

# GEORGIA HEALTH POLICY CENTER



## ARCHI COMMUNITY HEALTH NEEDS ASSESSMENT: FINDINGS FROM COMMUNITY FOCUS GROUPS

Atlanta Regional Collaborative for Health Improvement (ARCHI)  
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## Introduction

As part of the community health needs assessment conducted by The Georgia Health Policy Center (GHPC) for the Atlanta Regional Collaborative for Health Improvement (ARCHI), five focus groups were conducted with adults in DeKalb and Fulton Counties. The focus groups were implemented to gather community input for the needs assessment. The objectives of the focus groups were to:

- gather participants' feelings about the health and health needs of their communities;
- solicit their input on how their health-related challenges might be addressed; and
- understand the assets and resources that are already in place in their communities to facilitate health improvement.

Five focus groups were held in targeted areas within the two counties (see Table 1), with a total of 52 participants. These locations were identified as being hot spots within the counties after review of the following indicators: demographics, key drivers (poverty, uninsured population, and educational attainment), social and economic factors, physical environment, clinical care, health behaviors, and health outcomes. Wherever possible, census tract level data was examined to determine with even greater specificity those areas for additional qualitative data collection and analysis. For four of the focus groups, the targeted recruitment areas were based on specific ZIP codes within the counties. A fifth focus group was held with Spanish-speaking Latinos in the Buford Highway corridor (with residents drawn from DeKalb and Fulton Counties).

**Table 1. ARCHI Health Needs Assessment Focus Group Locations**

County	Recruitment Area
DeKalb County 1	ZIP codes 30032 and 30316 (Southwest parts of the county- Belvedere and Avondale areas)
DeKalb County 2	ZIP codes 30034 and 30288 (Southern part of the county - Adair and Cedar Grove areas)
DeKalb/Fulton Counties	The Buford Highway corridor and Chamblee, Doraville areas (focus on Spanish-speaking Latinos).
Fulton County 1	ZIP code 30315 (Southeast of Atlanta - Pittsburgh/West End areas)
Fulton County 2	ZIP codes 30314, 30318 (West and Northwest of Atlanta - Bankhead and Vine City areas)

## Focus Group Participant Recruitment Process

Wilkins Research Services (WRS) was contracted to conduct participant recruitment for four of the focus groups [DeKalb (2) and Fulton (2)]. Recruitment for the focus group with Spanish-speaking Latinos in DeKalb/Fulton Counties was conducted separately and is described below. For the focus groups for which WRS recruited, a county demographic profile was created that included the racial make-up (African American and White) and age range (25-34 years old, 35-44 years old, 45-54 years old, 55-64 years old, and 65+). Participant recruitment targets were set for each racial and age category to approximate the county or targeted ZIP code demographic profile (e.g. if a targeted area had 80% African American population and a 20% white population, WRS attempted to recruit a focus group participant list that reflected that demographic profile). WRS utilized lists of landline phone numbers for the targeted ZIP codes in the focus counties and randomly called phone numbers to screen for participants for the focus groups.

Participants for the focus group with Spanish-speaking Latinos in the Buford Highway corridor were recruited from English language and nutrition classes held at a local Pre-K site in Doraville. See Table 2 for a summary demographic profile of the focus group participants.

**Table 2. Summary Demographic Profile of Focus Group Participants**

Focus Group	Gender		Age				Race				Total
	Male (N)	Female	25-34	34-44	45-64	65+	African American	Caucasian	Hispanic/Latino	Other	
Buford Highway Corridor/Doraville 3/13/2013 N = 9	1	8	5	4	0	0	0	0	9	0	9
DeKalb County #1 3/13/2013 N = 10	6	4	2	1	7	0	8	2	0	0	10
DeKalb County #2 3/14/2013 N = 12	4	8	3	4	4	1	11	0	0	1	12
Fulton County #1 3/19/2013 N = 10	7	3	2	1	7	0	9	1	0	0	10
Fulton County #2 3/21/2013 N = 11	4	7	5	2	4	0	11	0	0	0	11
<b>Totals</b>	<b>22</b>	<b>30</b>	<b>17</b>	<b>12</b>	<b>22</b>	<b>1</b>	<b>39</b>	<b>3</b>	<b>9</b>	<b>1</b>	<b>52</b>

All of the focus groups were held in a location central to the targeted area. Participants were provided a light meal and a stipend for their participation. They were provided a copy of an informed consent form approved by the Institutional Review Board of Georgia State University and asked to sign these consent forms prior to beginning the group discussion.

Focus groups lasted an average of 90 minutes. There was a facilitator and note taker present at each focus group. Each discussion was recorded and transcribed. Focus group participants were asked about their perceptions of their families' health and health in their communities, barriers to better health, and their suggestions for how to address key health concerns in their communities. This summary report reflects the main themes from the discussions in the five communities. Themes that are common across the focus groups are summarized and presented here. When appropriate, differences within and across focus groups are noted.

## Participant Views on Healthy Living

Participants defined "living a healthy lifestyle" consistently across the focus groups. They most often cited the importance of eating well and getting regular exercise. Getting enough sleep, managing stress, and having access to regular health screenings and medical care were also cited as important components of a healthy lifestyle. When asked whether they and their families lead a healthy lifestyle, most participants reported that they were not as healthy as they should be, though there were individuals in each group who described efforts to incorporate exercise and healthy eating into their daily lives. The barriers to leading a healthy lifestyle described by participants were:

### *Lack of Time*

Participants described having long work hours, leaving them with little time to exercise and to plan and prepare healthy meals. Multiple participants described working two jobs or twelve hour shifts. A Fulton County resident described the challenge of preparing healthy meals at home in this way: "I was commuting...45 minutes when there was no traffic. I have a child, and it was difficult to have to go home after work, get there by 7:30 because of traffic, cook and end up eating at 9 pm. The choice was either that or eating something quick and easy." Participants in the Buford Highway group noted that the lack of time was especially true for men. One participant observed, "there's not enough time because they [men] come home from work and they are tired and there are things to do around the house. The kids need help with their homework and they don't have the time to take the kids to the park."

### *Expense*

Expense was cited as a barrier to healthy eating in all the focus groups. Participants said that healthy foods are more expensive than junk food and fast food. Many acknowledged that they know what they need to be doing, but often cannot afford to eat healthier. A

resident of DeKalb County observed, “We all know what we are supposed to do... I feel like I should get the organic bananas but they are ten cents a pound more [than the regular bananas] and I am trying to stretch a dollar.” A resident of Fulton County described the issue this way: “...at this point economics play a big part, because if you are on a limited budget or you don’t have a whole lot of money, you can buy 5000 calories worth of product for \$3.00, but it doesn’t mean that it has nutrition. If you want a nutritional product, that \$3.00 will buy you 100 calories. A lot of people eat unhealthy because that is what they can afford.”

Participants in the Buford Highway focus groups were immigrants and commented on how much more accessible fast food is in this country as compared to their home countries. They described how they struggled to adjust to the change in diet and more readily available and affordable unhealthy food options. For many in their home countries, eating outside the home was not an option because of the high cost. Multiple participants across the five focus groups commented that it was cheaper to eat out at a fast food restaurant than it is to prepare a meal for your family at home.

### *Ease of Access/Location*

Participants in the DeKalb and Fulton focus groups pointed out geographic disparity in the availability of healthy food options - where you live determines what food you have access to. The sentiment expressed by participants in Fulton County illustrates this perception:

“You must shop elsewhere [outside of this community] to make the better choices.”

Participants described local grocery stores with poor produce selections and limited to no opportunities to buy organic foods. Participants talked about having to go to “downtown” or to the “white areas” (i.e. Decatur, Intown Atlanta) to shop for healthy foods from places like Whole Foods or local farmers markets. Another resident noted that “if you live in this neighborhood, we don’t have access to a grocery store. You have to go all the way to Moreland. If you don’t have a car, you are in trouble. Have you ever gone grocery shopping on MARTA?” A participant in DeKalb County described how location affects eating habits in this way: “From the south end of the county to the north end of the county you have different options. I love Whole Foods but the locations are [far away].” On the other hand, fast food is readily available in many communities.

Participants from DeKalb County and Buford Highway described the high numbers of fast food restaurants in their communities. One participant described it this way: “I was going to say also the total notion of what some people call food deserts, depending on access of healthy choices in food, depending on where we live, depends on the type of nutritious foods that you have access to. Like you said, when you have small children and it may be quick to go pick up something, but in certain areas all you have are fast-food restaurants.” Another participant from DeKalb County observed: “There is a fast food place on every corner...they are pulling us in, and we know that is bad food. It leads to diabetes... somebody is competing to give it to us, and the health care industry and trying to compete to slow it down.”

### *Lack of Access to Opportunities for Physical Activity*

Similar to the role that location plays in access to healthy food, participants described how their communities offered limited opportunities for recreation and physical activity. Lack of local opportunities for recreation was cited in all of the focus groups but one (one of the Fulton County groups). Participants lamented the lack of parks with facilities for promoting exercise, the lack of gyms nearby, and in one Fulton County group, the closing of local community centers. While residents in both DeKalb County groups mentioned the growth in green spaces in the county through the county green space initiative, some residents in the county complained that the green spaces in the county were not conducive to exercise. One participant described the local parks this way: “What I would consider to be a park is not really what we have around here. I think that what they are calling a park is geared towards kids, or is just a small clearing. There is no place for you to actually get out and run or walk. You would have to go to Piedmont Park or Inman Park. You have to go into the city.”

For participants across the focus groups, safety in their communities was cited as a barrier to exercise – lack of sidewalks for walking or running, fear of allowing children to play outside, and lack of public safety in their communities. A resident of DeKalb County described rules in her community that prohibit children from playing outside. “I can’t go outside where I live... they don’t allow children to be outside and play in the apartment complex. They say there are too many accidents and dangers, and there are so many kids in the complex, that they don’t want any of them playing outside. There is no play yard for them to play in.”

### *Culture and Environment*

Culture (familial, community, and even Southern) and “where you come from” were mentioned as factors that affect people’s health behaviors, particularly related to food. Participants described habits learned from an early age and food preparation methods as being highly ingrained and difficult to change. In addition, cultural and familial customs impact food preferences. One participant described trying ground turkey as a substitute for beef, but could not tolerate a burger made with the healthier option. Another described how he “came up in the ‘40s. We cooked a lot of things with grease and that is what you liked and that was the taste that you wanted. That is why it is hereditary, because mama and daddy cooked in that and now you are eating it too.”

Some participants talked about the influence of community on health habits. A resident of Fulton County described this in this way: “If you live in a certain environment, people mimic what they see, so there could be certain communities might not be conducive to perpetuating a wholesome lifestyle... so an individual can try and improve but community has a lot to do with it.”

### *Lack of Education*

Participants mentioned the lack of information about or awareness of strategies for healthier living. One resident in DeKalb County mentioned that his mother has diabetes, but does not know how to eat right to help control her condition. Another said that “some people know what to eat, some don’t. Some people know how to exercise, and some don’t. They need education about this stuff.”

### *Lack of Motivation*

In each focus group, there was at least one individual who stated that leading a healthy lifestyle was up to the individual and the responsibility of that person to make the right choices. They often disagreed with the other participants who placed much of the blame for unhealthy lifestyles on environmental, economic, and cultural factors. These participants often talked about “laziness” and the tendency to “make excuses” for not incorporating healthier habits into their lives, despite the obstacles. A Fulton County resident stated, “there are some places that don’t have fresh products, but healthy eating is really a mind thing and if you want to do it, you can do it.” A participant from DeKalb said that, “for me healthy living is discipline. We know what to do, it is the discipline of doing it. It’s personal, I don’t think that it is economics.”

## Factors that Support Healthy Living

When asked what factors help support healthier living, participants talked about the importance of family, both as a motivator for being healthy and as a support system for sustaining healthy habits. Many participants described how having children motivated them to stop smoking or to make other lifestyle changes so that they would be around longer for their families. Participants described how they planned recreational activities and exercise as part of time spent with their children or other family members. A participant from Fulton County meets a family member at a track to walk each week. One participant in the Buford Highway corridor described how she put Zumba on her computer and gets her children to dance along with her for exercise.

Family medical history is also a motivator for health behavior change. Knowing that there is a family history of cancer, high blood pressure, or hypertension was cited by a few respondents as a motivating factor to improve their habits. A participant from Fulton County described how he came from a family of “big people” and tried to be around active people to help support healthier habits. Another started a walking program in an effort to avoid issues with high blood pressure, which runs in her family.

Other enabling factors mentioned included: an intervention by a medical provider to spark behavior change, wanting to lose weight, and wanting to feel better.

## Community Health Concerns and their Causes

Following the discussion about healthy living and the factors that support and hinder healthy habits, participants were asked to reflect on specific health concerns within their families and their communities and the causes of those issues. Below is a summary of participant perceptions of tobacco use, drug and alcohol abuse, risky sexual behavior, and chronic disease in their families and communities.

### *Tobacco Use*

Participant perceptions about the prevalence of smoking in the communities varied within and across focus groups. Most thought that tobacco use continues to be an issue of concern in the community, even though it is “getting better.” They cited the expense of cigarettes and laws that have passed that prohibit smoking in many establishments, like restaurants and the work place, as having helped to reduce the prevalence of smoking. Some participants in one of the Fulton County groups observed that they see a lot of people smoking and believe it to be more prevalent than before.

When asked to consider the causes of smoking, participants responded that it was an addiction that many were unable or unwilling to overcome. Participants in the DeKalb and Fulton County groups commented that smoking is a group behavior – people do it because of peer pressure or because it is a social activity. Participants in one of the DeKalb and one of the Fulton County groups observed that it was easy to obtain cigarettes in the community because of the number of convenience and liquor stores that sell them. In one DeKalb County group, participants talked about how smoking is “pushed at you” by the media and society. One participant observed, “Now that’s one of the things I think society kind of plays a hand in, because it’s pushed at you. You know cigarettes are everywhere and anywhere, so it’s easy to pick that habit up and use it for a long length of time.” Participants in DeKalb and Fulton County suggested that cigarette companies will do “whatever it takes” to get young people to start smoking. As one Fulton County resident observed, “Cigarettes are a money-making business...So they want to sell the products and they are going to do whatever they can do to advertise them.” Others noted the role that smoking plays in stress management for those who smoke. A DeKalb County resident described tobacco as a “pacifier.”

When asked to consider what might help smokers stop smoking, participants observed that nowadays, everyone knows the harmful effects of smoking and continue to use tobacco anyway because it is addictive. Multiple respondents called cigarettes a “drug” that is more addictive than other street drugs. Participants across the focus groups observed that smokers only stop once they have a health scare. A DeKalb County resident observed that most people he knows who had stopped smoking did so only after a tragedy occurred. Some recounted interventions by doctors to warn of the harmful effects of smoking as being motivation for family members struggling to quit smoking. Others described family as being a motivator to stop. A mother from Fulton County recounted how she stopped

smoking after having children. A participant in the Buford Highway group suggested that a message that would likely resonate with smokers is to describe how smoking (i.e. the harmful effects of secondhand smoke) affects their family's health.

### *Drug and Alcohol Abuse*

Participants across all the focus groups were uniform in their assessment of the presence of drug and alcohol abuse in their communities. In the Buford Highway group, one of the DeKalb groups, and in both Fulton County groups, residents observed that alcohol abuse was more of an issue than drug abuse and attributed the problem to the ease of access to alcohol and the fact that it is legal to purchase. They described liquor stores on every block selling inexpensive alcohol. Participants in one DeKalb County group observed that the number of liquor stores and convenience stores selling alcohol have increased over time, particularly in certain areas of their communities where there had been a more limited supply in the past. A participant from the other DeKalb County group observed that "every store has cheap beer, on every block in DeKalb County." A resident of Fulton County observed that there are laws that these stores can't be within a certain distance of a church or school but that it "seems like this law doesn't apply to our community."

The participants from the Buford Highway group described alcohol abuse as being more serious than drug abuse in their community, particularly among men. In the Buford Highway group, they described it as a problem with its roots in the experience of immigrants. Young men immigrate to this country alone to work. They drink because they are lonely and miss their families and friends back home. One participant described the phenomenon in this way: "there are a lot of men who are alone, who don't have their families here. And the only thing they do when they have free time on Saturday and Sundays when they don't work is drink. And perhaps they think that by drinking they are forgetting."

In addition, the Buford Highway participants observed that there are more opportunities to drink in the United States than in their home countries. Liquor is cheaper here and because people have more opportunity to work and earn a better wage in the U.S., they have more disposable income and are able to purchase alcohol.

When asked about drug abuse in their communities, most participants viewed this as an issue but observed that it was less obvious because it is illegal. Many mentioned that the problem is concentrated among teens and young adults in their twenties and that they seem to be using different drugs now. As one resident of DeKalb observed, "I think that crack and cocaine are becoming obsolete, because the younger generation is into popping pills, ecstasy, they are trying to get this artificial reefer now." Drugs such as ecstasy, mollies, and marijuana were the perceived drugs of choice. Residents of DeKalb County also described problems with addictions to pain medication and other prescription drugs in their communities.

Participants blamed the problem of drug use on the influence of the media, music (particularly rap music), and access to information on the internet. One participant described the role of the internet in fueling drug abuse this way: "You would be surprised

at the knowledge a person gains just by doing research on the internet about what that drug can do. He doesn't know if the drug gives a high until he gets through doing his research on the internet." Peer pressure was also cited as a driving force behind drug use in all of the focus groups. A participant from DeKalb County described the influence that peer pressure exerts on youth this way: "You would be amazed at how greatly that affects these kids nowadays. So it's not just, 'Oh well I'm tough and I don't have to listen to them.' It's like 'No, everybody is doing this one thing.'"

### *Risky Sexual Behavior among Teens*

Participants across and within the focus groups had differing opinions about whether risky sexual behavior was an issue in their communities. Some participants observed that sexual activity among teens is the same everywhere and has not changed that much over time. A participant from DeKalb County said, "I really don't honestly think that it is any different than when we came up... These kids are no different from us. We all did the things these kids do sexually... this is going to happen as long as there are males and females." In the Buford Highway and Fulton County focus groups, participants did express concern over the level of sexual activity among teens. Many commented on how sexual initiation is occurring in younger children. They specifically commented on the role that peer pressure plays in sexual initiation and activity. A resident from Fulton County explained that teens are not thinking about morals and values instilled by their families but about impressing their friends.

Multiple participants across focus groups observed that parents were often ill-equipped to teach their children about safer sex and abstinence. In the Fulton County focus groups, residents cited the relative youth of parents ("babies raising babies") and their perception that young parents do not know how to be good parents as a key factor. Participants in the Buford Highway focus group said that parents did not know how to have frank conversations with their children about sex. They talked about the need for parent education to help them feel more comfortable having the sex talk. As one participant said, "You are not going to stop sex, you have to teach them about protection." This issue was discussed at length among the participants in the Buford Highway group who described the centrality of culture in this issue. "Our parents never spoke to us about sexuality and how to protect ourselves. It was a taboo subject," observed one participant. "For us in the Latino community, it is an off-limits subject, and we don't know how to begin a conversation [with our kids]."

### *Chronic Disease*

There was a perception across all the focus groups that chronic disease, especially diabetes, high blood pressure, and heart disease, are of concern in their communities. While behavioral and lifestyle factors were the main causes of chronic illness (and are described above), multiple participants spoke of the role of family history, describing chronic conditions as being hereditary.

For participants in the Buford Highway and one of the DeKalb County focus groups, lack of access to a regular source of health care was seen as a contributing factor to the prevalence of chronic disease. Participants from the Buford Highway focus group described how the high rate of uninsurance meant that many people do not get screened and do not realize that they have a chronic disease, and that those who are sick do not have the resources or support to help them manage their chronic illness.

### *Environmental Factors*

Though mentioned less often than other factors, a few participants from DeKalb and Fulton Counties mentioned environmental pollutants and hormones and other additives in foods as concerns for community health and well-being. They talked about air pollution and exposure to chemicals as being causes for an increased incidence of asthma, cancer, and other health issues in their communities.

### *Access to Care*

In all of the focus groups, except the Buford Highway focus group, there was a mix of insured and uninsured individuals. Those without insurance lamented the prohibitively high cost of purchasing health insurance. Residents in one DeKalb County focus group said that they were hopeful that the implementation of health reform would result in better access to affordable health insurance.

Residents mentioned Grady as the most known source of care for the uninsured, as well as other free or sliding scale clinics located in their neighborhoods and communities (among those mentioned were, St Joseph's Mercy Care, the "clinic on Sunset," and the Health Department). Participants noted however, that many people do not know where to go for care if they are uninsured and that those without insurance who seek out care often have to wait for long periods for an appointment.

Access to care was a particularly difficult challenge for the participants in the Buford Highway focus group. None of the participants reported having health insurance, and very few had any access to health services. A few respondents described waiting in line for three or four hours at community health fairs to take advantage of free screenings. Others described how they tried to take care of themselves so that they would not get sick and require medical care. "I pray to God that I don't get sick because it is so expensive." Another described the fear this way: "We are all terrified of getting sick. If one of us gets sick, your husband can't pay for medical care. I always say that I'm not allowed to get sick."

## **Community Resources and Programs to Address Health Issues**

Focus group participants were asked to describe their knowledge of, and experience with, health-related programs and resources in the community. Overall, their experience with health programs was limited. Multiple participants across the focus groups commented that there were probably programs and services available to address health concerns, but they had never accessed them and were not aware of them. Some programs mentioned by participants included efforts by sororities to do outreach and education and programs

offered by the Boys and Girls Club and the YMCA to try and engage youth in activities and recreation. These efforts, as one participant put it, are often limited to “small pockets of people doing things, but it is not enough.”

## Prioritizing Health Issues

In each focus group, participants were presented with six data points related to health and health-related behaviors in their counties. The data were generated from the Kaiser Permanente Community Health Needs Assessment Portal or the Georgia Department of Public Health OASIS database. The data shared with participants were a combination of health behavior data (smoking, alcohol use, etc.) from the Behavioral Risk Factor Surveillance System survey; disease prevalence data from the Georgia OASIS database; and information on the county built environment (proximity of green space and parks, number of fast food establishments, etc.) from the 2010 U.S. Census and 2009 USDA Food Desert Locator.

Participants were asked to review the county-level health data and to reflect on their own perceptions of health and health concerns in the community and prioritize the issues that should be the focus of community health improvement efforts over the next three years. The most often mentioned priority areas coming from the group discussions were:

- *Healthy Living*: Respondents in all five focus groups recommended that efforts be focused on helping people live healthier lives through increased exercise and better nutrition. Comments focused on the problem with rates of overweight/obesity, diabetes, and other health issues related to lack of physical activity and poor diet. Specific recommendations included:
  - Increasing opportunities for recreation and physical activity in the county through expanding park/green space and adding recreational facilities and programs (both DeKalb County groups and both Fulton County groups)
  - Increasing local access to healthy food options through addressing food desert issues and expanding access to local and fresh produce (DeKalb County and Fulton County)
- *Access to Care*: Increasing access to health care through expansion of affordable health insurance options was a priority area mentioned in three focus groups (Buford Highway, one of the DeKalb County groups, and one of the Fulton County groups).
- *Sexual risk-taking behavior*: Participants in the Buford Highway and one of the Fulton County groups prioritized sexual risk taking behavior (teen sexual activity and teen pregnancy; STDs and HIV).

## Ideas for Addressing Issues of Concern

When asked what areas of health they would prioritize, participants began to speak about how to address health concerns in their communities. Ideas for how to address the prioritized health issues focused primarily around health promotion education, including parent-focused education; healthy cooking classes; increased opportunities for recreation for youth; local solutions to health issues; and expanding access to health care.

*Health Promotion Education:* The most mentioned priority was the need to provide information and tips for skill-building for healthier living in the community. When asked to reflect on the best way to provide education, respondents in all the focus groups mentioned training/classes for parents. Many stressed the importance of teaching parents how to set a good example for their children as it relates to healthy eating and exercise. “The education should start with the parents. I don’t think that most parents know what is healthy eating or healthy living,” stated a resident of DeKalb County. Some participants stressed the need to start early and provide education to children as a way to create new habits in the home. A resident of Fulton County spoke of educating elementary school kids who can come home and teach their parents.

Participants also talked about the need for programs to help parents learn how to communicate better with their kids, particularly related to sexual behavior and drug and alcohol use. The Buford Highway participants spoke about the need for education to “teach us how to be better parents” as a way to help address issues like drug and alcohol use and teen sexual behavior.

When asked how to best provide education and information on healthier living, participants stressed the importance of using personal outreach and health counselors, rather than more passive methods for communicating health information, such as pamphlets or papers. A resident of DeKalb County talked about health and wellness coaches that can “get on a personal level and discuss how to live healthier.” Participants from Fulton County said that any education should be through contact with people and focus on outreach that is personable, not just sending something in the mail. Others agreed that sending brochures in the mail or handing out information on paper is not reliable because people just throw it away.

*Increased Recreation Opportunities for Youth:* Participants in the focus groups commented that there is a dearth of activities for youth. They talked about the need for activities in local communities to keep kids off the streets. Participants across the two counties spoke of their own experiences as adolescents participating in activities through their local community centers and Boys and Girls Clubs. One resident described his experience with programming this way: “You made a comment earlier about there are no more recreation centers. When I came up, we had a recreation center called Vine City Recreation Center, and believe it or not I learned a lot...And come summertime instead of you being out doing bad stuff, you had something to participate in. They taught you how to swim. They taught you how to play baseball and run track. That is a nice role model.” They went on to observe that there did not seem to be the same opportunities for kids today.

*Healthy Cooking Classes:* Participants in four focus groups mentioned the need for healthy cooking classes offered in community settings like grocery stores, churches, health departments, and community centers.

*Local Action to Improve Health:* Multiple participants across the focus groups suggested that communities form small action groups. These participants commented that the experience of participating in the focus group had been a positive one and thought that bringing groups of residents together to discuss health concerns and develop local solutions to the issues would be effective. Some participants suggested building upon neighborhood associations as a way to ignite action. In one DeKalb County group, participants lamented the lack of connection and communication among neighbors and in the community. One resident suggested that “people in the community should actually get together more and have discussions about what is going on in their community, you know, person-to-person.”

*Access to Care:* Participants stressed the need for expanded access to care either through lower cost health insurance or local clinics that provide affordable care. Participants in each group suggested the creation of an affordable insurance program for those who don’t have access to other options for coverage.

## Community Health Leaders

Focus group participants were asked to reflect on organizations and individuals who are seen as leaders and who would be effective in addressing local health concerns. Residents in both of the DeKalb, one Fulton, and Buford Highway groups struggled to name local community leaders (organizations or individuals). Some participants admitted that there were probably leaders focused on health concerns, but they were not aware of them. As a resident of DeKalb County stated, “I really think there are leaders that are doing this [health improvement efforts]. Nobody comes to mind, but that is my fault, because I am not paying attention.” Others stated that no one was focused on addressing health concerns for the community because they were focused on other issues - there is no one whose job it is to focus on health issues. Residents from Fulton County complained about the lack of elected officials who really worked for their communities to improve quality of life and health.

Participants in all of the focus groups spoke of the important role churches have in communities and suggested that they could play a central role in health programming at the local level. Participants in one Fulton County group saw a potential role for neighborhood watch and local community groups in addressing health concerns.

## Focus Group Summary

There was agreement across the focus groups that the health issues of most concern were obesity, heart disease, diabetes, and other conditions related to poor nutrition and lack of physical activity. Barriers to better health most often cited were lack of time, expense, lack of local access to healthy food options and recreational opportunities, and challenges posed to healthy living by the built environment. In every group, participants acknowledged the role that personal responsibility and motivation play in behavior change and were clear that most people know what they need to do but just do not do it.

Participant ideas on how to most effectively address health issues of concern were focused on health promotion and education and the need for changes to the local environment to support behavior change.

*Health Promotion Education:* Participants across the focus groups saw value in focusing educational efforts on young children and providing reinforcement for that education by providing skills building education for parents in communication (related to sexual behavior and alcohol and drug use) and healthy living (healthy food preparation, incorporating physical activity, etc.). Any educational efforts should be provided in person by health counselors or outreach workers, as participants saw limited effectiveness in brochures or mailings.

*Changes to the Local Environment:* Participants described the ways that their local environment was a barrier to healthier living. Safety was a concern for many and cited as a reason that people do not exercise more (i.e. lack of sidewalks for walking, concerns about public safety/crime). A lack of accessible and affordable recreational space was an issue in these counties. The abundance of fast food restaurants and liquor stores combined with a dearth of outlets selling fresh and affordable food posed a challenge for many participants and their families who want to eat better.

There appears to be a shared sentiment that any solutions should be local. Participants commented on the positive experience of the focus group and how small groups of citizens coming together to discuss issues of concern and share ideas for solutions could be a powerful approach to addressing health problems.

Focus group participants had not had a lot of direct experience with health-related programming and had limited knowledge of programs and other supports. Similarly, most participants were unable to name local leaders that were focused on health issues. They identified the need to educate themselves and the community on programs and resources available to them locally. Churches were mentioned most often as a local resource and trusted presence.