

Ozarks Health Commission: Regional Health Assessment

**Focus Group Research**

Lisa Cox Hall, PhD, Missouri State University

Rachel Essmyer, Missouri State University

**THE BOONEVILLE COMMUNITY**

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### Background

The Springfield-Greene County Health Department and other partners within the public health systems, including local hospitals and local public health agencies (the Ozarks Health Commission) joined in an effort to conduct a health needs assessment throughout a 51 county region. The assessment was conducted in order to gain the best understanding possible of citizen health through systematic monitoring of our communities. The assessment, also, happens to meet the requirements for nonprofit, 501(C)(3), hospitals as required through the Affordable Care Act and assists local public health agencies obtain accreditation through the Public Health Accreditation Board.

This assessment included the collection and analysis of both primary and secondary data. Two methods used to gather primary data included (1) an electronic survey with 17 closed-ended items and two open-ended items (2015 Citizen Survey) (see Appendix A) and (2) a focus group interview (Ozarks Health Commission Focus Group Interview Guide) (see below). The survey was sent electronically to citizens throughout the region. The information gleaned from the survey, such as characteristics of respondents and questionnaire results, provided direction for then stipulating eligibility criteria for focus group participants as well as creating content for the focus group interview guide. Both are discussed in greater detail, below.

### Methods

#### Focus Group, general

A typical focus group consists of a facilitator, note-taker, and 4-10 participants and is 45-90 minutes in duration. The aim of a focus group is to collect qualitative information (perceptions, opinions, experiences, and details that help explain, for example, closed-ended survey responses). Focus group findings, like all interview findings, are not expected to be generalizable to a larger population; rather, focus group findings are a snapshot of the dynamics of a few people, each with their own perspectives and experiences, at a particular point in time.

A local facilitator and a local note-taker were identified and then trained to conduct the Ozarks Health Commission Focus Group Interview. Next, eligible participants were recruited for the focus group event.

#### Recruitment

The 2015 Citizen Survey revealed that older adults and women were overrepresented respondents, while Medicaid recipients and those with no health insurance were underrepresented respondents; therefore, we attempted, when recruiting for the focus group interview, to achieve a balanced variety of health and healthcare experiences. Our goal was to compose a focus group of not less than 6 people with the following characteristics:

Age: A maximum of 3 older adults
Gender: A minimum of 2 men
Insurance: A minimum of 1 individual without insurance A minimum of 1 Medicaid recipient A maximum of 2 Medicare recipients A maximum of 2 private insurance recipients
Behavioral Health: a minimum of 2 individuals

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Seven individuals expressed interest in participating in the Booneville focus group. Three were men and four were women; two were young adults (26-36 years old), three were middle-aged adults (37-64 years old), and two were older adults (65+ years old); three had private insurance, one had Medicaid coverage, two had Medicare coverage and one had no insurance coverage; one participant's husband had sought behavioral health services for PTSD. The recruitment efforts, therefore, met all composition goals except in the behavioral health category.

### Instrument

The goal of our focus group interview was to better understand citizens' perceived connections to health information and services in their community. The theme of connection arose from the preliminary findings of the 2015 Citizen Survey, in which "lack of social connection" was identified by many citizens to be a reason for poor health. Literature abounds in the social sciences, in epidemiology and, more recently, in medicine that supports the correlation between strong social connections and positive health status and outcomes. For these reasons, citizens' perceptions of their connections to health information and services in their communities was the main theme of the focus group interview.

### Focus Group Interview Guide

#### Introductory Phase

*1. What kinds of health issues or wellness concerns have you – or your family – had, in the last year or two?*

#### Central Discussion Phase

*2. Tell me a little bit about what you did – or what you tried to do – for this issue or concern.*

*Probe: for examples, you might have talked to a family member or friend, or you might have tried to look for information, or you might have called a professional.*

*3. Tell me whether you had an easy or difficult time trying to deal with your issue or concern.*

*Probe: Can you tell me what kinds of things made it feel that way?*

*4. What kind of help is available in your community for these kinds of issues and concerns?*

*Probe: Can you say more? How do you feel about that? Why do you think there is no help available for that?*

*If you think there is help but you don't know much about it – what should be done so that you (and others) could know more?*

*5. How comfortable do you feel with those in your community when it comes to your health and wellbeing?*

*Probe: Can you say more? How do you feel about that?*

*6. What would help you feel connected - or more connected - to health and well-being resources in your community?*

#### Closing Phase

*Is there anything on your minds that you wanted to talk about that I did not cover?*

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Note: This focus group was not conducted in the traditional way, in which one question is asked and each participant answers and then the next question is asked and each participant answers and so on. Instead, one participant spoke at a time while the facilitator attempted to ensure she or he addressed all six questions on the interview guide.

The key terms used in the focus group interview were *health*, *community*, and *connection*. They were defined as follows:

- Health: the physical, mental, and social aspects of health across the life course (inclusive of behavioral or mental health and aging related matters)
- Community: family, friends, acquaintances, and all the people you see on a day to day basis – the mailman, your pastor, a grocery clerk, your physician, elected officials and more.
- Connection: who you know, how comfortable you feel with them, whether you know about services and programs in your area and how important those things are to you.

Note: Focus group participants may not have been informed of the definitions, above.

The Booneville focus group was conducted on November 23, 2015 at Panera restaurant with seven participants in attendance. Written, informed consent was obtained and the interview was audio-recorded.

### Analysis

The audio recording of the Booneville focus group interview was listened to by the primary investigator (P.I.) as well as a Research Assistant (R.A.). Both organized the data into a spreadsheet, sometimes called a code sheet. The categories of the spreadsheet were based on the topics in the 2015 Citizen Survey. The data in the spreadsheets of the P.I and R.A. were then compared for similarities and differences. Differences were discussed and the audio recordings were re-checked for accuracy. These findings are discussed, below, in the general Findings sections, under Survey-Related Findings. Specifically, these findings are separated into Health Issues and Wellness Concerns, and Connection and Community.

The P.I. and the R.A., while listening to the audio recording of the Booneville focus group interview, also remained cognizant of new information presented by participants that was not in the original survey. When such new information appeared to be a salient issue for more than one participant and when the issue was deeply discussed by the group, we identified it as an emergent theme. These are presented below, in Emergent Themes. Specifically, the themes are Drugs, Lack of Opportunity: Jobs and Education; and Shortage of Staff and Lack of Services.

## **Findings**

### Sample

The characteristics of those in attendance met the focus group composition goals in the age, gender and insurance status categories but not in the behavioral health category. Please see the tables and graphs below for additional information about the demographics and social network characteristics of participants.

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<b>Booneville Participant Demographics</b>	<b>N=7</b>	<b>%</b>
<b>Age</b>		
Young adult (26-36)	3	42.8%
Early middle-aged adult (37-50)	2	28.6%
Late middle-aged adult (51-64)	0	0%
Older Adult (65-84)	2	28.6%
<b>Gender</b>		
Male	3	42.8%
Female	4	57.1%
<b>Race/Ethnicity</b>		
African American/Black	0	0%
American Indian	1	14.3%
Asian American	0	0%
Caucasian/White	6	85.7%
Hispanic/Latino	0	0%
Other	0	0%
<b>Education</b>		
Less than high school	0	0%
High school diploma/GED	0	0%
Some college	6	85.7%
Bachelor's degree	0	0%
Post graduate/professional degree	1	14.3%
<b>Employment</b>		
Employed full time outside of home	5	71.4%
Employed part time outside of home	0	0%
Unemployed	1	14.3%
Retired	1	14.3%
<b>Insurance Status</b>		
Private Coverage	3	42.8%
Medicaid	1	14.3%
Medicare	2	28.6%
None	1	14.3%

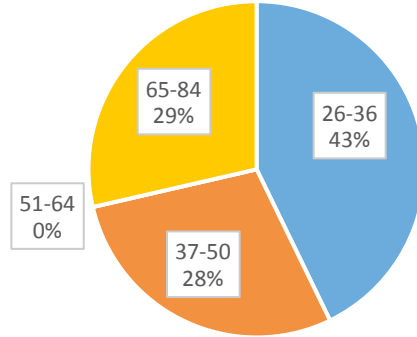
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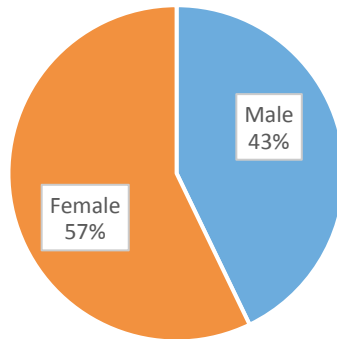
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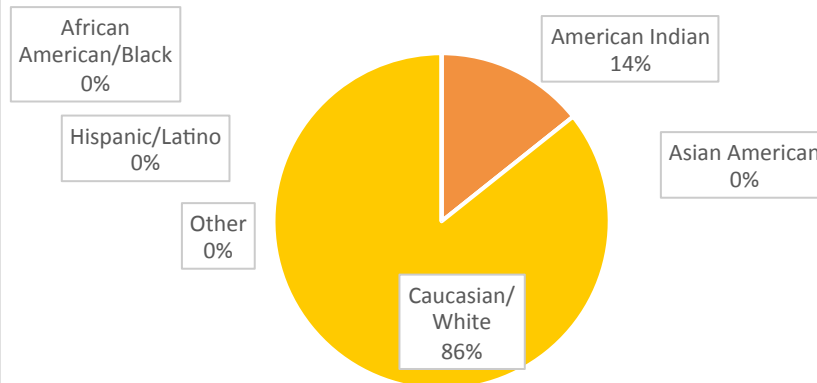
Ages of Booneville Participants



Sex/Gender of Booneville Participants



Race/Ethnicity of Booneville Participants

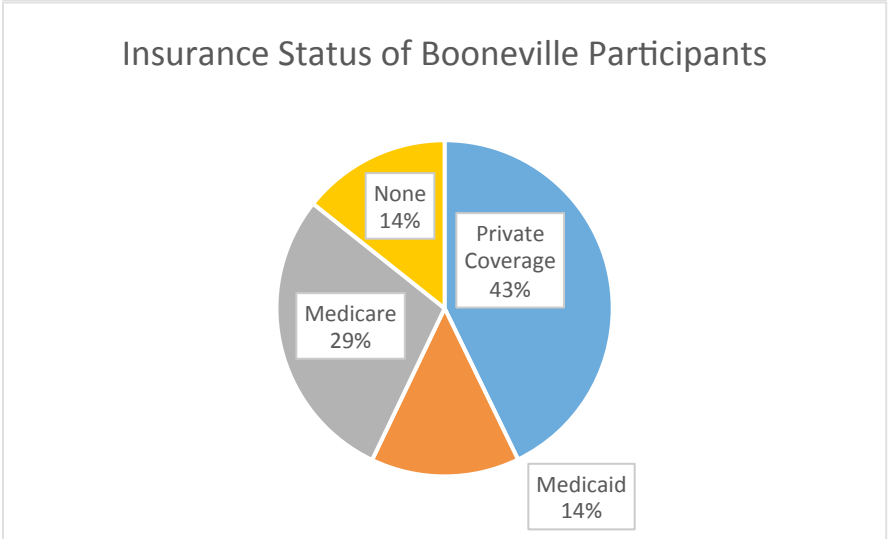
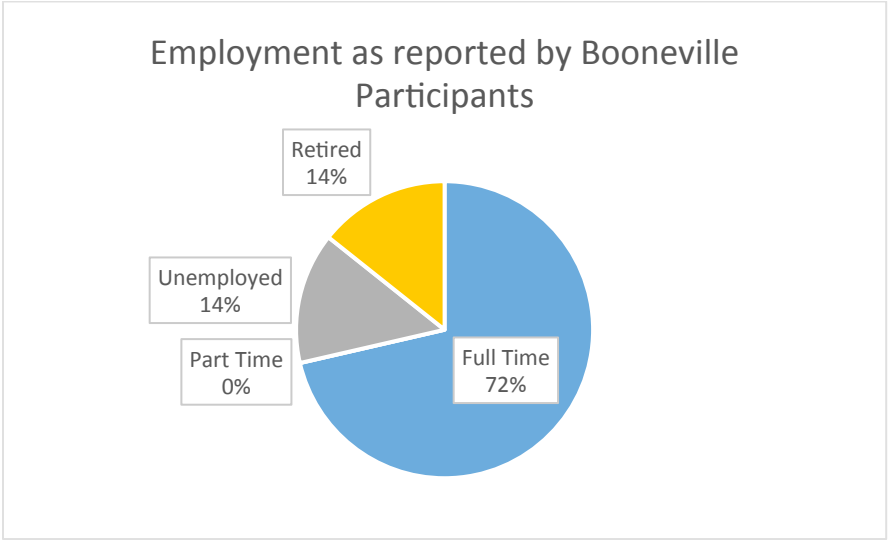
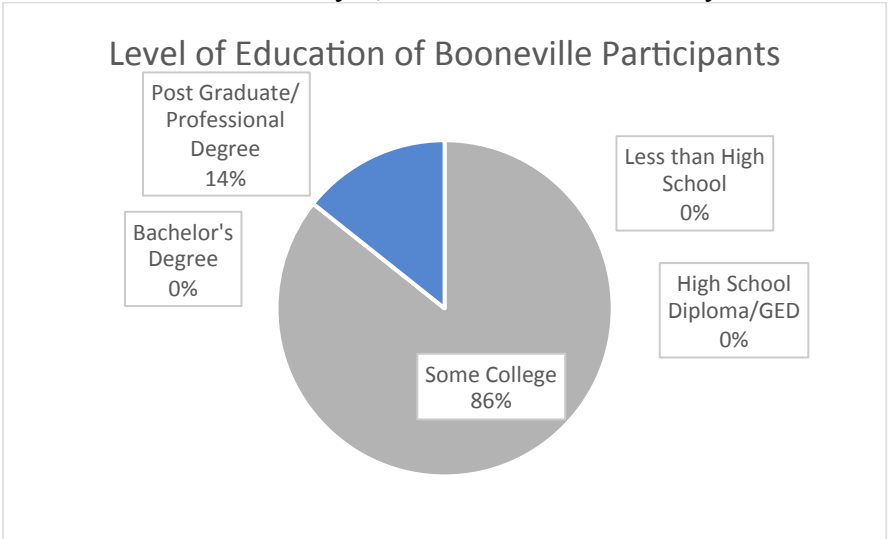


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<b>Reported Social Network of Booneville Participants</b>	<b>N=7</b>	<b>%</b>
<b>Relationship Status</b>		
Single, never married	0	0%
Partnered, not married	0	0%
Married	7	100%
Separated	0	0%
Divorced	0	0%
Widowed	0	0%
<b>Household Size</b>		
1	0	0%
2-3	3	42.8%
4-5	2	28.6%
6 or more	2	28.6%
<b>Number of Children</b>		
0	0	0%
1	2	28.6%
2	2	28.6%
3	1	14.3%
4	2	28.6%
5 or more	0	0%
<b>Children in Household</b>		
0	2	28.6%
1	2	28.6%
2	1	14.3%
3	0	0%
4	2	28.6%
5 or more	0	0%
<b>Hours of Volunteering per Month</b>		
0	3	42.8%
1-4	0	0%
5-8	0	0%
9-20	3	42.8%
21-40	1	14.3%
41 or more	0	0%
<b>Hours of Socializing per Month</b>		
0-1	0	0%
2-7	3	42.8%
8-14	2	28.6%
15-21	0	0%
22-30	1	14.3%
31 or more	1	14.3%

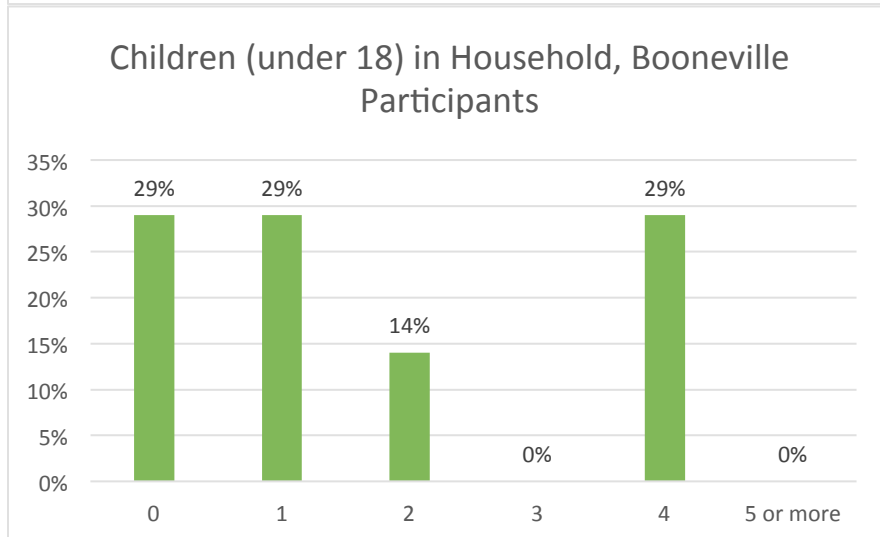
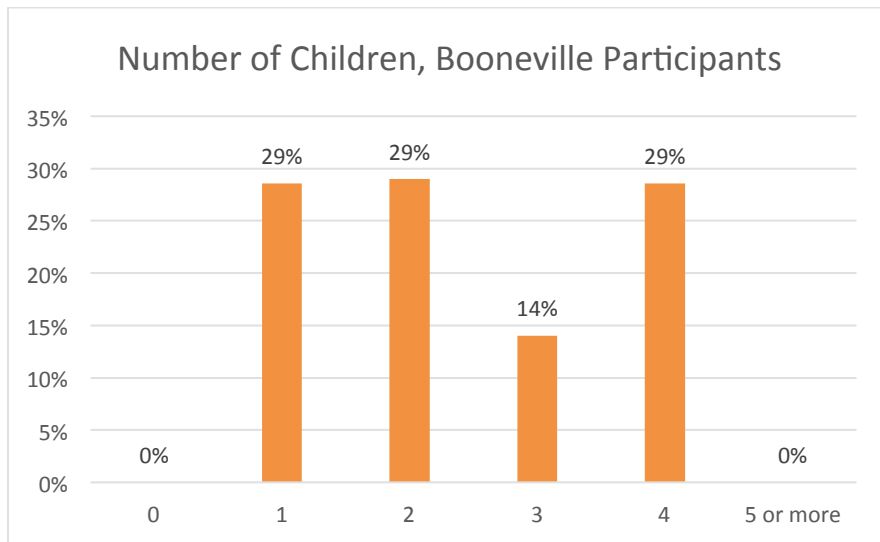
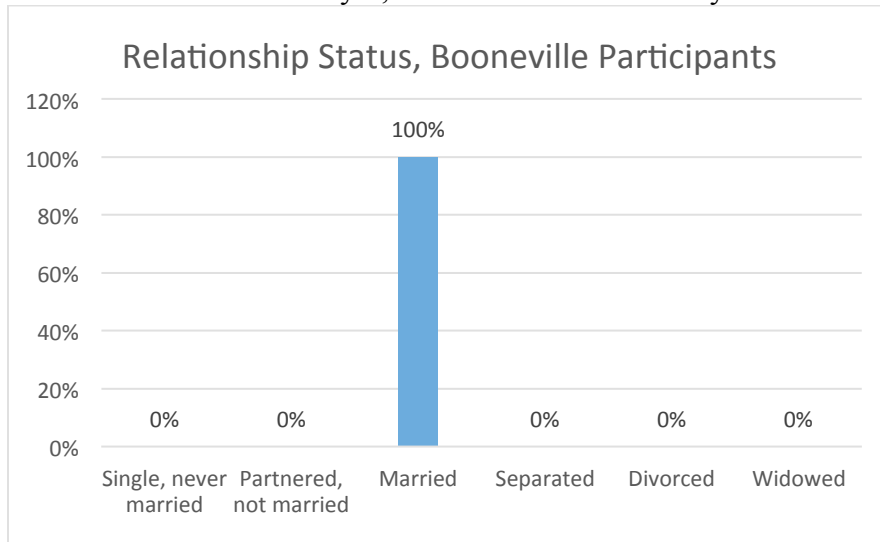


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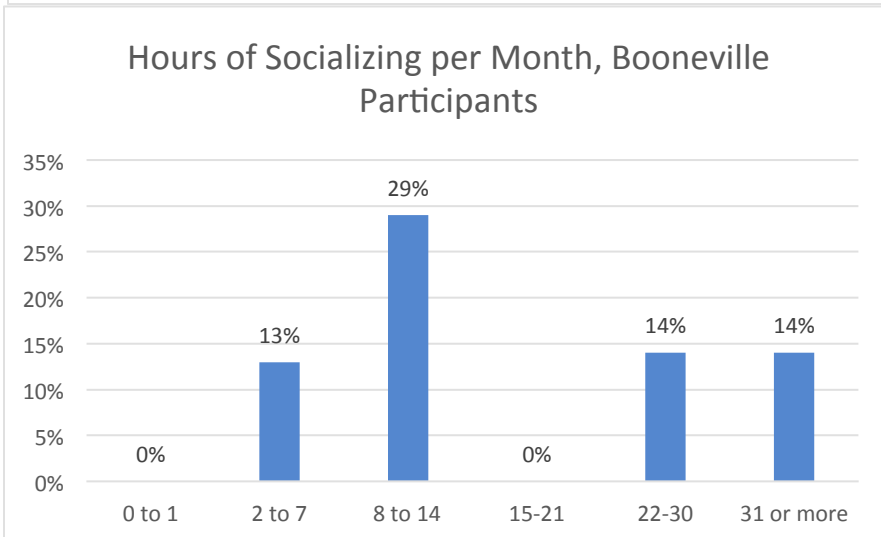
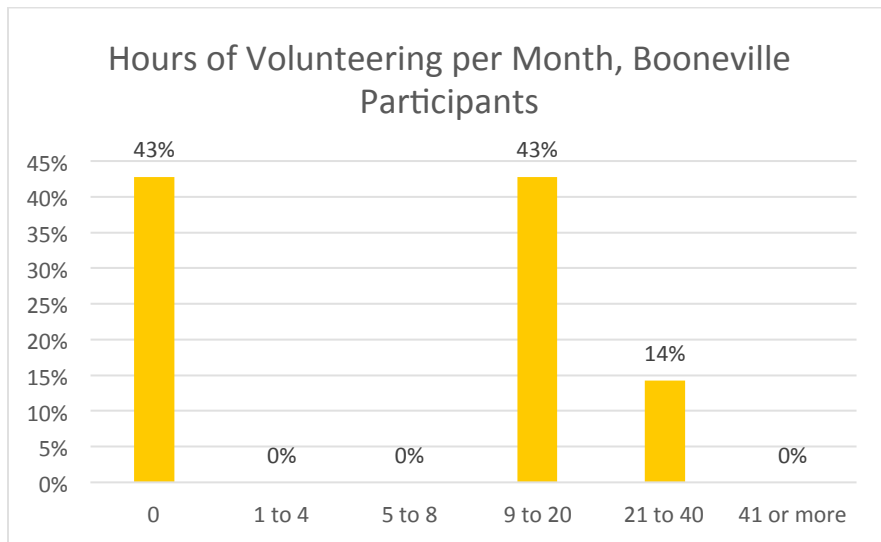
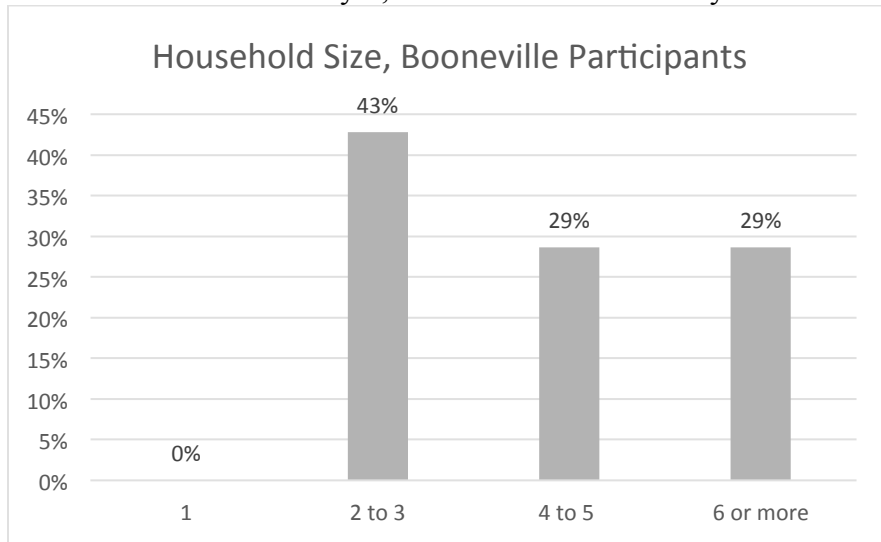


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#### Survey-Related Findings

##### *Health Issues and Wellness Concerns*

The first focus group interview question, “What kinds of health issues or wellness concerns have you – or your family – had, in the last year or two?” is an open-ended version of a question originally asked on the citizen survey. The survey question asked “How serious have the following issues been for you or your family in the last year?” and the ten answer options were: accidents, aging problems, alcohol and drug abuse, baby health, chronic disease, cost of health care, dental problems, infectious diseases, mental health issues, and unhealthy lifestyles. Focus group participants addressed 5 of the 10 major categories of health issues and wellness concerns listed on the survey. The five categories that participants and their families had dealt with in the past year or two included: **aging issues, baby/child health, chronic disease, mental health issues and unhealthy lifestyles**. The aging issues included back pain and arthritis in a participant. The baby/child health issues included death in a participant’s child due to spinal muscular atrophy; vision impairment in a participant’s son and lymphoma in a participant’s son. The chronic diseases included pancreatitis, diabetes and vision impairment in participant’s husband; psoriatic arthritis, hypertension and cardiac issues in a participant’s son. The mental health issue was PTSD in a participant’s husband. The unhealthy lifestyle, according to a participant, was “laziness” in his children; that is, lack of outdoor, physical activity.

My kids are a lot lazier than I was. That causes health problems and there is nothing the community can do for that. We got outside and played and my kids play video games that show characters outside... that’s how they go outside to play...any bad health problems, later on, that they have...are from the habits they are making now, of doing that and not going outside, exercising. I see that as being a problem more than when we were little.

The second focus group interview question asked “Tell me a little bit about what you did – or what you tried to do – for this issue or concern”. Participants reported their experiences with health care professionals and systems and made little or no mention of talking with friends, family and coworkers about how to proceed. All of them said they go outside of town, to bigger cities, for anything beyond colds, viruses and minor accidents and injuries.

The third focus group interview question, “Tell me whether you had an easy or difficult time trying to deal with your issue or concern”, related to a more specific question from the original survey. The survey question asked “In the past 12 months, when you needed the following care, how difficult was it to get appointments with...” and the options were: primary care providers, specialists, emergency services, behavioral health care, and dental care. Participants reported having difficulty getting appointments with oncologists, ophthalmologists, gynecologists and for mammography screenings. One participant implied that there were long waits for general practitioners, as well. The same participant hurt her knee and had to go to the emergency room. She claimed that the experience was unsatisfactory because the emergency room doctor was unkempt and joked with her husband more than he focused on her injury. Also, she received no patient education about the medical device that was placed on her leg. For these reasons, she found it difficult to get help for her problem. Another participant explained:

My wife was ill here, a few weeks ago, just some general sickness, and we live in Charleston and we actually did come to Booneville to see the doc in the ER and they did a great job there but I know one of their problems is with nurse staffing and I see that day

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in and day out as being a problem as they didn't have that many patients but it took so long, you know, just because they were understaffed.

Although this participant was patient and understanding, it is apparent that it was not easy attempting to deal with his wife's illness. Other participants experienced inconveniences accessing services in Booneville but were resigned: "I don't think there is really anything the community can do to change it" and "I don't think there is anything the community could have done...there was nothing here they could do to help [son with SMA], so lots of trips to Children's".

*Connection and Community*

The original survey asked "From the following list pick the biggest thing that keeps you and your family from improving your health". The options given were: child abuse, crime/public safety, domestic violence, no/poor housing, not feeling connected to others, racism/intolerance. Three participants spoke to a potentially hazardous issue in Booneville: high incidence of blood-borne diseases. An Emergency Medical Technician (EMT) explained:

Blood-borne diseases are the things I worry constantly about bringing home to my family....I swear, anybody that bleeds around here has got something.....All of us, here, if we saw somebody bleeding on the side of the road, we are going to stop and help. I know to put gloves on. I worry about the people that are just good people and are going to help and don't know to put gloves on. Because it could just be good ole Jimmy tryin' to help somebody but ends up with AIDS....just because he was tryin' to help and didn't know no better.

Another participant, who worked in a nursing home, shared the same concern:

There are a lot of girls that I work with...and we have people that are on alarms, and that means they can't get up without help. So, a lot of times if there is an alarm going, okay, we're gonna run in there and we are not necessarily going to be ready for blood and stuff, ya know. I know there have been times that girls have gotten people up off the floor that have [blood] and not had their gloves on. So I really think education as a community thing for blood-borne pathogens and stuff like that would be very helpful."

Another safety issue was discussed by the majority of the focus group participants: child safety. Most were in agreement that Booneville is not safe for kids. One mother said "I am involved in everything my 14 year old does. It is all a family-oriented thing, because I do not trust anybody with my child." Another participant proclaimed "this is not a safe community anymore" after she shared a story about helping the police arrest a man who was entering the woods daily to go to a crack house. Additional participants explained that there are needles in the parks, used condoms in the pavilion, and broken crack pipes in school parking lots. These hazards, they said, are related to drug abuse, which is discussed below in Emergent Themes.

The most frequently selected option was "not feeling connected to others". This option was also chosen, most often, when the question "What issue, if addressed, could improve community health?" was asked on the survey. One participant said that she felt disconnected from the general community and the specific health community because of misunderstandings and ignorance about Post Traumatic Stress Disorder (PTSD), which her veteran husband had.

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People don't understand it. Some of them do and some of them don't. He can't, like, if we were -- my uncle rents this building for Thanksgiving, sometimes. And he can't come because that's too many people in one building, talking at the same time, and if he does come, he spends 5 minutes by that door, and we have to leave. I mean he, people don't understand what all PTSD involves. They think it's something that you can help and it's not. He's on medication for it and he sees a therapist through the VA for it, but it's just -- I'm not gonna go into too much detail -- but it's hard to deal with.

Because the lack of connection surfaced as a significant barrier in the electronic survey, the last three questions of the focus group interview were designed to more deeply explore the nuances of connection. Question 4, "What kind of help is available in your community for these kinds of issues and concerns?" probed participants' knowledge and awareness, which can be important elements of connection. The specific resources that arose during the focus groups included: Mercy, Emergency Medical Services, Magazine Wellness Clinic, and the Boys and Girls Club (for younger kids). Again, most participants explained that they had to go out of town to get the services they or their family members needed. An EMT described a service they provide, that children really enjoy:

...the pre-K's and the daycares around here, they love it during EMS week: we'll take an ambulance down to the pre-K's and talk to them....The kids, they eat that stuff up, it gets them out of their daily routine and it allows us to get out there and talk to them, ya know. And we are able to go over 911 and "this is what we do" and "look at the ambulance!"...We just go kinda talk to them for like an hour, a little bit about prevention, a little about what the job does, ask them about what they want to do when they grow up and "what do you do if grandma's chest hurts?" or "what do you do if grandpa's right side is limp and he can't move his arm? What number do you call?" You know, just to be able to go through that stuff with them. And you know, not only that, but if I have to pick that kid up, that kid knows me...because they are a whole lot better in the back of my truck when I know them by name.

Question 5, "How comfortable do you feel with those in your community when it comes to your health and wellbeing?" probed participants' level of familiarity and trust with family, friends, neighbors, community workers, and health care system professionals, which also can be important elements of connection. Despite one person saying that she trusts no one with her daughter and others claiming that Booneville is no longer safe, one participant said "Anytime someone's house burns or, ya know, someone has been diagnosed with cancer, this community does pull together and have fundraisers to help the family out. I can still say that about this community."

Question 6, "What would help you feel connected - or more connected - to health and well-being resources in your community?" appealed directly to participants' expectations, needs and opinions. Participants listed six particular concerns that, if addressed, would benefit the community by connecting them to health information and services: education on blood borne diseases, addition of a walk-in clinic, Community Paramedicine, health professions awareness and promotion, more activities for youth, and a jail diversion program for the mentally ill.

Several participants agreed that educating people in the community about blood borne diseases was important. One participant suggested distributing gloves and encouraging people to carry them in their vehicles so they could wear them in the event they tried to help someone who was bleeding.

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One participant said the community needs a walk-in clinic because general practitioners are booked out too far. A walk-in clinic would also prevent non-emergencies from going to the emergency room.

I think we should have care to where you can see a doctor without running to the emergency room ... I think that what we need here is access to a doctor on a daily basis for people who don't have diabetes, arthritis, heart disease, and all this. But where you can go to a doctor inside the city limits of Booneville and not have to have an appointment. They need a doctor on a walk-in basis here for people that come up with...I mean you don't plan two weeks in advance to have tonsillitis. And especially people with children and stuff. And I find that to be a real concern that you don't have access to a doctor. And then it's even hard to get in, if it's not just laryngitis or something like that.

Another participant suggested that a program called Community Paramedicine, which is already being used in large cities, could address the long appointment wait and the misuse of emergency departments.

It's the next step in paramedics. It's a four-year degree and it's a paramedic that is actually not on an ambulance. They're in like an SUV, they have medicines and monitors, they can come out, they're in contact with doctors, they can write you a prescription, they can give you a ride to the pharmacy and help you get your medications, if you've got a cold, they can assess you, call the doctor and say "hey, this is what we got", take some labs, run it down to the hospital, get it tested, come back, give them the script. It's kinda like where a paramedic can do a home-call.

One participant, who had worked with youth for twenty-two years, said teens need to be made aware of the health professions. He wanted to see a program implemented in the schools that would promote jobs and careers in the health field.

Make the medical professions available to the schools and the teachers in the right classes at the right time. Talk to them in science or career preparation classes...have the doctors and the nurses and the lab techs and the various therapists [visit]. We oughta be home-growing some of these professions. I don't see any effort from Mercy or the colleges to home-grow nurses. Why not start interesting our young people in that career field while they are still in high school? And making it easy for them to get into not only blue collar type, but medical training? We got about 3 different schools they could go to. But we need to recruit them from their home towns and train 'em up. And chances are good that a number of them will settle here and go to work in our own hospitals.

Other participants agreed that teens should be the focus of additional programs and activities. One participant said "after you pass a certain age, there is nothing here for you to do anymore. Like, 6<sup>th</sup> grade is the cutoff. So once you start 7<sup>th</sup> grade...there is nothing." High school athletics and marching band were listed as positive teen activities. It was believed by some of the participants that if teens were not involved in such activities that there was "nothing for them" because "bowling alleys and skating rinks and movie theaters" were no longer in Booneville. Consequently, they claimed "kids are becoming couch potatoes." There was unanimous support for more productive teen activities in Booneville.

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The same participant who wanted to promote the health profession in schools was also very concerned about those with mental illness in Booneville. He said:

I'd like to hear Mercy being involved with the Arkansas Sherriff's Association, and working with them to help mentally ill people. [The mentally ill] are not serving any purpose [in jail], taking up space that is needed for violent criminals. They are not getting the services they need, there. Some of them get traumatized further. I don't hear Mercy doing anything about that. They oughta be full partners with the Arkansas Sheriff's Association and mental health treatment place. That's a concern to me. They're talking about building a new jail but we need to better utilize what we have and get the mentally ill out of there.

#### Emergent Themes

##### *Drugs*

Focus group participants agreed that there are drugs in Booneville. They shared information that involved use, abuse, addiction, production, and even sales. The type of drugs discussed in the focus group included pills (prescription, over the counter, and street); alcohol; meth; crack; and heroine. The EMT explained:

Narcan...reverses opiates. And that's probably my most common medication I give in this community. It's probably the most common thing I do. When I get called for an unresponsive, I don't [suspect] heart attack or stroke. I go to overdose. That's just the way we're programmed in this county. It's that bad.

When the facilitator asked the most common age of drug users, one participant responded "around here? Eighteen to eighty!" which was met with chuckling, yet agreement. One participant, who worked in a nursing home, added:

I'm just amazed by the older people that we get that used to be drug addicts. I don't know -- my grandparents were married, like, 70 years and had only been with each other and stuff like that didn't exist. I start working in the medical field and I run into 80 and 90 year old people who used to be addicted to pills or addicted to meth, they have hepatitis or HIV, and it's a shock.

Another participant claimed that a police officer told her that elderly people are selling their pain meds to kids in order to supplement their social security income. She said "you wouldn't expect them to be the drug dealers, but it's actually the older generation that is starting to see there's money in it". Alternatively, an additional participant said they were aware of in-family theft, in which adult children and grandchildren steal the grandparents' medications to use or sell.

##### *Lack of Opportunity: Jobs and Education*

One participant said "I think a lot of our drug problem in this community is because there are no jobs." Another participant then stated "I think our biggest problem is the unemployment." A third participant shared a story that illustrated the interconnectedness and complexity of the drug-unemployment correlate:

## Ozarks Health Commission: Regional Health Assessment

### Focus Group Research

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We have a man that has a business in Booneville and he told me, Saturday, that he had a job available that paid \$15 an hour. He had it open for 18 months and could not find one blessed soul that could pass the app test and the drug test at the same time. Now, *that* is a problem! And so unemployment in Booneville is not necessarily because people can't find something to do, it's simply because they can't pass the drug test!

One participant pointed out that people are not aware of available jobs. Young people, in particular, he claimed, had not been groomed to think about their future careers.

I ask every young person I work with, regardless of how old they are, "what are you thinking about doing for a career when you are ready to leave home?" just to see how mature they are and also what they are interested in, so I have something to talk to them about, to encourage them with. Occasionally, I hear some of them talking about the medical profession but not often enough and when I do -- sometimes it's not very realistic. Like the young girl I'm working with, and this is the typical example, she has too many unexcused absences from school. She tells me she wants to be a pediatrician. One of them wants to be a psychiatrist. And they may not graduate high school unless I get the parents to start recognizing the value of an education and keep their own child in school. If they saw job fairs and job shadow type programs at an earlier age with the medical professions or some type of training program where they could start training for nursing, from the nursing home on up to RNs, locally, I think we could grow some and keep 'em here.

#### *Shortage of Staff and Lack of Services*

Several of the participants discussed the shortage of health care professionals in their community. Two reasons for the shortage became apparent during the interview: understaffing of registered nurses and the inability to attract and then retain specialists. The lack of specialists naturally led to a lack of services.

Some of the focus group participants worked in health care and some did not; therefore, the conversation was a mix of complaints and explanations. Some of the critiques were broad and related to larger trends: "We are getting critically short on nurses. We already are, in some areas and it's fixing to get much worse, everywhere, including Booneville and Paris." Other critiques were based on personal experiences. One participant explained that his wife's emergency room visit took a very long time (see p. 11) and then another participant attempted to explain why that was the case:

A lot of times one nurse back there can be enough but sometimes we are really busy and if we bring in a bad trauma patient and then we drop him off and leave because we have another call waiting, that one person is taking care of that and there is multiple things to be done. And then the whole time until they get that person transferred out, if it's serious, these other people in these other three rooms aren't getting any treatment whatsoever. That doesn't happen that often, but when it does happen, it happens. And I know what the one-man show feels like. I'm the one-man show all the time. And it stinks. If there is one nurse in the ER, we'll stay and help, we may stay at the hospital for 2-3 hours after we drop them off, trying to help stabilize, if it's that bad. But as you said, if we get a call, we gotta leave and it's back down to a one-man show. They've got up to four rooms and I've only got one in the back of my truck. They might have four that he's dealing with or



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she's dealing with. And it can become a handful. It's a heart-stopping problem for the hospital because you can't have 3 or 4 nurses there all the time because you don't need them, but on the occasion you need them, you need them. And that's the hard part.

The particular specialists that participants remarked were lacking included a neurologist, gynecologist, urologist, cardiologist, podiatrist, and psychiatrist.

There is a shortage of mental health professionals in our area, all the way from counselors to psychiatrists. As far as psychiatrists, it's too hard for doctors, it appears, to get an out-of-state license recognized in Arkansas. It takes way too long and by the time it happens, they've found another job and gone elsewhere. How long it took to get a young person to get in....they can't hire one 'cause it takes too long to recognize a license. ... Our nearest training program for master's level in mental health therapist is in Conway. And there are not enough of those people who want to settle and work in rural areas, [they go] somewhere where there is more, better, and higher money.

### **Conclusion**

Participants in the focus group seemed to be familiar with one another. Many of them already knew the opinions and experiences of the others who were present. Booneville is a small community that pulls together in a crisis (see p. 12). Some think they and the community can affect positive change, while others do not. Many see that the amenities in their town have decreased while drug use and unemployment have increased.

We were talking about everything that this town used to have: several clothing stores, shoe stores, jewelry stores, and four grocery stores. This was a booming little town. Like I said, I've lived here my whole life. I used to be able to say I was proud to be from here and now *I would do anything to leave here* because this place has just gone downhill so bad.

Despite the town's currently depressed state, there are residents who visualize a healthy, self-sustaining future for Booneville. They believe that the health system can play a pivotal role by (1) partnering with the schools to "home grow" health professionals who will live and work in their hometown and (2) partnering with law enforcement to better treat those with mental illness, including substance abuse, so those individuals can contribute to, rather than cost, the community.

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### Appendix A: 2015 Citizen Survey

1. What zip code do you live in?
2. What is your age in years?
3. What is your gender?
4. What ethnic group do you most identify with?
5. What is your highest level of education?
6. Are there children under age 18 in your household?
7. How many children under 18 live in your household?
8. In the past 12 months, when you needed the following care, how difficult was it to get appointments with....(primary care providers, specialists, emergency services, behavioral health care, dental care)?
9. How serious have the following issues been for you or your family in the last year? (accidents, aging problems, alcohol and drug abuse, baby health, chronic disease, cost of health care, dental problems, infectious disease, mental health issues, unhealthy lifestyles)
10. From the following list pick the three biggest things that keep you and your family from improving their health. Please rank your top three issues, with 1 being the most important. (accidents, aging problems, alcohol and drug abuse, availability of medical appointments, baby health, chronic disease, cost of health care, dental problems, infectious disease, mental health issues, unhealthy lifestyles)
11. Are you aware of people or groups in the community working together to improve health and quality of life? (yes, no)
12. How serious have the following issues been for you or your family in the last year? (child abuse, crime/public safety, domestic violence, no housing or poor housing, not feeling connected to others, racism and intolerance)
13. From the following list pick the biggest thing that keeps you and your family from improving your health: (child abuse, crime/public safety, domestic violence, no housing or poor housing, not feeling connected to others, racism and intolerance)
14. Is this community a good place to raise children (Consider school quality, day care, after school programs, recreation, etc.)? (yes, sometimes, no)
15. Is this community a good place to grow old (Consider elder-friendly housing, transportation to medical services, churches, shopping, elder day care, social support for the elderly living alone, Meals on Wheels, etc.)? (yes, sometimes, no)
16. Is there economic opportunity in the community (Consider locally owned and operated businesses, jobs with career growth, job training/higher education opportunities, affordable housing, reasonable commute, etc.)? (yes, sometimes, no)
17. In the next five years, what are the top 3 issues that, if addressed, help improve your health? Please rank them 1 to 3, with 1 being the most important. (accidents, aging problems, alcohol and drug abuse, availability of medical appointments, baby health, child abuse, chronic disease, cost of health care, crime/public safety, dental problems, domestic violence, infectious diseases, mental health issues, no housing/poor housing, not feeling connected to others, racism and intolerance, unhealthy lifestyles)
18. Finally, what makes you proudest of your community? (open-ended)
19. Please name a person, group, or program that is working to improve health and quality of life in your community: (open ended)