Ozarks Health Commission: Regional Health Assessment

Focus Group Research

Lisa Cox Hall, PhD, Missouri State University
Lexi Amos, Missouri State University

THE JOPLIN COMMUNITY

Ozarks Health Commission: Regional Health Assessment
Focus Group Research

Lisa Cox Hall, PhD, Missouri State University
Lexi Amos, Missouri State University

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) a closed-ended survey (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

From the 2015 Citizen Survey, we realized that that older adults and women were overrepresented respondents in the initial electronic survey, 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

Twenty-five individuals in the Joplin area expressed interest in participating in the focus group. Three were too young to participate, as the minimum eligible age was 26 (representative of the maximum

age at which individuals can be covered on parents' insurance plans). Of the eligible twenty-two individuals: 3 were men and 19 were women; 12 were young adults (26-36 years old), 9 were middle aged adults (37-64 years old), 1 was an older adult (65-84 years old); 9 had private insurance coverage, 4 had Medicaid coverage, 1 had Medicare coverage, and 8 had no insurance coverage; 11 had sought behavioral health care services in the past year.

Joplin Recruitment												
	Gender		Age				Insurance Status				Behavioral Health	
1	M	F	26-36	37-50	51-64	65+	Private	Medicaid	Medicare	None	Yes	No
2	M	F	26-36	37-50	51-64	65+	Private	Medicaid	Medicare	None	Yes	No
3	M	F	26-36	37-50	51-64	65+	Private	Medicaid	Medicare	None	Yes	No
4	M	F	26-36	37-50	51-64	65+	Private	Medicaid	Medicare	None	Yes	No
5	M	F	26-36	37-50	51-64	65+	Private	Medicaid	Medicare	None	Yes	No
6	M	F	26-36	37-50	51-64	65+	Private	Medicaid	Medicare	None	Yes	No
7	M	F	26-36	37-50	51-64	65+	Private	Medicaid	Medicare	None	Yes	No
8	M	F	26-36	37-50	51-64	65+	Private	Medicaid	Medicare	None	Yes	No
9	M	F	26-36	37-50	51-64	65+	Private	Medicaid	Medicare	None	Yes	No
10	M	F	26-36	37-50	51-64	65+	Private	Medicaid	Medicare	None	Yes	No
11	M	F	26-36	37-50	51-64	65+	Private	Medicaid	Medicare	None	Yes	No
12	M	F	26-36	37-50	51-64	65+	Private	Medicaid	Medicare	None	Yes	No
13	M	F	26-36	37-50	51-64	65+	Private	Medicaid	Medicare	None	Yes	No
14	M	F	26-36	37-50	51-64	65+	Private	Medicaid	Medicare	None	Yes	No
15	M	F	26-36	37-50	51-64	65+	Private	Medicaid	Medicare	None	Yes	No
16	M	F	26-36	37-50	51-64	65+	Private	Medicaid	Medicare	None	Yes	No
17	M	F	26-36	37-50	51-64	65+	Private	Medicaid	Medicare	None	Yes	No
18	M	F	26-36	37-50	51-64	65+	Private	Medicaid	Medicare	None	Yes	No
19	M	F	26-36	37-50	51-64	65+	Private	Medicaid	Medicare	None	Yes	No
20	**M**	**F**	**26-36**	**37-50**	**51-64**	**65+**	**Private**	**Medicaid**	**Medicare**	**None**	**Yes**	**No**
21	**M**	**F**	**26-36**	**37-50**	**51-64**	**65+**	**Private**	**Medicaid**	**Medicare**	**None**	**Yes**	**No**
22	**M**	**F**	**26-36**	**37-50**	**51-64**	**65+**	**Private**	**Medicaid**	**Medicare**	**None**	**Yes**	**No**
TOT-AL→	3	19	12	6	3	1	9	4	1	8	11	11
	22		22				22				22	

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.

Lisa Cox Hall, PhD, Missouri State University
Lexi Amos, Missouri State University

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?

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 interview was conducted on November 12 at the Joplin City Health Department. Informed Consent was obtained from participants and the interview was audio recorded.

Lisa Cox Hall, PhD, Missouri State University
Lexi Amos, Missouri State University

Analysis

The audio recording of the Joplin 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 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 Joplin focus group interview, also remained cognizant of new information presented by participants that were 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 them as emergent themes. These are presented below, below, in Emergent Themes. Specifically, the themes are Mental Health Care Access and Advantages of Working in a Health Care Setting.

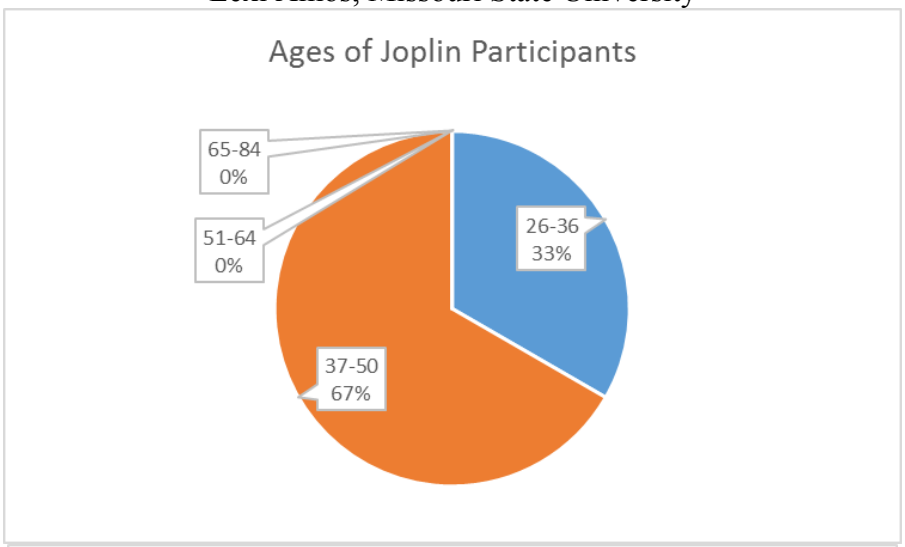
Findings

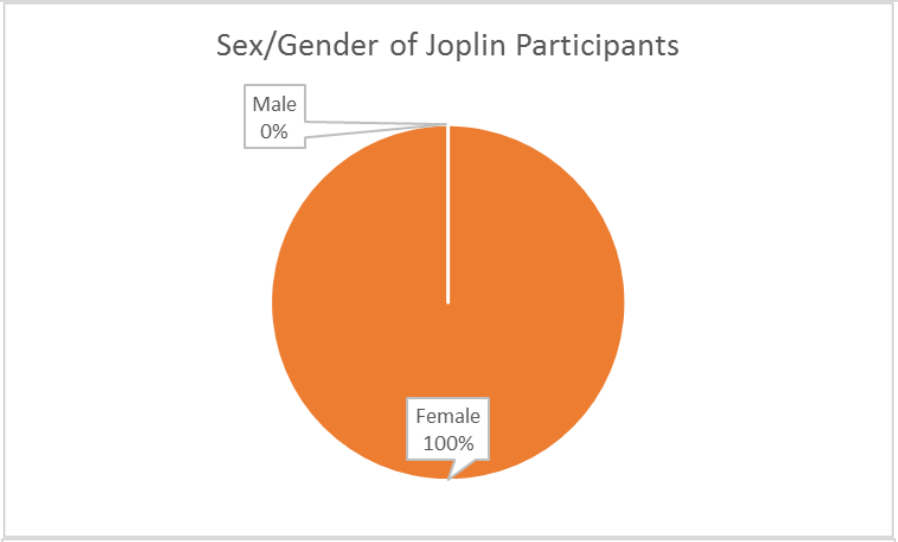
Sample

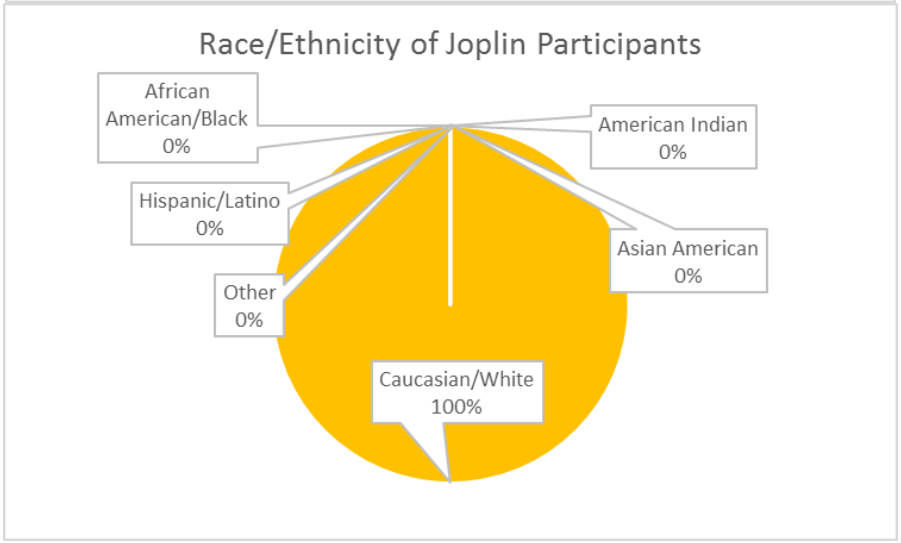
Three of the potential 22 eligible recruits attended the focus group event (see Joplin Recruitment table, above). Participant numbers 20, 21 and 22 in bold represent the three focus group participants. The characteristics of those in attendance met the focus group composition goals in the behavioral health category but not in the quantity, age, gender and insurance categories. Please see the tables and graphs below for additional demographic information and social network characteristics about the participants.

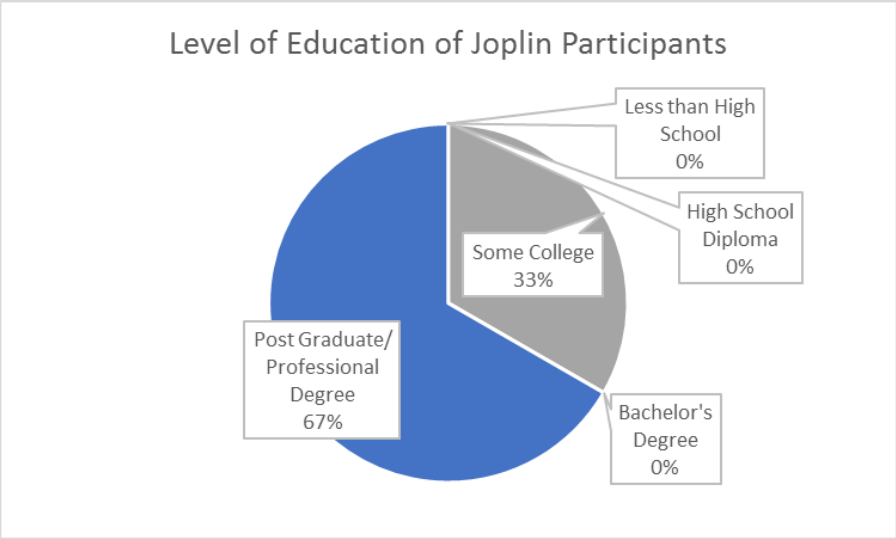
Lisa Cox Hall, PhD, Missouri State University
Lexi Amos, Missouri State University

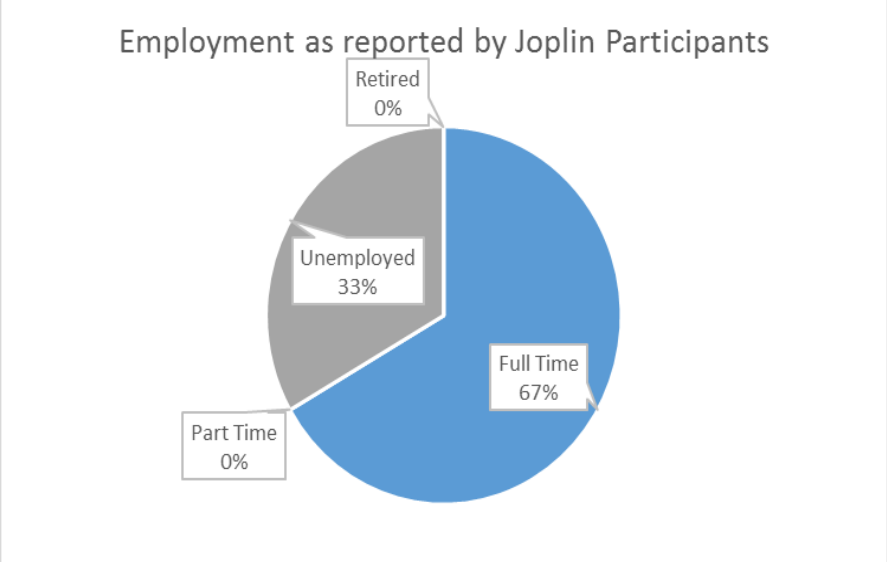
Joplin Participant Demographic Information	**N=3**	**%**
Age		
Young adult (26-36)	1	33.3%
Early middle-aged adult (37-50)	2	66.6%
Late middle-aged adult (51-64)	0	0%
Older Adult (65-84)	0	0%
Gender		
Male	0	0%
Female	3	100%
Race/Ethnicity		
African American/Black	0	0%
American Indian	0	0%
Asian American	0	0%
White/Caucasian	3	100%
Hispanic/Latino	0	0%
Pacific Islander	0	0%
Other	0	0%
Education		
Less than high school	0	0%
High school diploma/GED	0	0%
Some college	1	33.3%
Bachelor's degree	0	0%
Post graduate/professional degree	2	66.6%
Employment		
Employed full time outside of home	2	66.6%
Employed part time outside of home	0	0%
Unemployed	1	33.3%
Retired	0	0%
Insurance Status		
Private Coverage	3	100%
Medicaid	0	0%
Medicare	0	0%
None	0	0%
Behavioral Health		
Yes	3	100%
No	0	0%

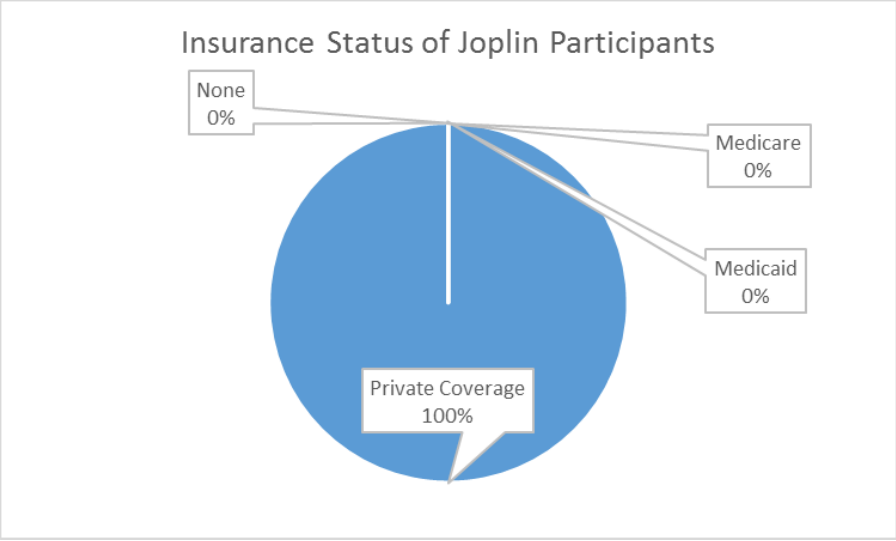

Ages of Joplin Participants
65-84
0%
51-64
0%
26-36
33%
37-50
67%


Sex/Gender of Joplin Participants
Male
0%
Female
100%

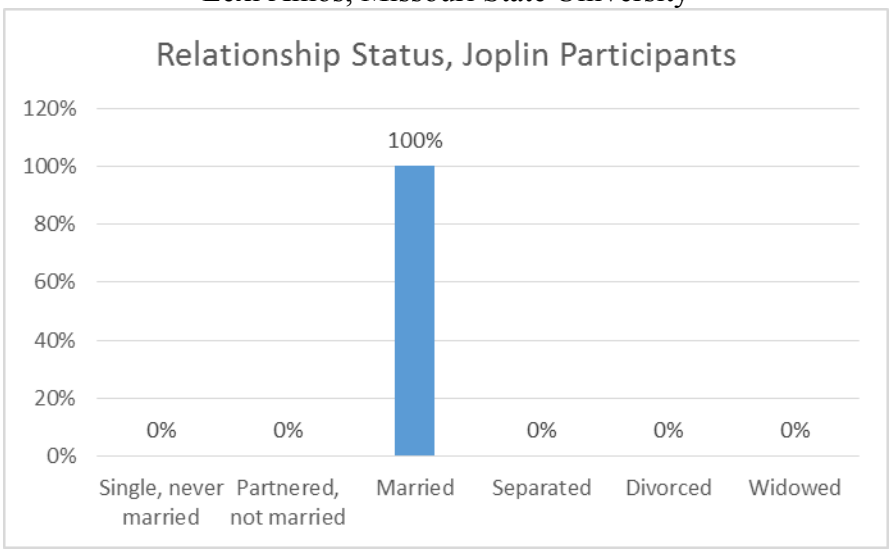

Race/Ethnicity of Joplin Participants
African American/Black
0%
American Indian
0%
Hispanic/Latino
0%
Asian American
0%
Other
0%
Caucasian/White
100%

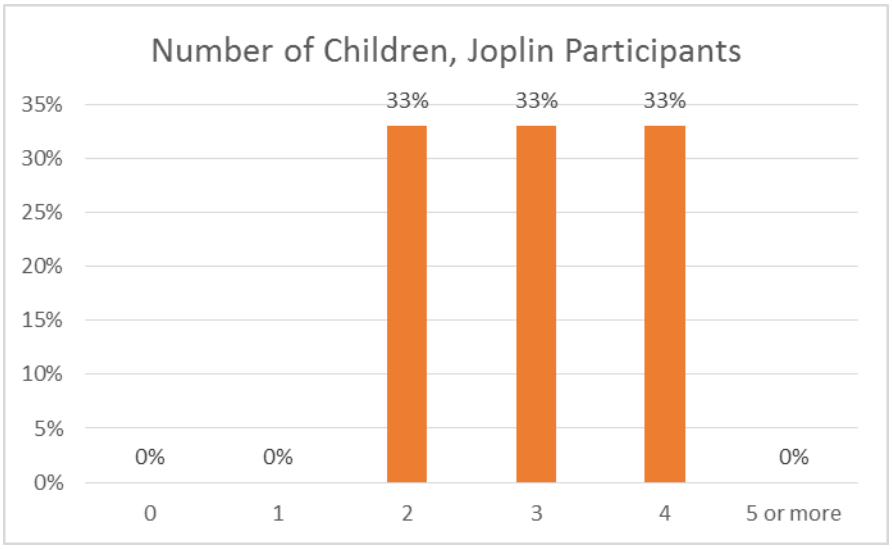

Level of Education of Joplin Participants
Less than High School 0%
High School Diploma 0%
Some College 33%
Post Graduate/ Professional Degree 67%
Bachelor's Degree 0%

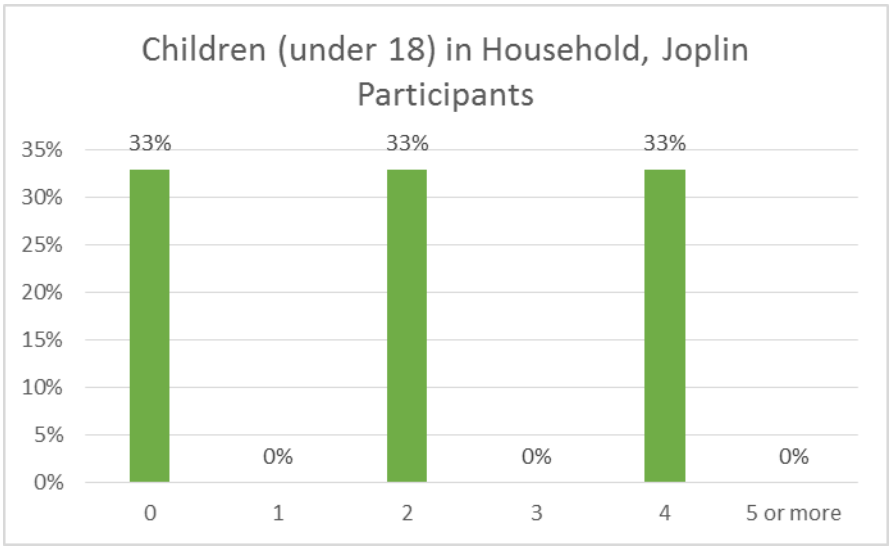

Employment as reported by Joplin Participants
Retired 0%
Unemployed 33%
Full Time 67%
Part Time 0%

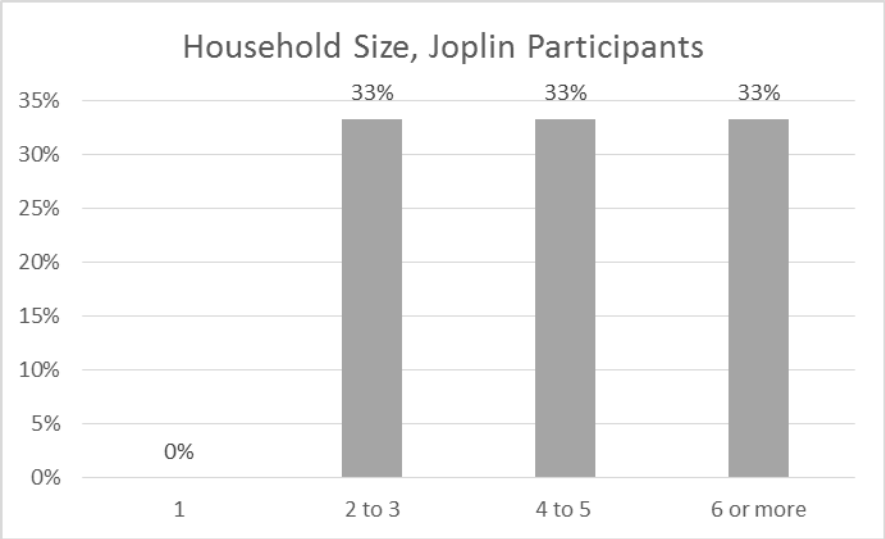

Insurance Status of Joplin Participants
None 0%
Medicare 0%
Medicaid 0%
Private Coverage 100%

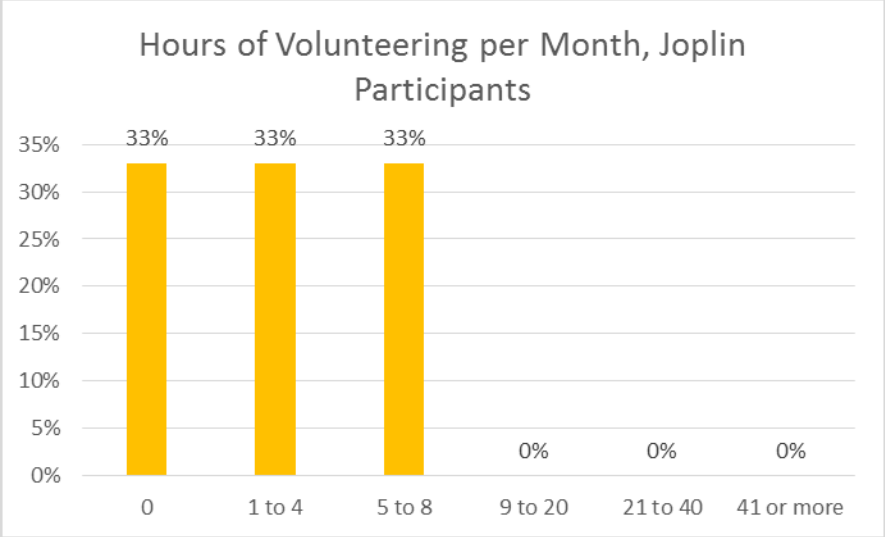
Reported Social Network Characteristics of Joplin Participants	**N=3**	**%**
Relationship Status		
Single, never married	0	0%
Partnered, not married	0	0%
Married	3	100%
Separated	0	0%
Divorced	0	0%
Widowed	0	0%
Household Size		
1	0	0%
2-3	1	33.3%
4-5	1	33.3%
6 or more	1	33.3%
Number of Children		
0	0	0%
1	0	0%
2	1	33.3%
3	1	33.3%
4	1	33.3%
5 or more	0	0%
Children (under 18) in Household		
0	1	33.3%
1	0	0%
2	1	33.3%
3	0	0%
4	1	33.3%
5 or more	0	0%
Hours of Volunteering per Month		
0	1	33.3%
1-4	1	33.3%
5-8	1	33.3%
9-20	0	0%
21-40	0	0%
41 or more	0	0%
Hours of Socializing per Month		
0-1	1	33.3%
2-7	0	0%
8-14	1	33.3%
15-21	1	33.3%
22-30	0	0%
31 or more	0	0%

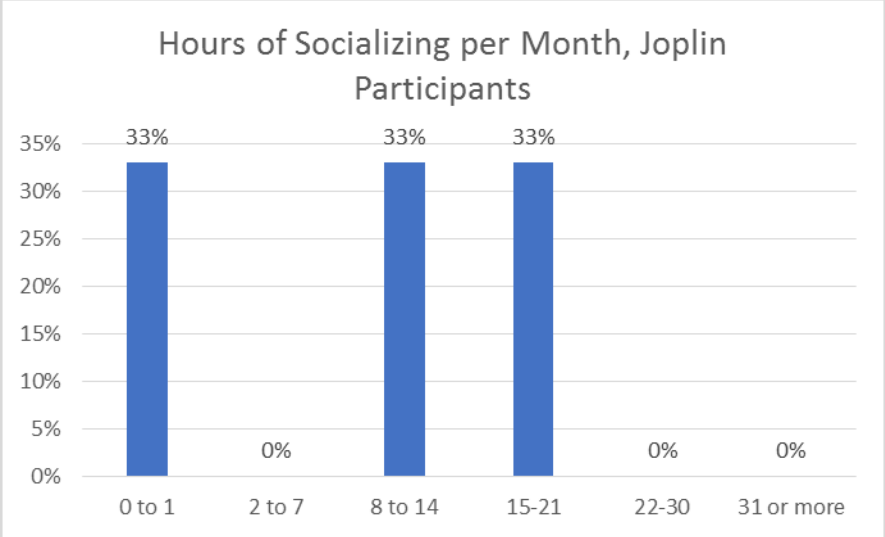

Relationship Status, Joplin Participants
120%
100%
80%
60%
40%
20%
0%
0%
0%
100%
0%
0%
0%
Single, never married
Partnered, not married
Married
Separated
Divorced
Widowed


Number of Children, Joplin Participants
35%
30%
25%
20%
15%
10%
5%
0%
0%
0%
33%
33%
33%
0%
0
1
2
3
4
5 or more


Children (under 18) in Household, Joplin Participants
35%
30%
25%
20%
15%
10%
5%
0%
33%
0%
33%
0%
33%
0%
0
1
2
3
4
5 or more


Household Size, Joplin Participants
35%
30%
25%
20%
15%
10%
5%
0%
0%
33%
33%
33%
1
2 to 3
4 to 5
6 or more


Hours of Volunteering per Month, Joplin Participants
35%
30%
25%
20%
15%
10%
5%
0%
33%
33%
33%
0%
0%
0%
0
1 to 4
5 to 8
9 to 20
21 to 40
41 or more


Hours of Socializing per Month, Joplin Participants
35%
30%
25%
20%
15%
10%
5%
0%
33%
0%
33%
33%
0%
0%
0 to 1
2 to 7
8 to 14
15-21
22-30
31 or more

Lisa Cox Hall, PhD, Missouri State University
Lexi Amos, Missouri State University

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 4 of the 10 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 related issues, chronic disease, mental health, and unhealthy lifestyles**. The specific aging related issues included: benign prostatic hypertrophy in a participant's grandfather and rheumatoid arthritis in a participant's grandmother. One participant highlighted that there is a need to accompany her elder family members to doctor's appointments due to frailty as well as to insure that information is processed and remembered correctly. Henceforth, aging issues affect not only the older adult but also the supportive family member. The specific chronic diseases that participants discussed included: various cancers, hypertension, diabetes, obesity, and polio in participants' families, and asthma in one participant. The specific mental health issues included: schizophrenia, attempted suicide, and self-injury in participants' family members; borderline personality disorder, depression, anxiety, and suicidal ideation in some of the participants, themselves. There were two lifestyle-related issues that were directly discussed: refusal to seek health care services in a family member and change of diet for a participant and her family member. It is worth noting that two of the participants bore the burden of loved ones' illnesses and concerns.

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". All of the participants rely on the internet in order to gather information, particularly for mental health issues and aging-related issues. All of the participants said they consult with friends. Two of the respondents explained that friends are actually co-workers and the nature of that work happens to be health care. (Please see Emergent Themes, below, for further discussion.) In all three cases, the participants used online information and lay consultation to evaluate whether to seek a formal appointment with a physician. Once a decision has been made to see a professional, they ask questions of the providers. One participant's comments suggest that she accompanies family members to appointments and advocates for them more often than she needs to seek help for herself.

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. Focus group participants discussed having **difficulty getting appointments** in only one of the 5 major categories from the survey: **behavioral health care – psychiatry**. (Please see Emergent Themes, below, for further discussion.) One respondent specified that arranging for proper medical care for loved ones was manageable, but the aftermath – what she referred to as "stress" and "grief" – presented the greatest difficulty. So, even when treatment for physical issues go smoothly, mental wellbeing of the patient or of family members might be threatened.

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. Consequently, the last 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 participant's job involved helping patients utilize community resources; therefore, she was more knowledgeable and aware than most.

> Because of my profession, I've been exposed to a lot of community resources….so, *I am* the person someone calls and says, 'hey, I have a friend and they need this, do you know where I should have them call?

Another participant, although rather new in town, emphasized that her workplace was the locus for most, if not all, of her health issues and wellness concerns.

> I don't have much social interaction, really. In a true social setting, I have no idea what to say…who to talk to…I don't function well in a social setting that is not work related.

The remaining participant answered this question in the contexts of mental health and child-rearing. To the former, besides her knowledge of the one psychiatrist in town, she recalled a 6-visit-counselor-benefit through her husband's job. To the latter, she referred to virtual connections via Facebook such as mommy-sites and baby-blogs.

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's comment suggested that comfort is dependent upon accessibility. She complimented both the schools and her church as being "big supports" and described them as "built in families". In essence, she claimed that whatever help, support, and information that is accessible is the most comfortable.

> I feel more comfortable with my friends and family than I do with doctors. I like to find out what *I* can find out, first…[my friends and family] are more real. I mean, my doctor doesn't have four kids, eight and under.

Another participant, when referring to her depression and how comfortable she felt with her community, addressed the notion of privacy and professionalism. She is careful to not rely too much on her friends, which happen to be her co-workers, because her image as a capable person might be questioned.

> It is not something I do often, because I don't ever want to be in a meeting forum and somebody look at me weird across the table because they know something.

By contrast, another participant states that she is very open with friends and family about her borderline personality disorder. She is an advocate for stigma reduction and thinks one should not have to be embarrassed or shy to talk about their illness. She thinks the stigma of mental illness should disappear.

> Almost all of my close friends know that I'm ill. They don't see it in me….I look like a normal person. But, like, this week I was very sick and I told all my friends. I said "look out! It's coming. I'm sick….so, come to my house" (chuckling).

It is worth noting that the respondents' comments indicated that they had varying degrees of comfort with community resources. When probed, "How do you know that information on the internet is trustworthy?", a middle aged woman, employed in health care, replied

> I am very vigilant about the source: medical journals, noted publications from universities and hospital systems…

A younger woman, who frequently referenced mental health and parenting, however, claimed she was open "to anything"…

> There is not a right or wrong way. There's not a need for me to find – I don't look into things that have one right answer. There's not a "right way"…you have to figure out the best way for you.

The third participant, middle aged and employed in health care, claimed to vet the information available.

> I have use my own abilities the best I could to formulate my own conclusions.

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. The participants concurred that health and wellness resources should be communicated through "every avenue available", including: newspapers, flyers, magazines, at churches, at doctors' offices, and through social media. One participant was in favor of direct, civic engagement. She suggested that people, who have gained insight from particular experiences, should share when the chance arises.

> Knowing of opportunities of ways to give back… I think would help me be more connected. Since I am on the "other side" of major depression at this time, I think that being involved in something that is really looking at what we can do in the community, like this focus group…helps me feel connected.

One participant described conditions that lead to her feeling and being disconnected. She explained that the typical tasks and inconveniences associated with seeking medical care in the United States are "aggravating".

> When we have to go to the doctor, we make an appointment, and we have to wait two weeks…and then I have to get a babysitter. It is all just so formal…I worry about the copay…the coverage…and on and on.

This participant's comments draws linkages between formality, discomfort, inaccessibility and disconnection. Perhaps, then, informality and comfort and accessibility and connection are similarly

linked. Participants' comments do support this possibility. First, there is the claim by one participant that access provides comfort. This was previously reported. Second, there is the belief by another participant that increased community support (informal) would lead to increased amount of care (access).

Emergent Themes

Mental Health Care Access

All of the participants agreed that timely access to appropriate mental health services is lacking. Components of access discussed by participants included: appointment scheduling, rescheduling, specialist availability, and psychiatrist refusal to see patients and instead passing them on to counselors, who in turn also "weed out" clients. One participant claimed to have seen this problem not only in Missouri but in Kansas and Oklahoma, as well. Another recounted that, in her former health care job, she saw children have to go to the hospital because they ran out of medication and/or because a psychiatrist could not see them soon enough. Many of these aspects were understood by participants, in part, to be a consequence of the massive shortage of fully-trained mental health care providers.

> I've been through problems trying to be seen [by a doctor]….so, finally, they made my appointment – then, they called me to change it to a week later. So I went one week later – but they said "you missed it by one day and you will not be seen. If you miss your appointment, you will not be seen, at all."
>
> They make an appointment for someone who is mentally ill and expect that person to be on time and expect their appointment to be perfect. They don't realize how difficult, emotionally, it is to even go into the mental institution to be seen by a psychiatrist. It's *hard* to walk into that building. I'm mentally ill and I waited for over 3 months to see him. *Over… three… months*.
>
> So, I stood there in their office and I said "I'm not leaving. I'm mentally ill. I have to be seen. You're the only place that can see me." I made a stink in front of everyone. I said "I'm sick, I'm unhealthy, I'm not safe and I'm not leaving."

Advantages of Working in a Health Care Setting

Health care professionals are more likely to be more connected to health resources than anyone else in the community. One participant said it was possible that her current health care job increases her access: if not *direct* access to resources, at least access on *how to obtain* them.

> I don't think I have experienced difficulty finding help or resources, personally, but access for mental health issues is a significant problem that doesn't seem to get better. It's been in every community that I've lived in. Again, I see it occurring as opposed to it happening to me. *I'm* lucky enough to have insurance and a network of providers I can go to…and, *working in health care*, you have a lot of resources that you see every day and you form relationships with physicians and other staff – friend relationships. They can help you get through some of those times…..most people don't have that luxury.

Discussion of Health Lifestyles

The importance of the *social* aspects of health have waxed and waned in the Western world and the degree to which self-care was relied upon by those of various socioeconomic statuses have varied. Health behaviors, as one social aspect of health, are recognized - especially by public and community health professionals - to have a significant influence on health status. One model of health lifestyles (Cockerham 2005) explains that one's class circumstances, age, gender, race/ethnicity, living conditions, and collectivities (such as marital status and size of social network) combine and tend to be aligned with particular patterns of early socialization. They also tend to inform and influence the experiences one has throughout life. Both socialization and experience then lead to one's set of available life choices.

At the same time, the combination of class circumstances, age, gender, race/ethnicity, living conditions and collectivities is prescriptive of one's life chances; that is, the range of opportunities available, in society, to different types of people. People live their daily lives at the intersection of (1) the opportunities available for them in society and (2) their own choices as individuals. This interplay between chances and choices tend to be associated with one of a number of constitutions that lead to particular practices and actions. In this context, examples of practices include actions such as alcohol use, exercise, diet, smoking, safe sex, etc. These practices are the basis for health lifestyles. This model helps explain why some groups of people tend to have different health lifestyles than others. It has been beneficial in reducing the tendency of those living in an individualistic culture to victim blame because both early socialization and structural dynamics are accounted for.

It is possible to use this model to glean insight into the focus group participants' health lifestyles. A sample of three is very small; therefore, caution should be taken in generalizing the following analytical findings to an entire community. Such insight, however, especially when used in conjunction with aggregate community level data, may assist public health professionals in their endeavors to plan for the improvement of community health.

The focus group participants had some demographic and social network characteristics in common (see tables and graphs above), but they also had differences. All were white women. Two were middle aged, had advanced degrees and worked in health care. These characteristics tend to be associated with a broader range of life chances and more opportunities, than characteristics such as non-white, high school or less education, and unemployed. Indeed, all three participants had private health insurance coverage and stable housing. The two who work in health care enjoyed structural opportunities (health advice and access) that the other participant did not. The participant with lower levels of health advice and access reported searching for health information and wellness support from many sources, such as (non-medical) websites and blogs. The model suggests that her health practices (whether she smokes, exercises, uses seat belts, how she parents) will be the results of her comparatively limited life choices and chances.

Two participants reported needing behavioral health care. One grew up with mental illness in her family and the other did not. The one with mental illness in her family also had a large family of origin and now has a large family of creation. She endured experiences and was socialized in such a way that she reports being a very social person and a vigilant advocate on behalf of her own mental health. Put another way, she has expanded choice in which to exercise her agency. The other participant lives with only her husband and reports being very uncomfortable in non-work, social situations. She admitted that, if not for working in health care, she might not have a social support network from which to get information or receive support during her illness episodes. She has fewer life choices and narrower agency; however, she has expanded structural opportunities because she works in health care. Put another way, she is very fortunate to work in the industry that can address her needs. Her health practices (whether she goes to check-ups, seeks medical advice) are very much informed by the medical experts who surround her.

Lisa Cox Hall, PhD, Missouri State University
Lexi Amos, Missouri State University

Conclusion

Health is influenced by a person's whole life. This group of respondents indicated that their health was very influenced by their ability to access community. It is important to note that "community" was constructed and defined slightly differently for each respondent, ranging from health care co-workers to church members and moms in an online support group. A common element, though, seems to be the human element. Their comments suggest that procedures, equipment, automated programs and information are best utilized when they have been introduced by a human being. Satisfaction then seems to be strongly influenced by how helpful and caring the individuals behind them were.

We conclude that there are some resounding priorities of these focus group participants. (1) Improve the way people are treated in the system by reducing stigma (of mental illness, of having "controllable" illness and needing help) and increasing the ease and comfort of access to care and treatment and (2) acknowledge that mental wellbeing is attached to almost all aspects of physical health, so become prepared to address it. Not only should treatment of poor mental health be included, but prevention should be a priority, especially given the fast-paced stressful society in which we now live. One participant commented on what she considered to be a step in the right direction:

> I think there are things, I know, at Freeman, we have implemented, uh, meditation practice for those who need the down time. I really have to practice those kinds of behaviors to pull myself back in from the stress of the day [at work] or from the home.

Ozarks Health Commission: Regional Health Assessment

Focus Group Research

Lisa Cox Hall, PhD, Missouri State University
Lexi Amos, Missouri State University

Appendix A: Closed-Ended Electronic 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….
9. How serious have the following issues been for you or your family in the last year?
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.
11. Are you aware of people or groups in the community working together to improve health and quality of life?
12. How serious have the following issues been for you or your family in the last year?
13. From the following list pick the biggest thing that keeps you and your family from improving your health:
14. Is this community a good place to raise children (Consider school quality, day care, after school programs, recreation, etc.)?
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.)?
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.)?
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.
18. Finally, what makes you proudest of your community?
19. Please name a person, group, or program that is working to improve health and quality of life in your community: