the people who really need help often go without. Sometimes the stigma is worse than the access issues. I was told I would never live outside an institution, not only did I make national honors in college, I went onto a career in Education.”
As the focus group moved to the attitude of community members on behavioral health issues, the group was split in responses. While some mentioned this issue brought about more stigma than mental illness, others felt it was much more accepted in the community. A member of the group spoke of the stigma her son felt about his own situation as they attempted to support him in receiving care, “When we changed the words to mental health from behavioral health, it appeared his behavior changed to one of wanting to find a solution and it allowed him to view the process much differently.”

Those who felt it was accepted clarified their thoughts with comments such as, “Alcoholism is viewed now as being accepted. Drinking every day, to me is not normal, but it has a different social connotation – it’s legal.” Another stated, “It seems to be acceptable up through college, but at a certain age, it becomes unacceptable and you are considered an addict by the community, because you aren’t a responsible adult.”

One participant spoke of her experience in the community as she found herself trying to navigate care for her adult child, “When my son had a psychotic break, in the midst of the chaos it was easier to peg it as a substance abuse issue. It was the police and the ER saying let’s deal with the substance abuse. His smoking laced with PCP triggered mental health issues, but it seemed to be easier to receive help if they could latch onto the substance abuse issues and the mental health issues were ignored. When in reality, it needed to be in reverse.”

**Accessing & Receiving Mental & Behavioral Health Care**

The barriers mentioned included lack of insurance and waiting long periods of time to receive available appointments as well as the process and follow up. One participant emphasized that, “People can’t wait 6 months to be seen.” Another participant said, “People can sometimes get help when they have insurance, however if you don’t have insurance, it’s basically impossible. However, access is still a major issue for those with and without insurance.”

The comments came primarily from the participant’s view of the process of how things were handled upon their arrival into the “system.” One participant shared, “I have anger management issues; it leads me to substance abuse, which leads me to jail. Then I can’t get a job because I was just in jail...then I have anger management issues and it starts all over again.” He continued to say, “It seems like the in-take is the thing everyone wants to do. I had my last in-take on August 2. Everyone was wonderful. They told me to call back on Tuesday and someone would be assigned to me. When I called, they told me they didn’t have anyone yet and to try again on Friday. I called on Friday and received the same response. I’m still waiting for someone to call me back.”

The comments continued with some being frustrated with insurance coverage that allowed for no more than 20 minutes a month with their therapists and others mentioned the fear of being pigeon-holed by their provider’s specialty. In addition, the group spoke about the lack of a “stepping stone” program that would allow someone to receive care after being hospitalized and before going home. One member spoke to being discharged, “Often your environment is the issue. You go to the hospital and you get medicine, but then you need to go back into your old environment.”

Additional comments were made regarding organizations who worked with individuals in a peer setting. The peer to peer community environment had been successful for the majority of the participants in the room; however, it was mentioned that lack of funding for these programs is an issue.
When the group was asked how they rated the quality of the programs they had interacted with, the entire group responded with negative ratings from “poor” to “horrific.” While access to care was a huge issue for many in the group, it was clear that the perceived quality of care they received created additional challenges as they sought treatment and support for their mental and/or behavioral health issues.

The majority of the group had experience with receiving services in the Emergency Room as well as with their own private physician. When asked where they would go to find information about services one participant mentioned Shepherd Pratt and another stated that they use the Crisis Hotline. No additional specific locations were mentioned. Participants explained that part of the problem was that people don’t know where to go. Insight from one member of the group indicated her experience in the community was one of competition between mental health providers which made it difficult to find other available services. Another member said, “There are organizations out there that I am finding, but nobody knows about them.”

When the group was asked if there were enough services and treatment programs available in the county, the theme of awareness continued to dominate the conversation. While the entire group answered that they did not feel as though there were enough services, they all spoke to the challenge associated with receiving a diagnosis and then needing to “discover on your own” what was available.

Lack of awareness was seen as a major barrier to accessing mental and behavioral health treatment. The group spoke of a fragmented system to find available services as they expressed their thoughts on where people go for mental and behavioral health services. One participant explained, “I've been in treatment for more than 8 years, but I just found out about a program 3 months ago that could have helped me.” Another stated that, “It is extremely difficult for a community member to know everything that is available in the community.”

When asked to offer suggestions to improve mental health and behavioral health services, the group offered a variety of recommendations. Several members suggested increasing the available number of crisis beds in the county. There was also a desire to see a respite program in Anne Arundel County that could serve as a supportive transition for people who are ready to be discharged from the hospital but are not ready to be back in their home environment. Participants also recommended that training for personnel at each of the County’s emergency rooms was needed and suggested that it could be based upon best practices from other ER crisis units.

Recommendations to hold mental health and behavioral health summits and health fairs were made. The group felt an annual summit could be used to educate people within the field and to create a network within the field. Health fairs could be held periodically in different areas throughout Anne Arundel to educate the public of the available services in the county.

Additional suggestions regarding ways to promote programs and increase awareness included utilizing newspaper ads and working more closely with the local churches. Participants also discussed the possibility of mental and behavioral health service providers partnering with local pharmacists to assist with individuals who may be looking for resources while picking up their medicine. Overall, participants felt that better coordination, communication, and referral systems among providers would help residents navigate the mental/behavioral health system.
III. Conclusions

When asked what Anne Arundel could do to improve health and quality of life in the community, participants emphasized the need to improve communication and awareness about existing services. They suggested more cooperation, collaboration, and information sharing between community-based organizations. Participants suggested that agencies should work together to coordinate referrals and promote information about available programs.

Overall, participants saw the need for more community outreach and health education. “I would love to see more mobile health services and community health days where people can get information, health screenings, and referrals to services.” In addition, participants suggested the following to improve community health:

- Health Fairs
- Health Workshops
- Nutrition & Exercise Programs
- Chronic Disease Management Programs
- Transportation Assistance
- Patient Navigation Services
- Prescription Assistance/Prescription Exchange Programs

The focus group participants expressed that they were grateful for the opportunity to share their thoughts and experiences, and at the end of the sessions, many expressed support for community-wide efforts to improve health in Anne Arundel County.

Based on the feedback from the focus group participants, access to health care, awareness of available resources, mental/behavioral health and obesity are important issues in Anne Arundel County. Across the focus groups, several themes appeared as areas of opportunity within Anne Arundel.

Areas of Opportunity

- Lack of affordable medical and dental services
- Need for mental and behavioral health services
- Transportation barriers
- Lack of community awareness of available programs and resources
- Need for centralized place to get information and listing of available resources
- Lack of coordination among programs and providers
- Need for collaborative provider network with efficient referral system
- Need for health education and wellness programs
APPENDIX A

Demographic Characteristics of Focus Group Participants

In total, 55 Anne Arundel County residents participated in the focus groups held in August and September 2012. Approximately 69% were female and 31% were male. Nearly 53% were White/Caucasian, and approximately 42% were Black/African American. It should be noted that the proportion of females and Blacks/African Americans was higher in the focus groups than the overall population in Anne Arundel County. Participants came from a variety of ZIP Codes throughout Anne Arundel County. The largest proportion came from 21061, 21401, 21144, 21060, and 21403. Graphic depictions of the demographic characteristics can be found in the following pages.

When focus group participants were asked where they heard about the focus group, they provided the following responses:

- Anne Arundel County Health Department (6)
- Email blast from Anne Arundel County Health Dept. (4)
- Mark Chang from Anne Arundel County Office of Community & Constituent Services (6)
- Maryland Gazette (4)
- Baltimore Washington Medical Center (3)
- Email from Alpha Kappa Alpha Sorority, Omicron Gamma Omega Chapter (3)
- Family/Friends/Word of Mouth (3)
- Flyer from clinical coordinator at Anne Arundel Medical Center (2)
- Email from college health services (Anne Arundel Community College) (2)
- Email from Department of Aging & Disabilities Public Relations Officer
- Email from president of Glen Gardens Community Group
- Email from pastor at SUMC
- Email from Building Communities for Tomorrow Today
- Email from Hands of Hope
- Strengthening Families Program
- Text Message Notification
APPENDIX B

Focus Group Discussion Guide on Access to Health Care

DISCUSSION QUESTIONS

ACCESS TO HEALTH CARE

I’m going to begin the discussion with getting your feedback on health care as it relates to your ability to access health care.

1. Did you or someone you know have difficulty obtaining health care services in the past few years? If yes, what are the reasons?

2. Where do you usually get health care when you need it? Why?

3. If you had one suggestion on how to improve access to care for uninsured or underinsured individuals in the community, what would that be?

HEALTH ISSUES

4. Focusing on specific health issues, what would you say are the biggest health problems in the community?

5. In your opinion, are mental health and behavioral health issues a problem in Anne Arundel County? Why?

6. In your opinion, are overweight and obesity issues a problem in Anne Arundel County? Why?

HEALTH EDUCATION/COMMUNICATION

Next, I want to talk to you about how you gain information about health and health services in the community.

7. Do you feel that people in the community are fully aware of the healthcare services/options that are available to them? Why? Why not?

8. Where do you currently get health information?

9. In what format would you like to receive future health information?

10. Would you be interested in opportunities or programs to help improve your health and your family’s health?

11. If you had one suggestion on what could be done to improve the health of the community, what would it be?
APPENDIX C
Focus Group Discussion Guide on Nutrition & Physical Activity

DISCUSSION QUESTIONS

OVERWEIGHT/OBESITY

1. What do the words overweight and obesity mean to you?

2. In your opinion, are overweight and obesity a problem in Anne Arundel County? Why?

3. What does health or being healthy mean to you? Is weight related to health? How?

PHYSICAL ACTIVITY

4. Would you describe yourself as active? Why or why not?

5. What helps people to be “physically active?” What are the challenges?

6. In general, do you think that children and adults in your community are getting a significant amount of physical activity? Why? Why not?

7. Do you feel there are opportunities in your community for children and adults to be active?

8. Overall, what suggestions do you have to ensure that children and adults in our community are physically active?

NUTRITION/HEALTHY EATING

9. Do you think you eat healthy and have healthy eating habits? Why or why not?

10. What helps people “eat healthy” and what makes it challenging?

11. Are you interested in learning more about how to choose and prepare healthy foods?

HEALTH EDUCATION/COMMUNICATION

12. Would you be interested in opportunities or programs to help improve your health and your family’s health?

13. Where do you currently get health information? In what format would you like to receive future health information?

14. If you had one suggestion on what would help Anne Arundel County residents to eat healthy and move more, what would it be?
APPENDIX D
Focus Group Discussion Guide on Mental & Behavioral Health

DISCUSSION QUESTIONS

1. What does mental health mean to you? How about behavioral health?

2. In your opinion, are mental health and behavioral health issues a problem in Anne Arundel County? Why?

3. What kinds of mental health and behavioral health issues do you see among adults in Anne Arundel County? Among youth?

4. What kinds of substance abuse or addiction problems do you see among adults in Anne Arundel County? Among youth?

5. How would you describe the community’s attitude towards mental and behavioral health?

6. How would you describe the community’s attitude towards substance abuse or addiction problems?

7. Where in the community do people go for mental health and behavioral health services? Where do people go for substance abuse treatment?

8. What are the barriers to accessing local mental and behavioral health services and treatment programs?

9. In your opinion, are there enough mental and behavioral health services and treatment programs in your community?

10. Do you feel there are adequate services to support the family members of people with mental illness or substance abuse problems?

11. How would you rate the quality of mental and behavioral health services and treatment programs you have interacted with?

12. Do you feel people are fully aware of existing resources and services available to them? Why?

13. How do you usually hear about mental and behavioral health resources in the community, such as counseling programs or support groups? What is the best way to promote these programs?

14. Overall, what suggestions do you have to ensure that the children and adults have access to quality mental and behavioral health and substance abuse treatment?