Ozarks Health Commission: Regional Health Assessment

Focus Group Research

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THE FORT SMITH 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 heath 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

Ozarks Health Commission: Regional Health Assessment

Focus Group Research

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Seven individuals expressed interest in participating in the Fort Smith focus group. Two were men and five were women; one was a younger adult (26-36 years old), three were middle-aged adults (37-64 years old), and three were older adults (65+ years old). One had no insurance coverage, three had Medicare coverage and three had private insurance coverage. There were no recruits who had Medicaid and there was only one recruit whose family had sought behavioral health care services in the past year or so.

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?

Ozarks Health Commission: Regional Health Assessment

Focus Group Research

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Note: The entire interview guide was read at the beginning of the focus group session and then participants answered all questions, one at a time. This differed from the intended structure, which was to read a question, let all participants answer and then read another question and let all participants answer and so on. The technique used yielded fewer findings, especially for questions #2, #4 and #5.

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

- Health: the physical, mental, and social aspects of health across the life course (inclusive of behavioral and aging or mental health related matters)

Fort Smith Participant Demographics	N=7	%

- 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: these definitions were not read aloud to focus group participants, which led to fewer findings, especially for questions #4 and #5.

The focus group was conducted on December 3, 2015 at the Fort Smith Public Library. Written, informed consent was obtained and the interview was audio-recorded.

Analysis

The audio recording of the Fort Smith 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 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 Fort Smith 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 themes. These are presented below, below, in Emergent Themes. Specifically, the themes are Need for Cultural Competence and Medication Concerns.

Findings

Sample

Seven participants attended the focus group event. The characteristics of those in attendance met the focus group composition goals in age and gender but not in the insurance status or behavioral health categories. Medicaid coverage was not represented, behavioral health was underrepresented and private insurance and Medicare were overrepresented. Please see the tables and graphs below for demographic information and social network characteristics of the participants.

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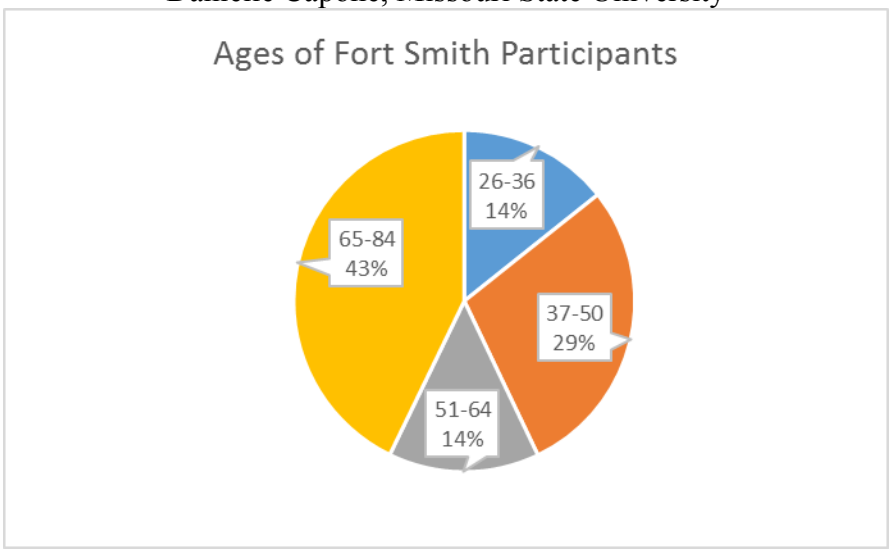
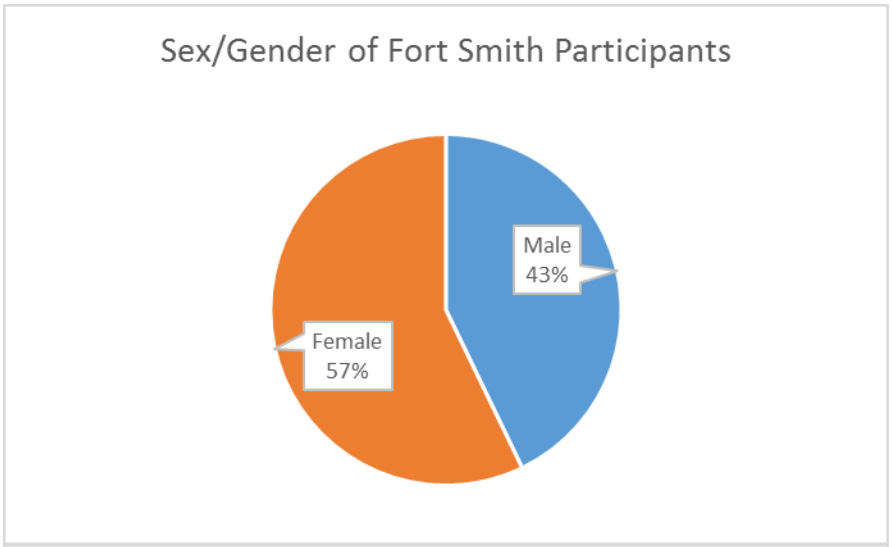
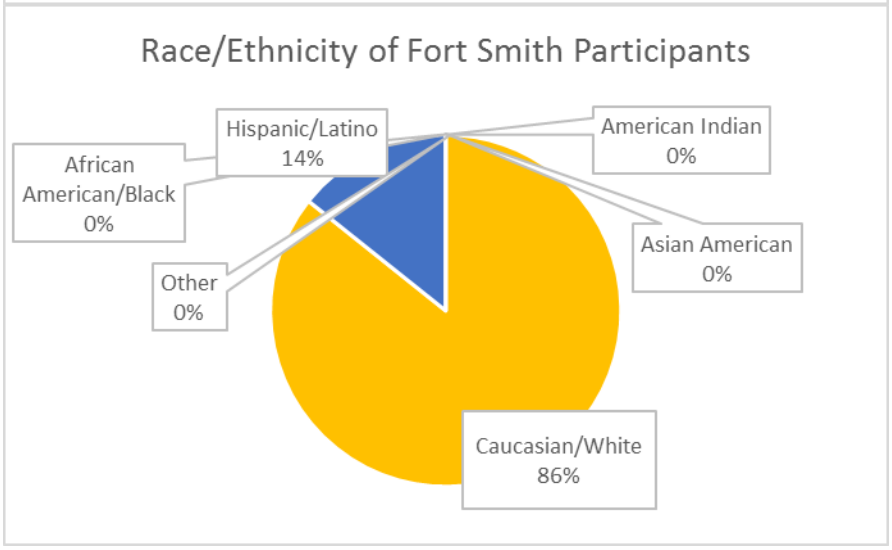
Age		
Young adult (26-36)	1	14.3%
Early middle-aged adult (37-50)	2	28.6%
Late middle-aged adult (51-64)	1	14.3%
Older Adult (65-84)	3	42.8%
Gender		
Male	2	28.6%
Female	5	71.4%
Race/Ethnicity		
African American/Black	0	0%
American Indian	0	0%
Asian American	0	0%
Caucasian/White	6	85.7%
Hispanic/Latino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


Ages of Fort Smith Participants
26-36
14%
37-50
29%
51-64
14%
65-84
43%


Sex/Gender of Fort Smith Participants
Male
43%
Female
57%


Race/Ethnicity of Fort Smith Participants
Hispanic/Latino
14%
American Indian
0%
African
American/Black
0%
Asian American
0%
Other
0%
Caucasian/White
86%

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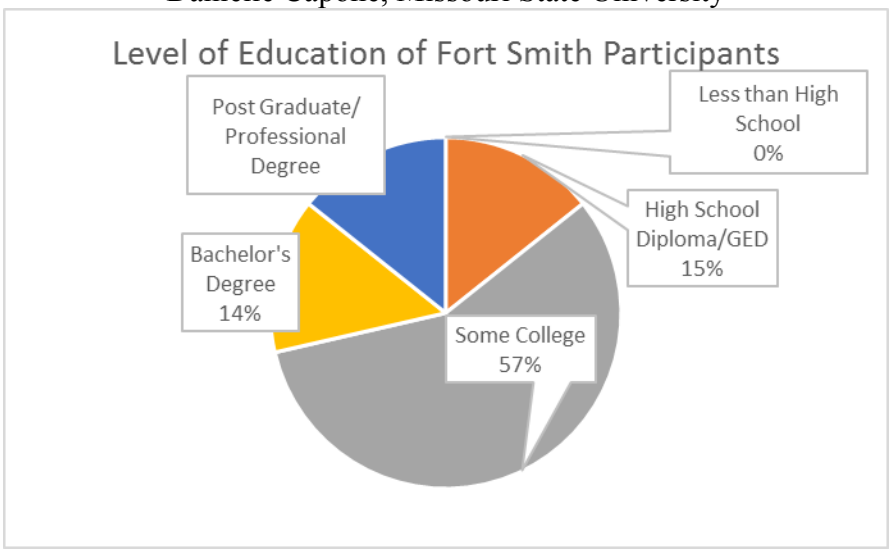

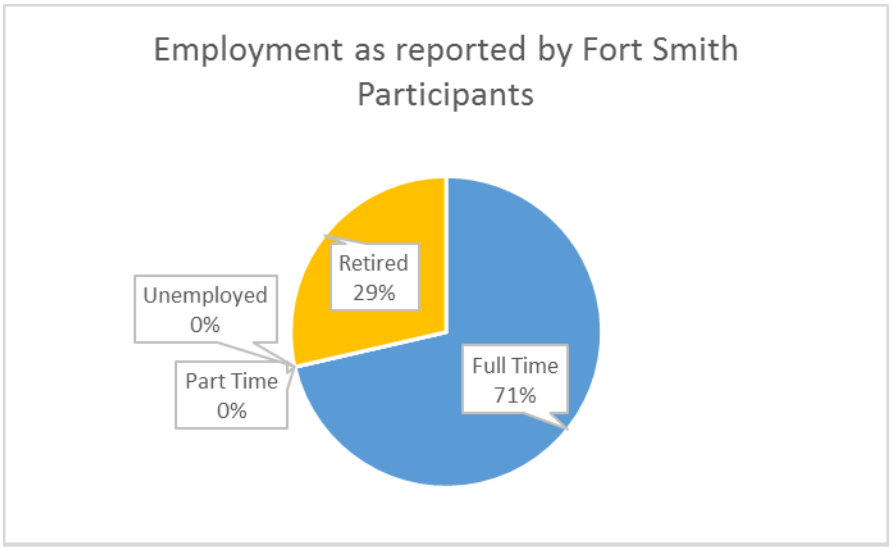

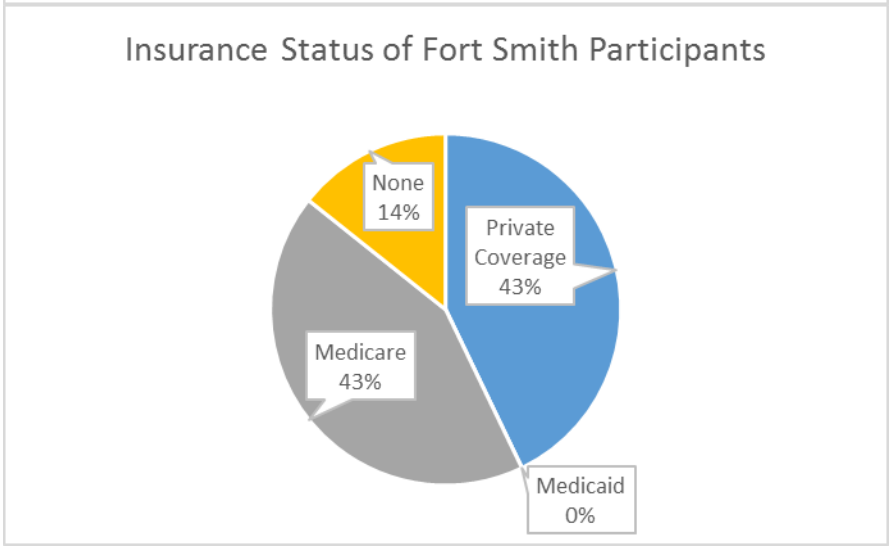

Reported Social Network of Fort Smith Participants	**N=7**	**%**
Relationship Status		
Single, never married	0	0%
Partnered, not married	0	0%
Married	5	71.4%
Separated	0	0%
Divorced	2	28.6%
Widowed	0	0%
Household Size		
1	1	14.3%
2-3	6	85.7%
4-5	0	0%
6 or more	0	0%
Number of Children		
0	1	14.3%
1	1	14.3%
2	2	28.6%
3	3	42.8%
4	0	0%
5 or more	0	0%
Children (under 18) in Household		
0	6	85.7%
1	0	0%
2	1	14.3%
3	0	0%
4	0	0%
5 or more	0	0%
Hours of Volunteering per Month		
0	3	42.8%
1-4	0	0%
5-8	0	0%
9-20	1	14.3%
21-40	3	42.8%
41 or more	0	0%
Hours of Socializing per Month		
0-1	1	14.3%
2-7	0	0%
8-14	4	57.1%
15-21	2	28.6%
22-30	0	0%
31 or more	0	0%

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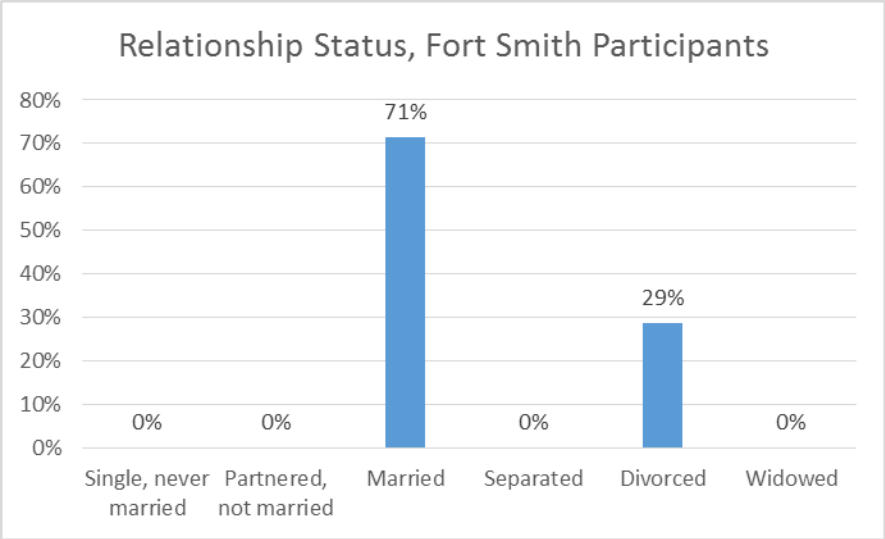

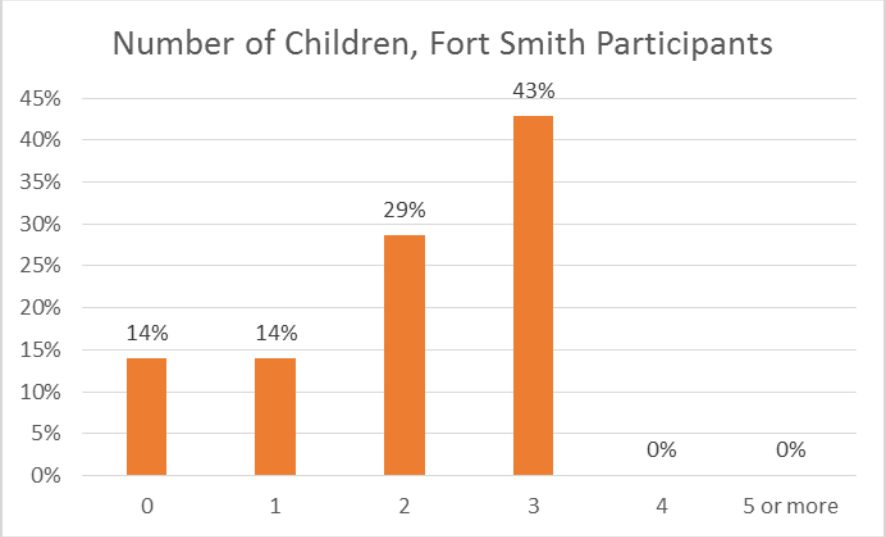

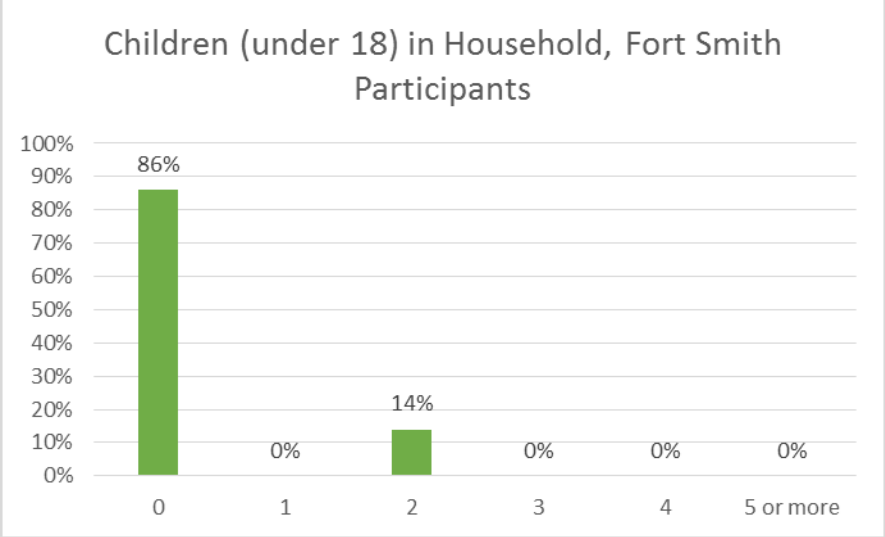

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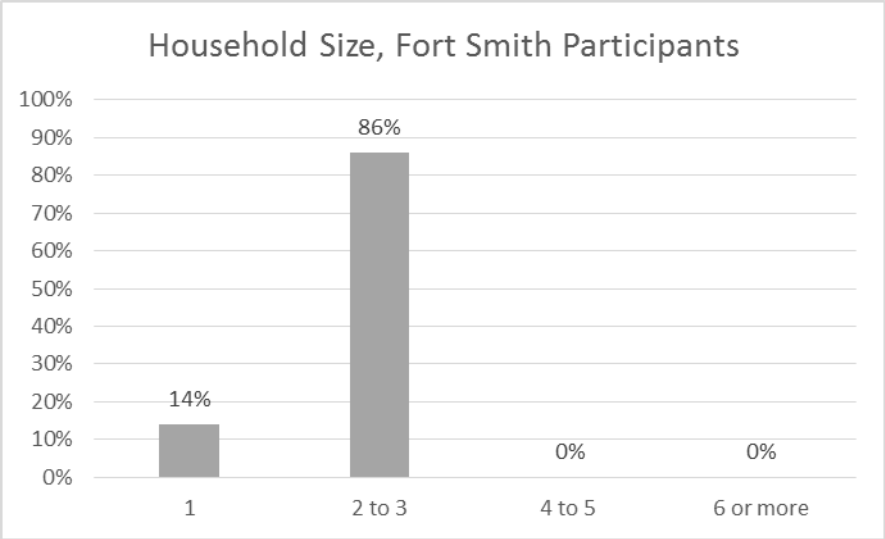

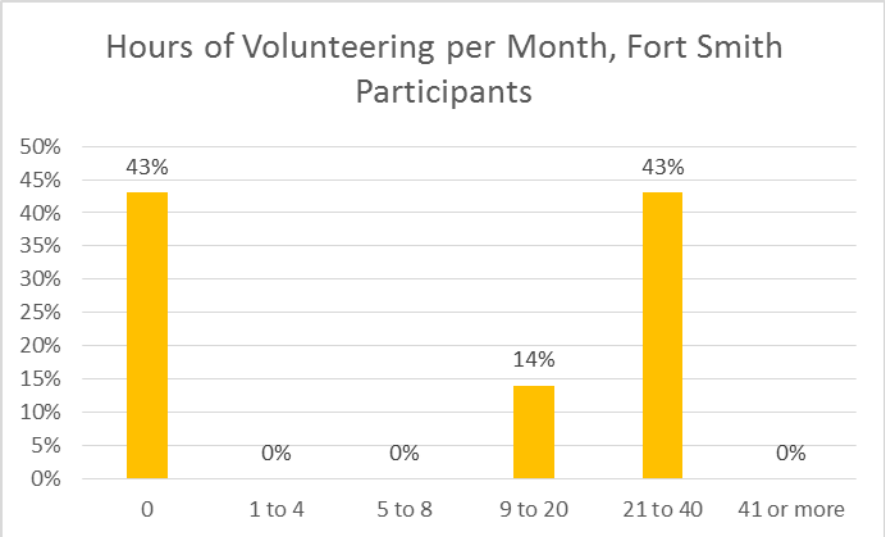

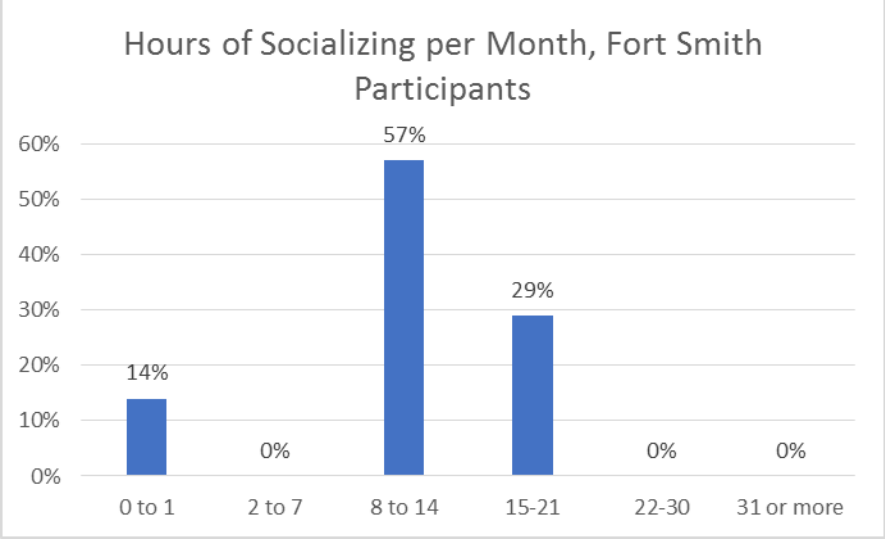

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Survey-Related Findings

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 disease, cost of health care and mental health issues**. Aging issues included hip replacement in a participant; two shoulder surgeries in a participant; and a urinary tract infection in a participant's mother, which presented as fever but was masked by dementia-like behavior that was likely caused by the fever and infection. One participant said "the older I get, the more I fall apart". Another participant explained that as she gets older she cannot remember her biomarkers and therefore has less effective communication with health care providers. The chronic diseases included kidney disease in two participants, which led to a urethral transplant for one participant and then the related pain caused her to seek relief and she feared that health care providers perceived her as a drug seeker; high blood pressure in a participant; thyroid issues in a participant; cancer in a participant's daughter; diabetes in a participant; chronic back pain in a participant; and spinal stenosis in a participant which caused chronic back pain and led to back surgery. The comments about the cost of health care included: insurance plan coverage inconsistency from year to year, which meant several services were not covered and resulted in large, unexpected bills; expensive medical costs, in general; limitations on in-network coverage; expensive emergency visits unavoidable because there were no local specialists; expensive emergency room visits for inadequate care; unaffordable medications; and misunderstanding of insurance coverage, which led to high proportions of patient cost. The mental health issue was experienced by a participant's young son. Although no participants said they had an unhealthy lifestyle, such characteristics were discussed. For example, a couple of the participants mentioned weight gain or being overweight. A few others talked about not seeking medical help for their problems because they dreaded the possibility that health care professionals would be judgmental and blame them for their illness or would perceive them as a drug seeker.

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.

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. One participant mentioned that she had difficulty understanding medical jargon and another referred to the long waits to be seen by a psychologist/counselor and psychiatrist. She explained:

> [people] can't see a therapist for three weeks and a psychiatrist for 3 months…that someone was my son, last year. And so we sit in an emergency room with that psychological crisis going on…there's nothing they can do. "We can sedate him." That's what they always throw out: "I can sedate him for you if that will help." Well, I wind up – I don't believe in that unless that is the only means that can be safe for him. I fought with the behavioral health systems that are in place in this community when my son was having issues. Medication, medication, medication was the answer. Amazingly, when I took control back and I said "I don't care, we're not getting results, we're still having these issues" – I had to make some tough calls. I had to step up and say "this is what I'm gonna do", make calls, do research, and finally sent him quite a ways away so they could detox him from all the meds. In the end, all he needed was therapy.

The most salient issue for the majority of participants was the lack of specialists in the Fort Smith area. They had a difficult time trying to deal with aging issues and chronic diseases because surgeons, endocrinologists, urologists, nephrologists and psychiatrists, specifically, were not in the area. One participant said "it is no fun to be wadded up -- on the floor -- in a knot – and having no urologists to go to". A 26 year old woman had a goiter removed by an endocrinologist:

> …but he left to go back to his homeland. So, there was no endocrinologist. Now, there's one at Sparks but it's out of network, so that would be a whole different bill. The closest one would be Fayetteville or Little Rock and uhm that's almost a whole day's trip, ya know, you'd lose a whole day of work.

Yet another participant said "access to specialists is a huge issue for me. I worked at Sparks for 4 ½ years – even they couldn't keep anybody." She said she had to rely on someone who was there only a few months or rely on a general practitioner. She believed the quality of care and continuity of care were compromised. "I don't understand why – in such a bid city – it is so hard to access a urologist or a nephrologist." Lastly, one man, after getting injections to treat back pain from a pain management doctor for two years, was told he was a good candidate for surgery. "*But,* the doctor said, you need to go someplace else to see a surgeon. We really don't have the qualifications in Fort Smith. We just don't have the skills to do [surgery], here".

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. 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. 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. Participants named only medical institutions, probably because the concept "community" was not operationally defined to the participants, as intended. Mercy, Sparks, Cooper Clinic, a walk-in clinic, the VA, Perspectives, and Valley Behavioral Health were the institutions named during the interview.

Question 5, "How comfortable do you feel with those in your community when it comes to your health and wellbeing?" tried to gauge how accessible the participants thought such services were. One participant, who worked at Mercy, said she would not feel connected to them if she did not work there. She realized there was an advantage to being there day after day and getting to know others who worked there. Another participant commented "the VA gets an 'A'." He said they were streamlined and thorough. One woman said "way back when, there was a good relationship between Mercy Hospital and Cooper Clinic", which implied that she (and others?) perceive a strain, today, with which she was not comfortable. Another participant said "Specialty care is hard to find. I'm not feeling comfortable with what is available." Three participants were uncomfortable with how readily medications are prescribed. For more about medication concerns, see Emergent Themes. One participant stated that the Spanish speaking community is not comfortable communicating to health professionals on the phone or via the internet. For more, see Emergent Themes.

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. One participant, who helps the homeless access services, said "We don't have good public transit in this town". Lack of transportation keeps people from getting to medical appointments and picking up medications. The same participant pointed out that it does little good to make homeless people aware of available services if they have no way to access them; therefore, bus vouchers or sponsored rides should be provided in order to literally connect homeless people (and others without cars) to health and well-being resources in Fort Smith. In addition, community health navigators should be there to explain how to connect all the services. Several participants agreed that communication needs to be improved so that citizens are better informed of available resources. "Mercy needs to be more proactive in what they have to offer. They need to invest in community knowledge." "There should be a place to go to get help understanding insurance policies, claims and [EOBs]". One participant's family member used to work in a hospital that had an art department, which allowed employees to design billboards about available services. The billboards and posters would then be displayed in the lobby. Another participant suggested that the hospitals should have outdoor electronic billboards to keep the community up to date on available services. One participant claimed that she personally found MyMercy to be very informative, but she suspected that most people do not use it. Another participant retorted that MyMercy is not the type of format that connects people. It excludes those without internet access. It is difficult for those with vision difficulties and for those uncomfortable with computers. "My Mercy and other digital records does not reduce fragmentation. The goal should be to connect the PCP, lab, and specialists. But it doesn't." Several participants said that more specialists were needed: urologists, endocrinologists, nephrologists, surgeons, and psychiatrists, in particular. "We need to find a way to keep specialists in the area" said one participant. Another participant addressed limitations in behavioral health care, while several other participants listened and nodded their heads empathetically:

> We have a disconnect in this community. We're outsourcing behavioral health to other parts of the state. It is not accessible. At work, when I have someone in crisis I have to tell them "you can see the therapist in 3 weeks and the psychiatrist in 3 months to get the medication to get ya back on track" – *but they are in crisis today*. They are in crisis today. What can we do *today*? The PCP can't fill that need, the ER can't fill that need. The walk-in clinic can't fill that need. At work, I'll have someone telling me they're suicidal, so I get them to one of our places in town either Perspectives or Valley Center 'cause that's what I'll be told if I send 'em to the ER, most of the time. They may be able to get them a bed somewhere but it may be halfway across the state -- and I'm expecting you to wait in crisis *halfway across the state*? You don't know how in the hell you're

> gonna get back…you have no idea -- God forbid, you have a family and you have some children that need to be picked up from school that day -- but you're ready to kill yourself cause you're hearing and seeing things. I get very passionate about this.

Emergent Themes

Need for Cultural Competence

Two culturally diverse groups were discussed by participants during the focus group. Participants referred to the groups as "the Spanish speaking community" and "Asians". The Asian nationalities specified were Vietnamese and Laotian. Two to three participants provided the bulk of information about these groups while other participants posed sincere questions.

One Hispanic participant stated "my concern is the Spanish speaking community and I'm here to be a voice for them." She continued:

> Some of them are afraid. They don't have interpreters, as far as to what their needs are, for the doctors. Some of them are not getting the appropriate medication and treatment that they need cause we don't have the doctors [who understand]….they can't explain what their needs are to the doctors so they neglect their health. The hardest thing is not just English to Spanish, its medical language to English to Spanish….trying to know what the doctor is trying to tell them, in their own words. Not easy.

Some participants were "fascinated" by this three-way language dynamic. The Hispanic participant explained that Mercy has an outreach person in the mammography department, who can speak Spanish. She said it is working and is very helpful because it provides the human touch, which Spanish speaking people prefer over information that is printed on fliers or available on the internet. "I wish we had more of that in other areas." When participants questioned why there were not more interpreters, she replied "maybe we don't have a lot of people who are willing to volunteer their time or maybe they are not well informed of what is out there to help the community." Another participant opined that it should not be volunteers, but rather paid interpreters who understand medical terminology in both English and Spanish. The Hispanic participant said that it was a "big help" that Mercy is a Catholic hospital because it provides a religious connection for most Spanish speakers. She suggested that this was the beginning of building trust, which is necessary in order for Spanish speakers to become connected to health and wellbeing services in the community. "In Spanish speaking culture, we feel more comfortable in face-to-face ordeals than over the phone…it is a trusting thing." She suggested that people from Mercy should consider being a liaison by attending the Spanish speaking people's meetings and events in order to "become a face" to them. "We have special events, we celebrate certain things…Christmas, Cinco de Mayo, Guadalupe, big religious holidays, Catholic based bazaars."

Another participant spoke for the Asian population in the community, suggesting that they are sometimes overlooked. Some of the Vietnamese and Laotian people are "similar to the Native American community because they rely on traditional faith based and spirit based healing". Healers are those who "have that status or come from a long line of healers. They are usually not medically trained because they rely on home remedies." Other participants became curious and asked what options they have for health and healing. She replied

> They are not well known and they are sparse. Options are not big. If you piss off the wrong family in that community and that happens to be the family of healers, you're kinda screwed. [participants snickering] I ran into that with someone within the last year. Due to a divorce that her brother had to someone in the healer's family, she, her children and her family could no longer seek those services. The woman told me "I don't know what to do, they used to put candles on my back" and she's explaining these things that didn't make a lot of sense to me because it's from a different cultural perspective and she's asking me for help in her somewhat broken English -- even though she is very intelligent and intuitive, wanting services -- I had some options but I don't know they were the best options, but I did the best I could.

Medication Concerns

Almost half of the participants frequently spoke about medication during the focus group interview. One participant disclosed that her biggest fear was being overmedicated.

> I feel like there's a medication for everything….more than one! You read the disclaimers and it scares you to death. I've refused to take medications, before. It was last summer, I developed a really weird rash and when I went to the walk-in clinic, he prescribed this medication and it says on the label – Oh! It had horrible verbiage to it. It scared me to death. So, I think, we have to have our faith in our doctors…uh, but sometimes I – you know -- you can't help but question whether you really need a medication that's prescribed, sometimes….makes me wonder, makes me question…Some doctors will prescribe more than others. I will say, the doctor we have is pro-medication. And there's two or three prescriptions for everything. Is it safe?

She did not know whether there was information or help available in the community to help her better understand medications and prescribing practices. Another participant agreed that overmedication occurs. "I start to wonder, well, why did I leave the walk-in clinic with seven prescriptions and get three injections while I was there?" She admitted that her back pain and leg numbness did feel better after the medication, but she preferred to find the cause of the problems instead of taking so much medicine all the time. A third participant was astonished at the differences in doctors' prescription habits. One doctor would not prescribe anything for high blood pressure, instead telling him to "lay off the salt" while another doctor told him to "take all the ibuprofen you want" for his back pain. This participant preferred a doctor who would cautiously prescribe medication, explain the pros and cons of taking it, and then continue to monitor him while he was on it.

Participants shared stories with each other about elderly people who they thought were on too much medication. One pointed out "all these bottles say "May Cause Drowsiness!" Another participant said "my mother had a cabinet full of medicine. She was 95 years old. I thought 'does she really need to be on all this?' She was a *zombie*." Another added that his loved one took enough medications "to fill a shoebox".

Intermittently, throughout the focus group interview, participants mentioned other concerning aspects of medication. They stated that medication was expensive, that it was often taken incorrectly and that it was hard to obtain for people without transportation. Some participants believed that medical doctors were not well educated, anymore, due to the vast amount of medications now available.

Conclusion

Although discomfort with overmedication and prescribing practices and concern for culturally competent healthcare were emergent themes, it was actually the lack of specialists in the area that concerned the greatest number of people in the focus group. The lack of specialists causes Fort Smith residents to inconveniently travel to other cities or even to other states for appointments and surgeries. Sometimes this is not safe. Lack of specialists also results in the misuse of emergency rooms, as participants pointed out. Overall, the Fort Smith focus group participants exhibited good intentions as well as optimism. As one participant put it: "Life is worth living in Fort Smith, *if we make it worth living in*. I think we can increase the access and support for that."

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)