

Ozarks Health Commission: Regional Health Assessment

**Focus Group Research**

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Rachel Essmyer, Missouri State University

THE BRANSON 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 we 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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The Branson community recruited eight individuals: 3 men and 5 women; 1 was a young adult (26-36 years old), 6 were middle aged adults (37-64 years old), 1 was an older adult (65-84 years old); 1 had private insurance coverage, 3 had Medicaid coverage, 2 had Medicare coverage, and 2 had no insurance coverage. There was no indication that any of the individuals had sought behavioral health care services, recently. The Branson community met all of the focus group composition goals in their recruitment efforts 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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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.

The focus group was conducted on November 2, 2015 from 10-11:30am at the Ozarks YMCA in Hollister. Written informed consent was obtained from participants and the interview was audio recorded.

#### Analysis

The audio recording of the Branson 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 Findings section, 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 Branson 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. Such findings are presented, below, in Emergent Themes. Specifically, the themes are Lack of Access to Economic Opportunity, Intolerance: Tension between Vulnerable Groups, and Alternative Medicine.

#### **Findings**

##### Sample

Three of the eight recruits reported to the focus group event and participated in the interview. The characteristics of those in attendance did not meet the focus group composition goals. Please see the tables and graphs below for additional demographic information and social network characteristics of the participants.

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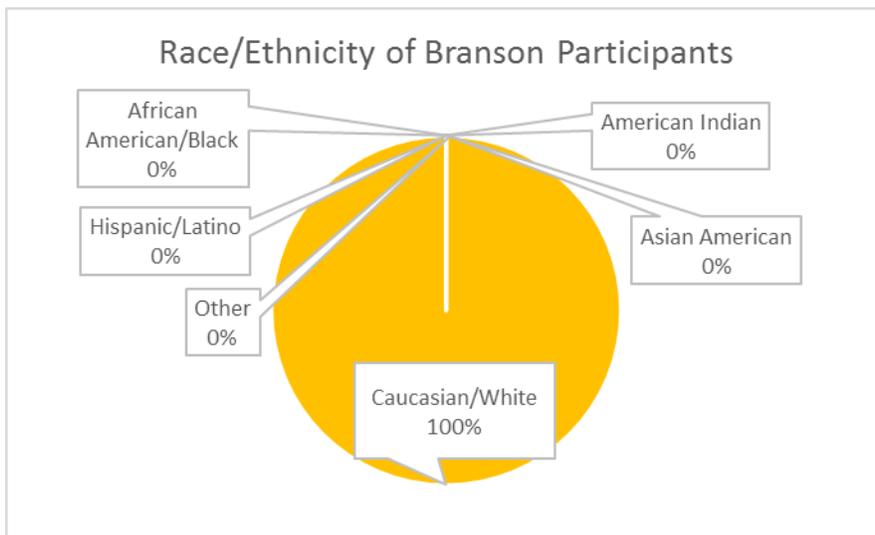
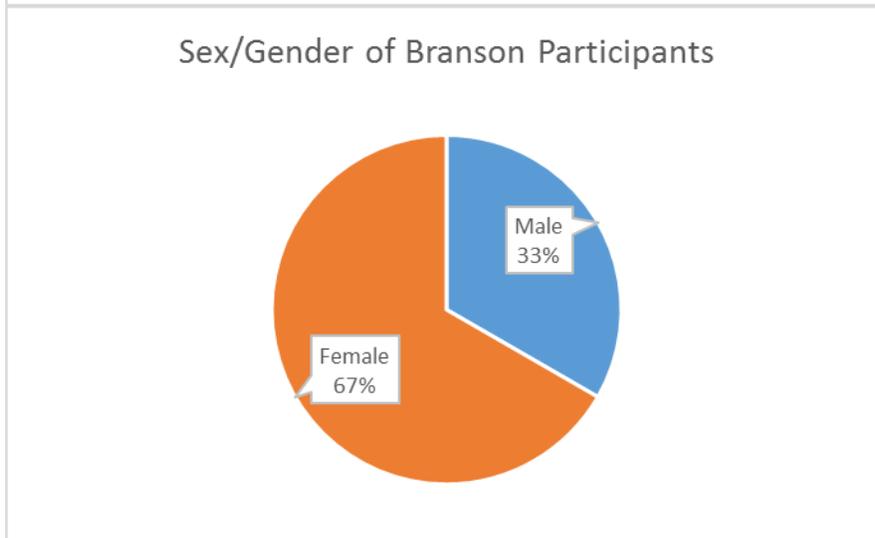
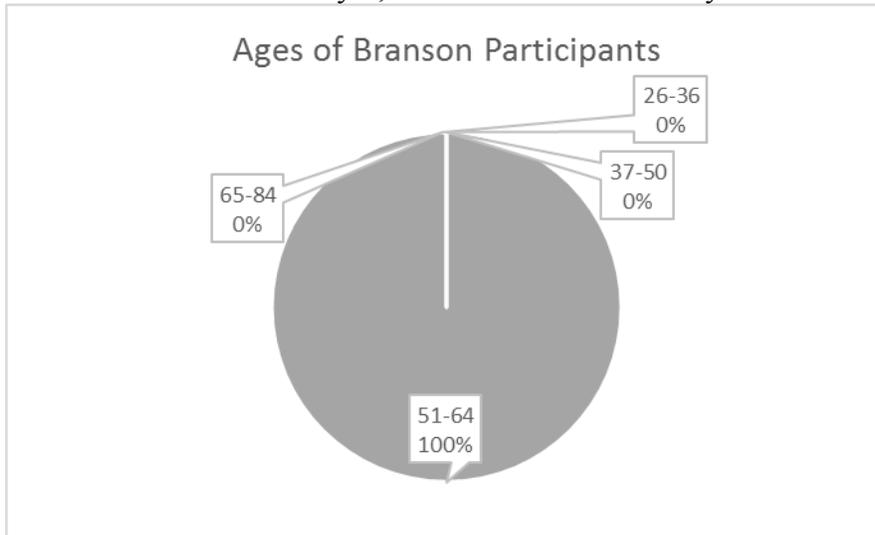
<b>Branson Participant Demographics</b>	<b>N=3</b>	<b>%</b>
<b>Age</b>		
Young adult (26-36)	0	0%
Early middle-aged adult (37-50)	0	0%
Late middle-aged adult (51-64)	3	100%
Older Adult (65-84)	0	0%
<b>Gender</b>		
Male	1	33.3%
Female	2	66.6%
<b>Race/Ethnicity</b>		
African American/Black	0	0%
American Indian	0	0%
Asian American	0	0%
White/Caucasian	3	100%
Hispanic/Latino	0	0%
Other	0	0%
<b>Education</b>		
Less than high school	1	33.3%
High school diploma/GED	1	33.3%
Some college	1	33.3%
Bachelor's degree	0	0%
Post graduate/professional degree	0	0%
<b>Employment</b>		
Employed full time outside of home	1	33.3%
Employed part time outside of home	0	0%
Unemployed	1	33.3%
Retired	1	33.3%
<b>Insurance Status</b>		
Private Coverage	0	0%
Medicaid	1	33.3%
Medicare	1	33.3%
None	1	33.3%

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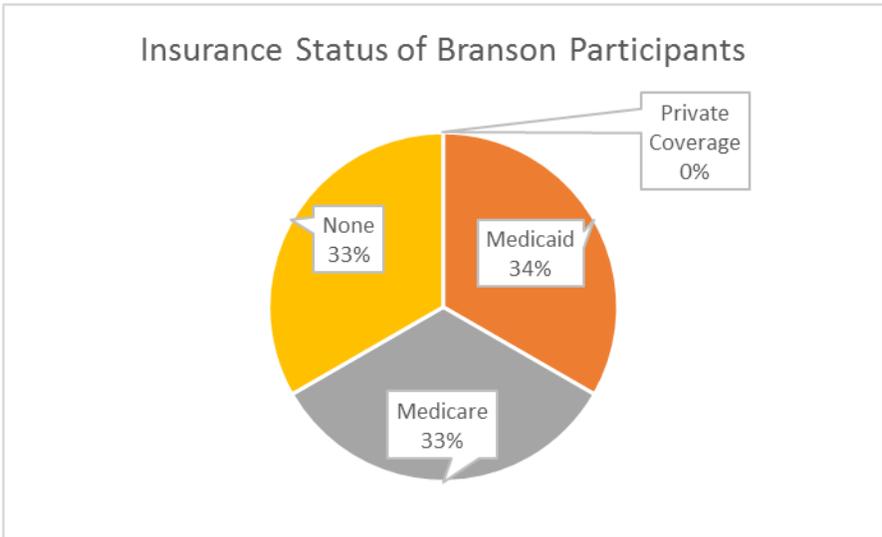
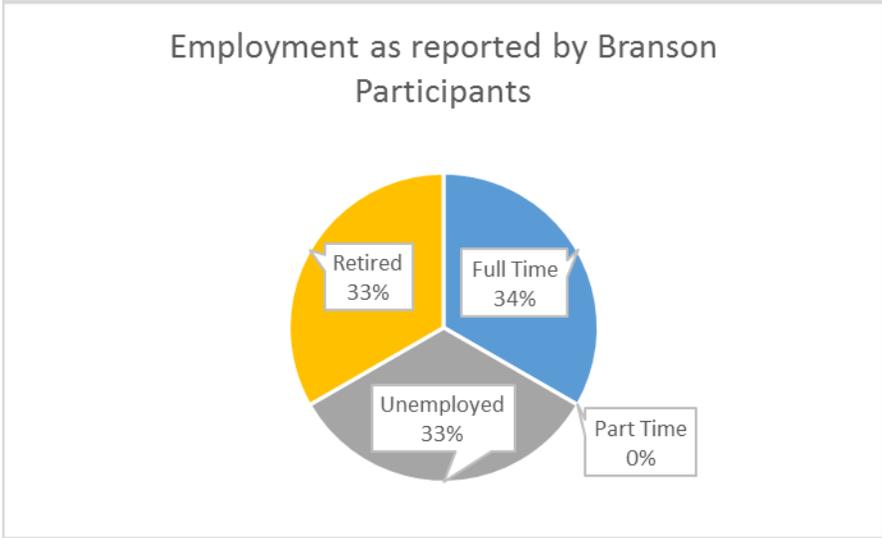
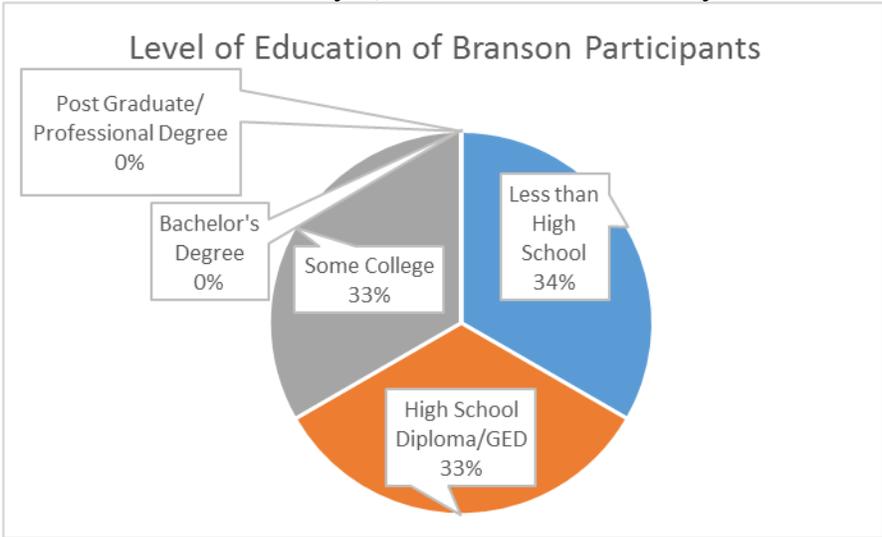


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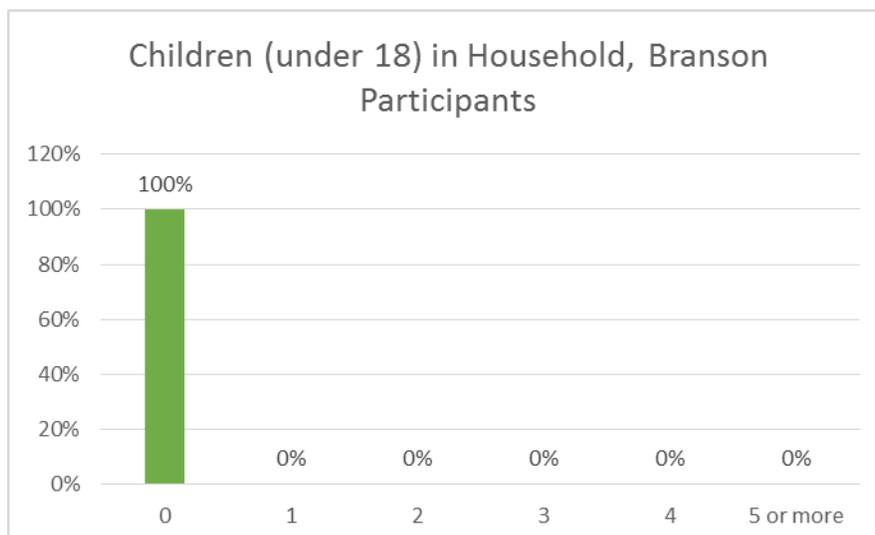
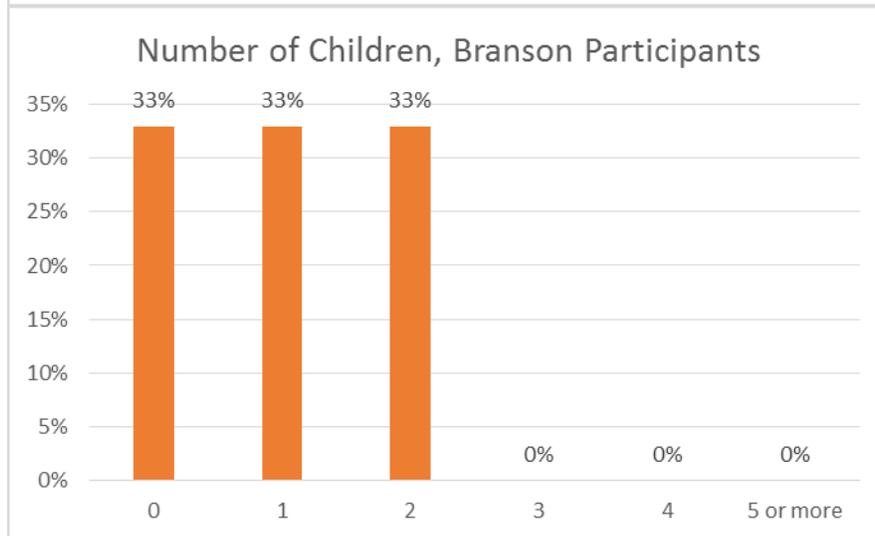
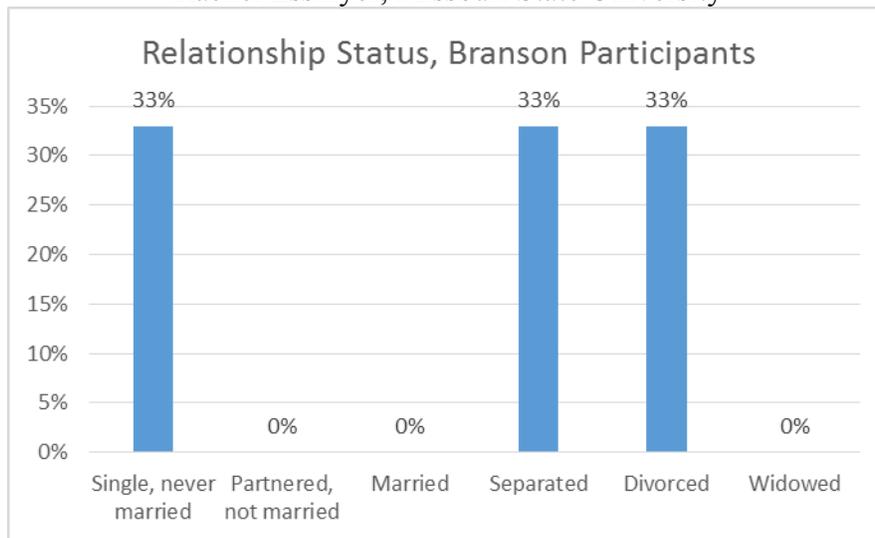
<b>Reported Social Network of Branson Participants</b>	<b>N=3</b>	<b>%</b>
<b>Relationship Status</b>		
Single, never married	1	33.3%
Partnered, not married	0	0%
Married	0	0%
Separated	1	33.3%
Divorced	1	33.3%
Widowed	0	0%
<b>Household Size</b>		
1	3	100%
2-3	0	0%
4-5	0	0%
6 or more	0	0%
<b>Number of Children</b>		
0	1	33.3%
1	1	33.3%
2	1	33.3%
3	0	0%
4	0	0%
5 or more	0	0%
<b>Children in Household</b>		
0	3	100%
1	0	0%
2	0	0%
3	0	0%
4	0	0%
5 or more	0	0%
<b>Hours of Volunteering per Month</b>		
0	3	100%
1-4	0	0%
5-8	0	0%
9-20	0	0%
21-40	0	0%
41 or more	0	0%
<b>Hours of Socializing per Month</b>		
0-1	2	66.6%
2-7	1	33.3%
8-14	0	0%
15-21	0	0%
22-30	0	0%
31 or more	0	0%

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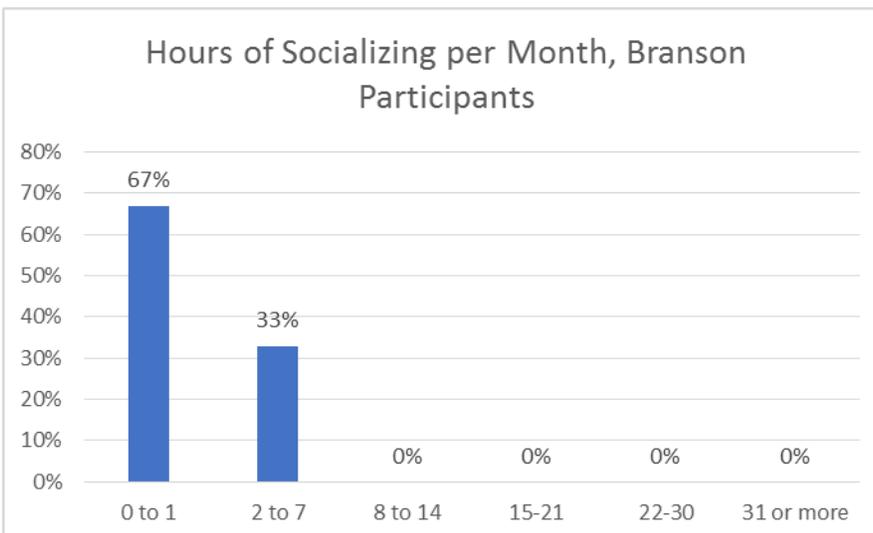
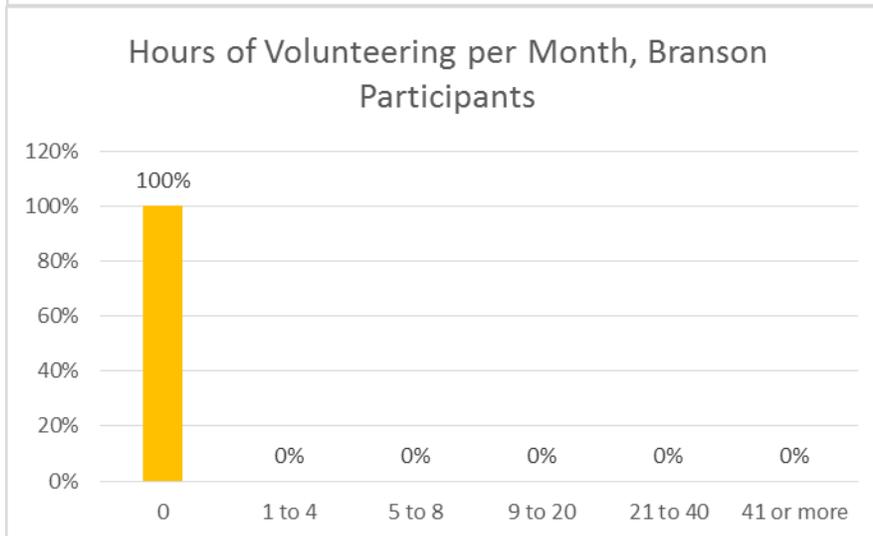
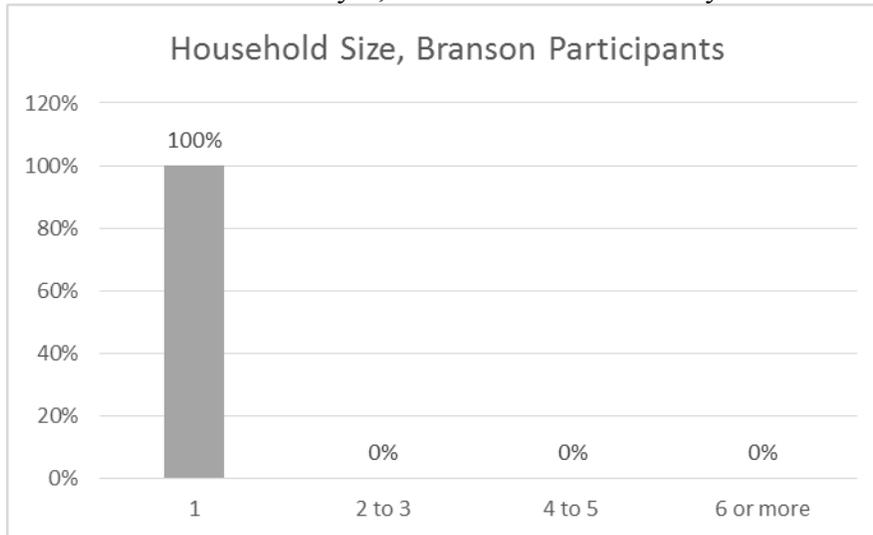


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### Survey-Related Findings

#### *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 four of the ten major categories of health issues and wellness concerns listed on the survey. The four categories that participants and their families had dealt with in the past year or two included: **aging problems, chronic diseases, infectious diseases and cost of health care**. The specific aging related issues included cataracts in a participant; arthritis for two participants; a hiatal hernia in one participant; and one participant’s desire to prepare to age well and naturally. The specific chronic conditions included pain for two participants; allergies to pain medication for one participant and allergies to a variety of things for another; and obesity for one participant. The specific infectious disease was pneumonia in a participant. The specific issues regarding the cost of health care included all participants agreeing that health care is, essentially, “unaffordable”.

I think all in all, insurance is really expensive. If you don’t have it, you tend not to seek help. Um...Or if you do have insurance, you can’t afford to use it because of copays. Years ago, if you had insurance, it covered everything except your copay. Now there are hidden fees that you’re paying...the x-rays, or to be reading the x-rays. Or even to just go to the dentist. I think health care is unaffordable.

Two participants claimed that health care in a penitentiary is better than health care in their community due to doctors giving more of their time and to having a better chance at basic health through “three square meals a day and a roof over your head”.

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”. The participant who desired to age well and naturally reported that she tries a variety of things including talking to co-workers and making appointments with alternative care providers such as chiropractors and allied care providers such as a physician assistant. A participant who was in the penitentiary for ten years just relied on what the staff and in-house health care professionals allowed and provided. He is now on Medicaid and has tried to obtain disability, but has been denied. Another participant claimed that she used to see the free clinic doctors, but since obtaining disability, can no longer do so. When she experienced pneumonia, she went to the Emergency Department.

I had to be forced to go to the hospital because I couldn’t afford to go and see anybody beforehand. Or maybe it could have been prevented if I would have been able to go beforehand and seek help for it. But when you can’t afford to go because they refuse to take you because you don’t have the right insurance, or you don’t have the copay or something like that, then you are forced to go when you’re in dire need. And then you’re penalized after the fact because I’m facing \$3,000.

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The third focus group question was, “Tell me whether you had an easy or a difficult time trying to deal with your issue or concern.” The participant who is on disability claimed that she had a difficult time dealing with her chronic pain because the doctors’ typical form of treatment is pain medication, to which she is allergic. Because they do not offer any other form of treatment, she has stopped seeking care. Even before she was on disability, the free clinic doctors claimed that the clinic was not equipped to help her with her numerous issues.

Whenever I was going to the free clinic, they told me that I had so many issues that they weren’t -- they couldn’t do what they wanted to. I’m constantly having sinus problems. It’s a constant battle. And they sent me to get x-rays and they said “well, we don’t see nothing” but whenever you blow your nose and you got big green blobs coming out, you know there’s issues. And my ears constantly draining. But my main issues is, like I said, I’m in pain and there ain’t nothing I can do about it. There ain’t nothing they can do about it. And to go and have them guinea pig me, I can’t afford it. And if they was to prescribe me something and it makes me sick or it makes my windpipe close off, or whatever, I’m in debt to pay for that, that I cannot use. So it’s just the constant battle on what I can do and what I can’t do. And a lot of times, like I said, there’s no sense of going to a doctor and paying a copay and then turn around and giving you a prescription and having to pay for the prescription.

This third focus group question is 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. One participant expressed that he was experiencing difficulties and delay on several issues due to an inability to pay for it or to get on disability.

...I finally got some Medicaid started and I hope to get these cataracts operated on here and like I said, I also have a hernia, that I’m probably going to have operated on. So, all these years I’ve tried to get disability. And I can’t get any disability. I don’t know what you have to do. Some mornings I walk fine and some mornings I can’t. I got knees wore out, shoulders wore out. I worked...most of my life in...a job [that]...has been labor-involved. And I’m 60 and I just feel bad all the time, I’m wore out. But I can’t get any disability because I have \$450 income a month. Well, \$450 a month -- takes that to live! You know what I’m saying? You can’t live on that. But I can’t get any disability. I don’t know. What does a person do? ... Medicaid is all I’ve got. Fortunately, I did get that. It took me long enough to get that, ya know.

All participants discussed economic difficulties involved in their attempts to maintain wellness, prevent illness and disease, or to overcome poor health. Economics, personal and within the community, was at the heart of their discussion and is in the Emergent Themes section, below.

#### *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, and racism/intolerance. The most frequently selected option was “not feeling connected to others”. This option was also chosen, most often, for the survey question “What issue, if addressed, could improve community health?” Consequently, the last

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three questions on the focus group interview guide 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 an important element of connection. One person mentioned the free clinic and another named the Mid Life Religious Center. Otherwise, the conversation revolved around *the lack of help* available in the community. Participants listed roadblocks and barriers to accessing basic resources, not just in Branson, but also in the United States. One participant said that people on disability “need more covered medical care” and another pointed out that “a lot of doctors do not take Medicaid”.

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. One participant emphasized over and over again how important his mother was in his life.

If it wasn't for my mother, I don't know what I'd do....I've got a vehicle thanks to my mother. I wouldn't have it if it wasn't for my mother....If it wasn't for my mother, I'd probably be back in the penitentiary.

Another participant responded “Branson is a money maker, but you couldn't tell it by the people that work there.....they work every day...and still have nothing...they look underneath bridges for a roof over their head”. This answer suggests, perhaps, that she is not comfortable in her community. She may be saying that there is little chance of connection when there is seemingly no way for working people to make enough money to eventually gain stability.

The third participant did not directly answer this question; however, when asked Question 6, “What would help you feel connected – or more connected – to health and well-being resources in your community?” she responded:

I think there needs to be a balance – and in Branson, there is no balance. I think everything's out of proportion to what the wages are. I think things are too expensive, [but] they don't have to be....they've got the attitude, where, you have to have a place to live, so we are gonna charge you this much. So if you're paying that much for everything else, you don't have that money for health care, for vitamins, for preventive care. I think we need to think more about preventive care. I think we need to make it more available. I think people have to be responsible for their own health.

In some cases, people advocate “self-responsibility” because they no longer believe that the existing social policies and structures in their community will provide for their basic needs and thus their health. This particular participant advocated for economic change as well as changes in health care; that is, she was a proponent of preventative care and alternative medicine. Such changes, perhaps, would open the doors of opportunity for more people. All three participants expressed, in different ways throughout the interview, that they felt left out of the opportunity structure. They implied that it is difficult to feel connected to a community that does not provide opportunities to all its citizens.

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#### Emergent Themes

##### *Lack of Access to Economic Opportunity*

Participants discussed their personal economic struggles as well as general socio-economic issues they saw as prevalent in the lives of some Branson residents. Salient issues included cost of living, taxes, housing, and drugs. Their comments suggest that there is opportunity for some in Branson, but not for others. Opportunity exists for those in recreation, hospitality and entertainment, but not for everyday citizens, let alone former convicts, the working poor, and those with illness, addiction, and disability.

I'm just trying to survive and make it. Because everything is too expensive. Part of it is because it's a vacation area. And *they* think "well, all of the guests can pay that" but, then *everybody* here is paying for that, too.

Branson...they have a tourist tax, but I think if you can prove you live here, you shouldn't have to pay that tax. You know? It's like, I'm here 24/7. I'm here all year round. I'm the one paying that grocery person's wages so, therefore, I'm already paying all year round. I shouldn't be double-taxed.

Safe and secure housing is a foundation for good health. Participants commented several times on the high cost of housing in Branson.

Half of [the people who live and work in Branson] live in hotel rooms because they can't afford to buy or rent any place. So there's a lot of people in Branson or around Branson that are homeless. But they work every day....You know, how are you supposed to live when that place will cost you anywhere from \$800 to \$1,200 for a 2 bedroom, 3 bedroom place?.....On \$250 a week?

Another participant described the link between poor housing and drugs. Her house was a former meth house.

I live in a trailer house that was given to me. It's on a land that I do not own. And the trailer house was so destroyed on the inside because of all the meth heads and everything else going and destroying it, taking all the wiring and stuff out. I've got to where, I've got some walls in on the inside. Because I had to take all that out and put insulation in and put wiring and stuff back in. I've lived there for four years and still ain't got all the walls. So how are you supposed to live?

The comment above shows her understanding that making drugs or being on drugs can result in the destruction or decline of safe and secure housing. She also recognized that lack of housing or poor housing (due to economic struggles) can lead to drug use. "Well, I'm sure some of [the homeless], or a lot of them, buy their drugs or whatever to cope with life, in general, but there is a lot of them out there that don't do all of that and still have nothing."

In general, two participants felt like it was next to impossible to accumulate enough resources to break free of their bad circumstances. "If you *can* get help, they will take something else away from you. If you have the help, and you need more help, you can't get that help

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because this person already helped you.” One participant explained the specific roadblock she faced:

I'm facing almost \$3,000 worth of bills [that] I can't afford to pay on \$600 a month. I'm trying to give them \$20 but, you know, I've even asked for food stamps and I've asked for extra help. And they say "you got a car that's worth more". Well, how am I supposed to get to a doctor? How am I supposed to get to a store? How am I supposed to take myself in, if I'm sick? So they're condemning me because I have access to a vehicle.

Another participant agreed that his vehicle had been “used against” him, as well, when he tried to gain resources that would improve his health and wellbeing. One woman referred to people “puttin’ stop signs in front of ya” when trying to access health services.

#### *Intolerance: Tension between Vulnerable Groups*

All of the participants struggled financially. One participant was a former convict who struggled to find work but had paid into the system through gainful employment for thirty years of his life. One participant was on disability and self-identified as “retired” at age 54. She commented that she had worked for many years. In addition, her son was currently in the penitentiary. The third participant worked full time but struggled to make ends meet. None of them named intolerance or racism as an issue that kept themselves, their family or their community from being healthy; however, their conversation suggested that there is tension between vulnerable groups of people. Though former convicts, the disabled, the working poor, and single mothers are all in need, they do not identify or feel united with one another.

What's really aggravating is we work all these years, and whenever we do have to do disability (if we have to do disability), we don't have the coverage of the people that don't work, never had to work – that have everything covered. When Clinton was in office, he gave you two years. You – no matter how many kids you have -- you get out and you work – or you get nothing! And I think they need to go back and do that again. Because there are so many people here and I know they are all over, but here – and I hate to say it this way – but that's the way it is: They lay on their backs and spit out kids, and they have it better than we do..... they get \$1,500 per child and they've never worked in their life.”

I'm originally from north Little Rock, Arkansas. Before I came up here – and I'm not prejudiced about any nationality -- but down there if you have a half-breed baby, you can get everything in the world for, I don't know how many, years. You know what I mean? But it's just like this lady is talking about and that's the truth! But, you get somethin' really wrong with ya – like me – and I can't get nothin'.

These comments suggest that each vulnerable group distinguishes itself from the others. Some groups are deemed more deserving than other groups. There seems to be resentment that some groups get more of the resources – which are believed to be scarce and limited – than other groups get.

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#### **Conclusion**

Though this focus group had only three participants, all of them agreed that there is economic strain in Branson. Two of the participants' health issues were caused or exacerbated by their low socio-economic status (e.g. consequences of manual labor and poor housing conditions); while one participant knew that her struggles prevented the kind of health and wellness she desired.

These participants did not feel connected to their community; on the contrary, they felt abandoned. They felt unable to get the type of health care they desired, such as preventative care, or they were unable to access any kind of health services. They all agreed that the area lacked safe, affordable housing. This perceived abandonment led one participant to idealize staunch independence (i.e. "self-responsibility") while it fueled the other two participants' resentment of additional vulnerable groups in the area.

Participants' sense of connection might increase through education and awareness and, as they suggested, through tax reform. First, citizens should be made aware of health resources in the community and educated on how to use them. These efforts should be through personable means, not simply through registering online to utilize a hospital's website information. Second, an exemption for low-income citizens from the tourist tax could be considered, which might allow them to obtain safer housing and more-timely medical care.

# Ozarks Health Commission: Regional Health Assessment

## Focus Group Research

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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)