

Ozarks Health Commission: Regional Health Assessment

Focus Group Research

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THE LEBANON COMMUNITY

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Background

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

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

Methods

Focus Group, general

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

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

Recruitment

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

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

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Nine participants were recruited for the focus group interview: 3 were men and 6 were women; there were no young adults (26-36 years old), 5 were middle-aged adults (37-64 years old), 4 were older adults (65+); 4 had private insurance coverage; 1 had Medicaid coverage, 4 had Medicare coverage, and there was no one lacking insurance coverage. No participants had dealt with behavioral health issues in the last year or so. The Lebanon community met the goals for gender in their recruitment efforts, but not the goals for age, insurance and behavioral health. They over-recruited older adults, and persons with private insurance and Medicare, and under-recruited young adults, persons with no insurance and persons using behavioral health services.

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 December 17, 2016. Written, informed consent was obtained from participants and the interview was audio recorded.

Analysis

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

The P.I. and the R.A., while listening to the audio recording of the Lebanon 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 (1) The Need for Convenient, Accessible Resources and Services for an Aging Community and (2) Negative Perceptions of Health Care Professionals.

Findings

Sample

All nine recruited participants attended the focus group interview. The characteristics of those in attendance met the focus group composition goal in the gender category; however, they did not meet the goals in the age, insurance and behavioral health categories. There were 4 older adults instead of 3, while there were no young adults. (However, this might have led to the advantage of hearing about the older adults' viewpoint. For more, see Emergent Themes.) There were 4 Medicare and 4 private insurance, instead of 2 each and no one was present who lacked insurance coverage. No one in the sample had sought behavioral health care in the last few years.

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Lebanon Participant Demographics	N=9	%
Age		
Young adult (26-36)	0	0%
Early middle-aged adult (37-50)	3	33.3%
Late middle-aged adult (51-64)	2	22.2%
Older Adult (65-84)	4	44.4%
Gender		
Male	3	33.3%
Female	6	66.7%
Race/Ethnicity		
African American/Black	0	0%
American Indian	0	0%
Asian American	0	0%
Caucasian/White	9	100%
Hispanic/Latino	0	0%
Other	0	0%
Education		
Less than high school	0	0%
High school diploma/GED	4	44.4%
Some college	2	22.2%
Bachelor's degree	2	22.2%
Post graduate/professional degree	1	11.1%
Employment		
Employed full time outside of home	3	33.3%
Employed part time outside of home	0	0%
Unemployed	1	11.1%
Retired	5	55.6%
Insurance Status		
Private Coverage	4	44.4%
Medicaid	1	11.1%
Medicare	4	44.4%
None	0	0%

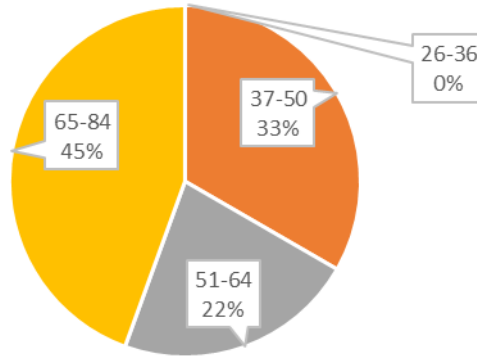
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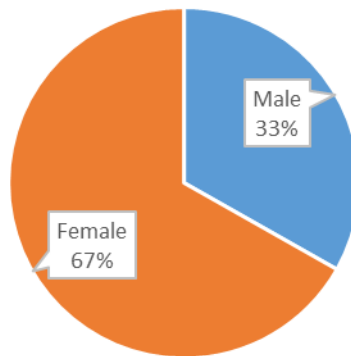
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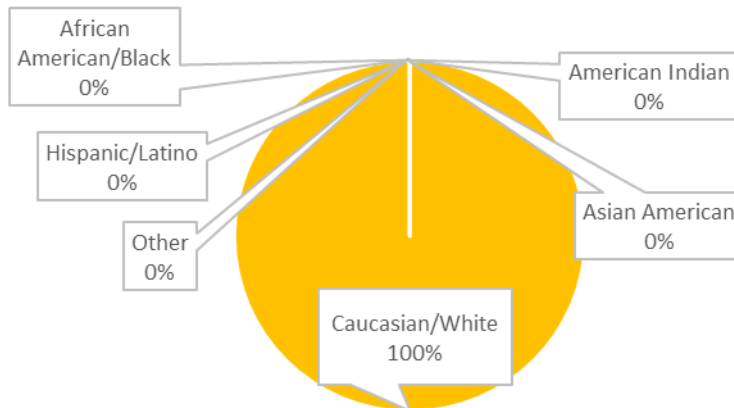
Ages of Lebanon Participants



Sex/Gender of Lebanon Participants



Race/Ethnicity of Lebanon Participants

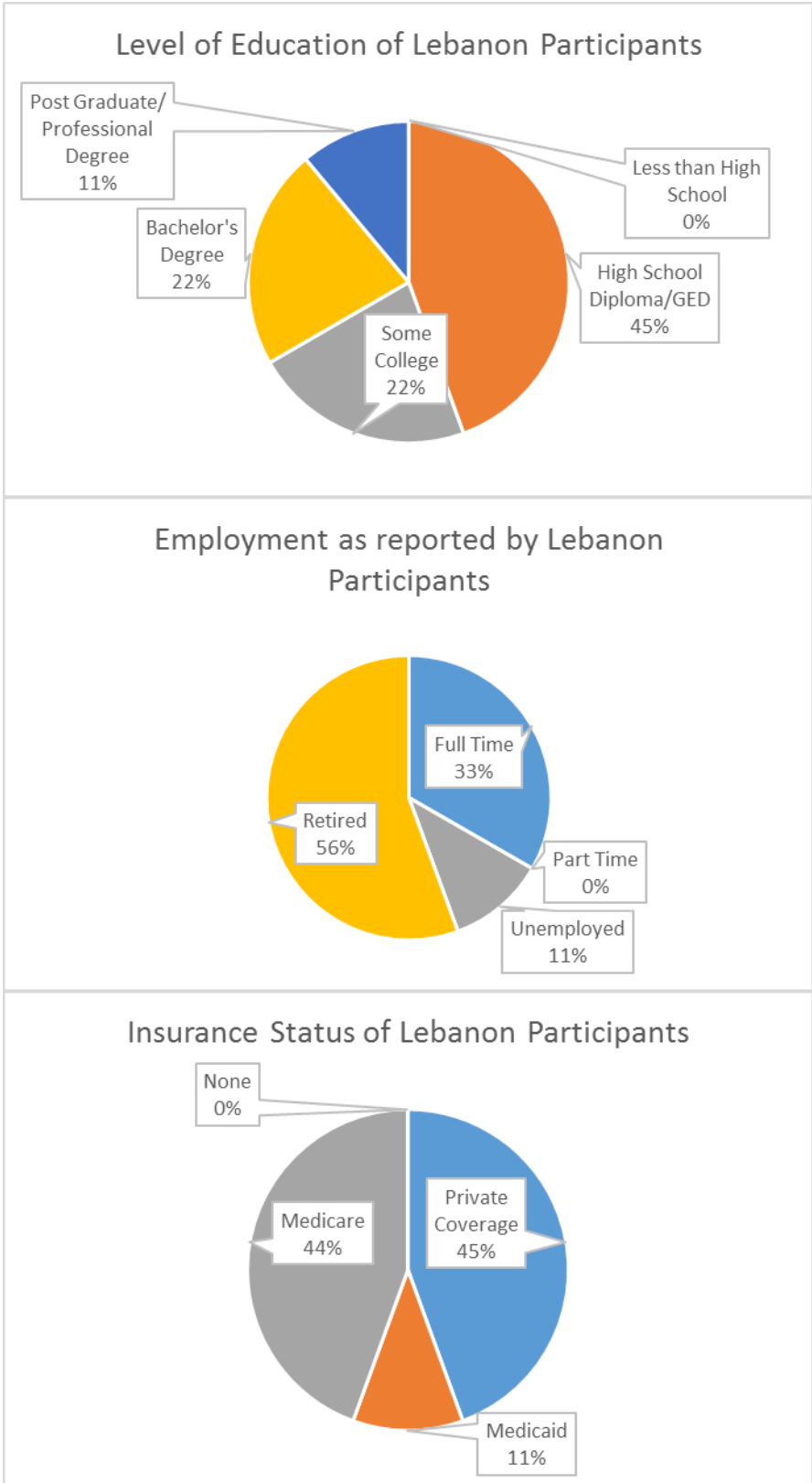


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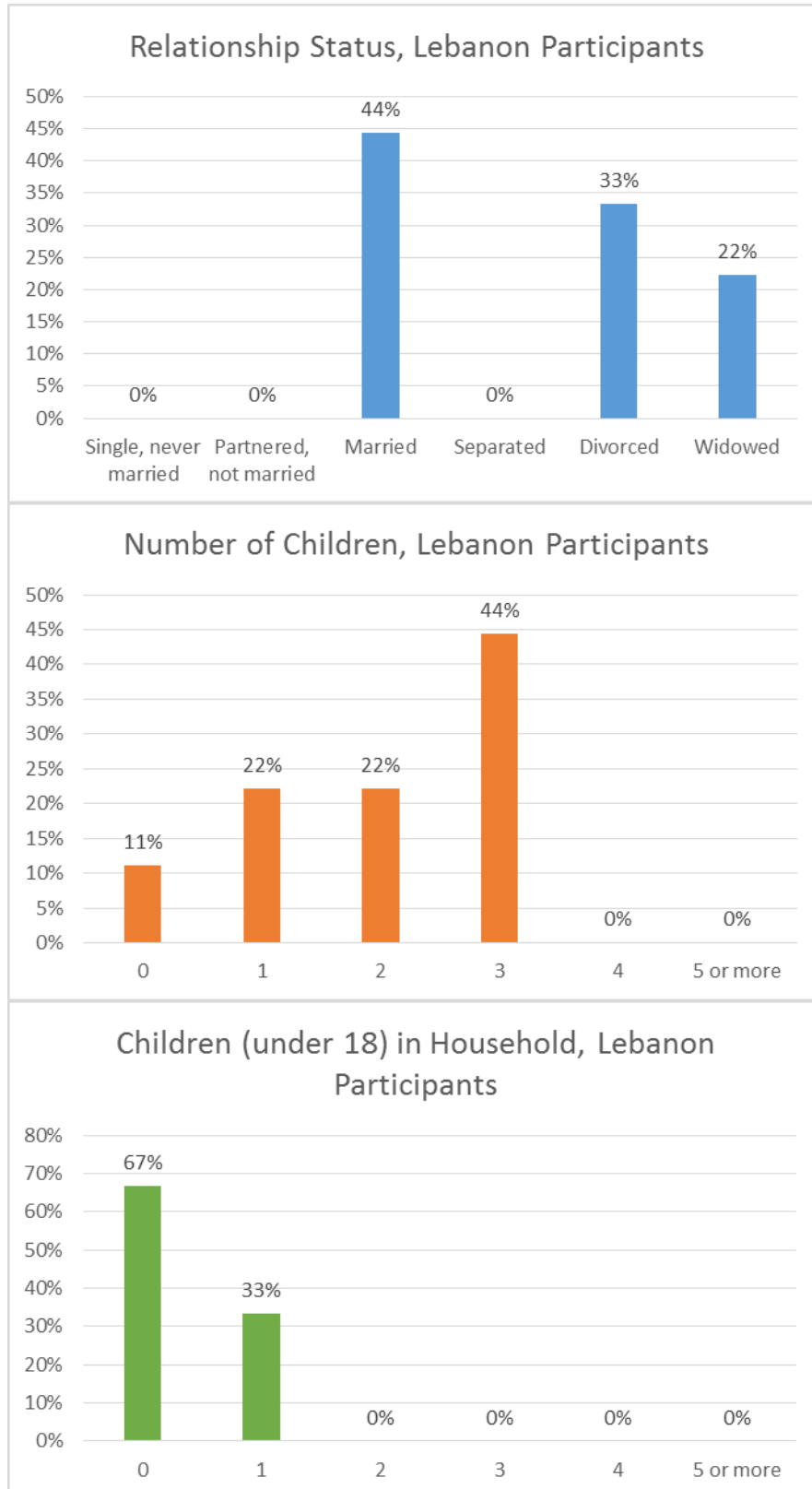
Reported Social Network of Lebanon Participants	N=9	%
Relationship Status		
Single, never married	0	0%
Partnered, not married	0	0%
Married	4	44.4%
Separated	0	0%
Divorced	3	33.3%
Widowed	2	22.2%
Household Size		
1	3	33.3%
2-3	5	55.6%
4-5	1	11.1%
6 or more	0	0%
Number of Children		
0	1	11.1%
1	2	22.2%
2	2	22.2%
3	4	44.4%
4	0	0%
5 or more	0	0%
Children in Household		
0	6	66.7%
1	3	33.3%
2	0	0%
3	0	0%
4	0	0%
5 or more	0	0%
Hours of Volunteering per Month		
0	5	55.6%
1-4	1	11.1%
5-8	0	0%
9-20	2	22.2%
21-40	1	11.1%
41 or more	0	0%
Hours of Socializing per Month		
0-1	2	22.2%
2-7	4	44.4%
8-14	2	22.2%
15-21	1	11.1%
22-30	0	0%
31 or more	0	0%

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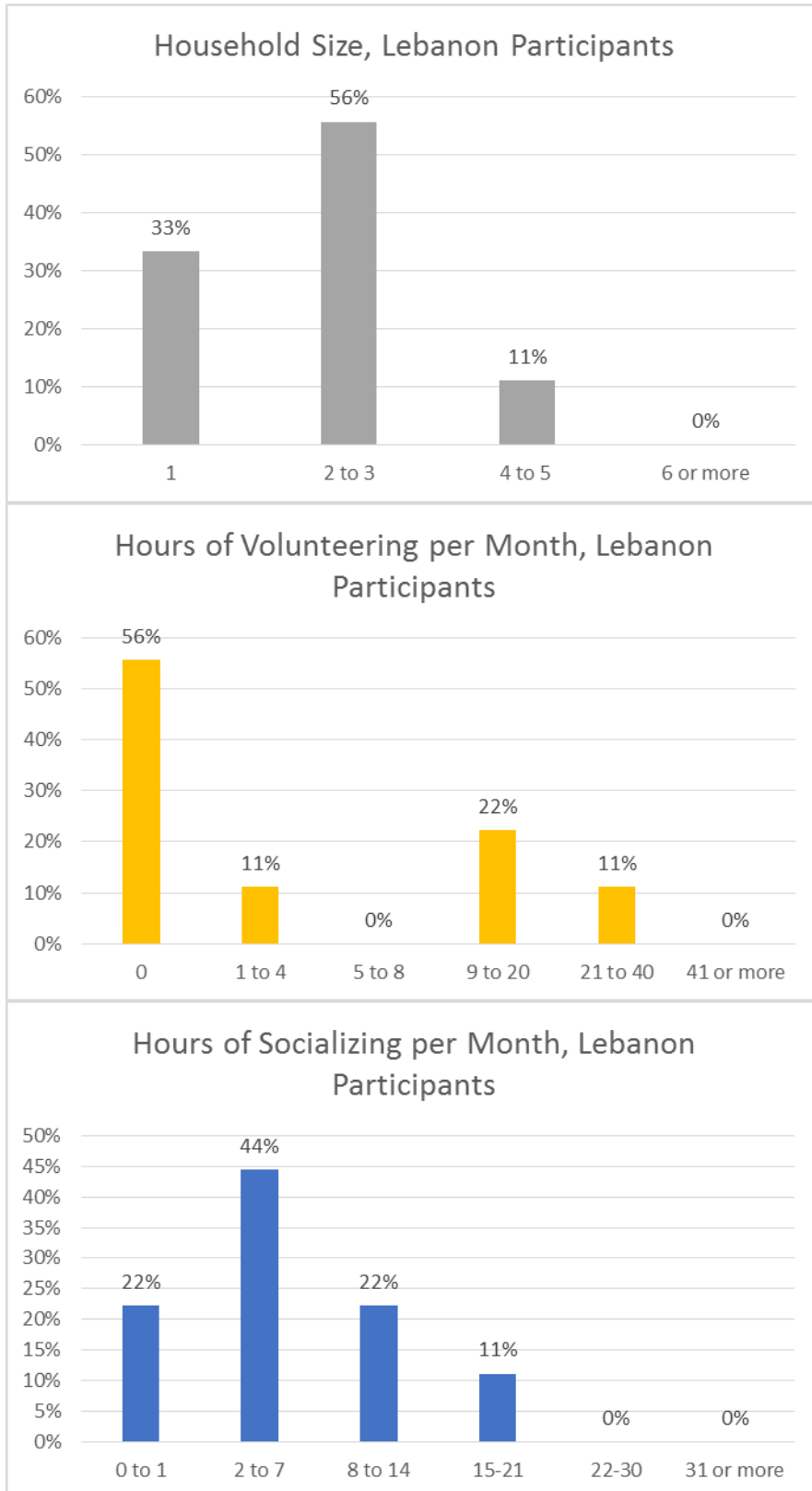


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Survey-Related Findings

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 three of the ten major categories of health issues and wellness concerns listed on the survey: **aging issues, baby/child health and chronic disease**. The specific aging issue discussed by a participant was the death of her husband from Alzheimer’s disease. The baby/child health issues were raised by a participant who was a mother of a five-year old who had recently experienced the flu, bronchitis and recurring ear infections. The chronic diseases consisted of breast cancer in a participant’s wife, melanoma in a participant’s daughter, cancer (unspecified) in a participant’s son-in-law; and a participant who had survived cancer. Diabetes was problematic for one participant and for another participant’s son-in-law. One participant had asthma and vertigo; another had high blood pressure; another had high cholesterol. Additional chronic illnesses included stroke in a participant, heart attack in a participant’s family member, and multiple sclerosis in a family member.

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 in this focus group discussed the most conventional type of action, which is contacting health professionals. Most of them said they called their doctors, while a few told stories of having to go to the emergency department. No one discussed seeking information on their own or asking friends and family what to do.

The third focus group question was, “Tell me whether you had an easy or difficult time trying to deal with your issue or concern.” One participant said his doctor is very proactive, so he felt like he had an easy time; however, all other participants expressed that they had a difficult time. One example of difficulty involved a participant who eventually had an ileostomy:

[the physician] was supposed to set me up with a urologist and he set me up with an OBGYN instead...then, after the ileostomy, nobody ever give me any instructions on how to take care of it. I didn’t have a clue, really, how to get everything to stay and it was really horrible. A horrible 6 months.... It was just miserable. I couldn’t go anyplace. Any place. I tried to go to the doctor one day and it came off. It was terrible. It was the most horrible thing I’ve ever had done in my life.

Another example of difficulty involved a participant who was unsure whether she should share her experience about a breast cancer screening:

I had a mammogram [in Lebanon] and...in my lifetime, I’ve had a lot of mammograms. And I have had two biopsies...So I came here and when I went to get my mammogram, I got ready for it and I said “don’t you do the markings on me?” She said “No, I don’t need to do that. Everything will be okay.” And you know, that’s the first time that I’ve had a mammogram that they didn’t mark where the biopsies had been. I’ve just been a little concerned since then that we might’ve missed something.....I did talk to some

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people and they said “you need to tell that” but I didn’t. I just felt maybe it was me. But I was a little concerned because it, they had always did it the other way and this time she said “it won’t make any difference”.

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. Several participants told stories of how they or their family members had trouble getting appointments.

My son-in-law had cancer a couple of years ago and he has been having a real bad problem and he goes to a doctor and they couldn’t get him in. So they called a couple times trying to get him in and they said “no”. They said “if you’re in that much pain, go to the emergency room” and he said “I’m not gonna go to the emergency room”. And they keep putting him off and, of course, he’s scared to death he’s got cancer again and my daughter is scared to death that he does, again, too. They’re both terrified and the doctor wouldn’t pay attention to them that they needed to get in. And surely there’s a minute in the day that they could work someone in that is just absolutely terrified. I think there’s a time during the day where they could work somebody in that is a regular patient.

In response, another participant shared:

...about this appointment thing, you may have to go to a supervisor. You may be getting just a receptionist or a nurse or.....I, finally, I’d had enough [when trying to get an appointment for husband] and I told her....she had said “I can’t do it” and I said “if you can’t do it, let me know someone who can. We are talking about my husband and he needs to be seen!”...And, did you know -- *that next Friday*, I had an appointment? I don’t know what the situation was up there. This girl didn’t know what she was doing or how to solve the situation, but the other girl took care of it.

One participant explained that she needed to be strategic in arranging appointments for herself and her son. She insinuates that the doctors are heavily booked. She also seems to express disappointment in having to see health professionals with lower credentials than an M.D.:

I thought it was possible that [my son and I] both had strep. And my doctor is across the street and his doctor is [in Lebanon]. So to get us both to each of our doctors was a little bit of a heroic effort.... I knew that one or the other of us or possibly both of us would have to see maybe a nurse practitioner or a PA to get in. It probably was not going to happen that we would both see our doctor at the time that we needed to, so one of us – he, actually, saw a nurse practitioner so that we could just get it in and get it over with.

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 three questions on the focus group interview guide were designed to more deeply explore the nuances of connection.

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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 listed several programs and services with which they were familiar. They included: the health department, the domestic violence board, House of Ivy teen homelessness, Crown Crusade, Pathways, food pantries, churches, support groups and the youth center. Participants also said, however, that these groups are disconnected from each other and that some facilities or services are out of town and difficult for all people to access. Several expressed concern about whether donations to such organizations actually stay in Lebanon or are sent outside of the area. One participant surmised that other participants did not know about one particular service that is available in the hospital:

I think everybody here should know if something [in the hospital] doesn’t work quite like it’s supposed to with you, there’s a patient advocate -- and I always use them. I’m not saying they cure anything but I don’t hesitate to use them. If I think something’s wrong and I’ve got treated the wrong way, I’d use them. There’s supposed to be a number in every room and you’re supposed to get a pamphlet with all the rights you have and that number is supposed to be on there.

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. Several participants mentioned school and church as good resources with which they are comfortable. One person, however, claimed “[I feel] uncomfortable because we don’t know how to access it or what is available to [us].” This person continued by explaining that formal services and informal offers of help, often, do not work out so easily.

I call the church and ask for them to help me do something, I don’t call very often...but they say they’ll give you a ride, and they’ll do this for you, but when I ask, it’s “well, we’re kind of busy today, can we help you another day? Maybe next week?” Well, forget about it, I’m not gonna go back and ask again cause I don’t want to ask.

This comment led the group to discuss the content of the next focus group interview question, which was Question 6, “What would help you feel connected – or more connected – to health and well-being resources in your community?” This item appealed directly to participants’ expectations, needs and opinions. One middle-aged participant, a mother, said:

I am very connected to the health resources in this community and that’s because I’m out in the community a lot. I’m very involved in my church. Um, my little boy, I’m very involved in his school. I’m on the board for a domestic violence shelter that connects me to a bunch of people. I work here at this hospital where I’m connected to a lot of people. It’s a little bit different for me because I am out and about. I feel very connected because I connect myself. I proactively make that happen.

Some of the responses were related to community service. One participant claimed “Lebanon doesn’t offer any type of steady transportation to help anyone that’s disabled or retired” and another participant responded “We need to help people that need transportation and make it known and easier...advertise it through the phonebook, radio.” Another participant commented:

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The Y should be available to everybody. I've checked the Y and it costs \$38 a month for a senior citizen to go there. Well, we're already paying taxes to pay for the Y so my taxes is already going to that. And I can't afford to go to the Y. The YMCA. I'd love to go swim. And I would go every day. But I can't afford to. And there isn't any help available that I can find to help you be able to go to the YMCA.

In response to the locals who need food, one participant said:

Well, we have these food drives. Somebody said to me the other day "What would happen in Lebanon, Missouri, small little Lebanon, if every household would clean out their pantry and donate excess food to people that need it?" And I thought, most of us can hardly get our cabinet door closed. But it would make such a difference in these food pantries if the top dogs would share.

This comment led others to share their perceptions and experiences about their knowledge of local donations. One shared "Somebody said that she had given several bags of clothing to this one agency. And she found out that it all went to Springfield. And she said 'I didn't intend for it to go to Springfield.'"

Another conversation ensued, among approximately half of the participants, in which they acknowledged their lack of awareness of certain services and resources. One participant concluded "It would be nice if there was, if you knew of a place, you could go and say "hey I need this or that" or someone who could refer you to where you need to go. But I don't know where that would be or how you would go about it."

The remainder of the responses were related to medical services. Overall, participants said they feel disconnected from healthcare professionals, for a variety of reasons. Two participants felt their physicians would not listen to them:

I don't think the doctors take the time out to listen. I was in the emergency room about a month ago and I have to explain that I'm not a physician but I know my body. And after I told them they're gonna have to do that test over because I know something's not right. After the second time they found a mass behind my heart. There was a problem but when you try to tell a physician what's wrong with your body, he looks at you like you're stupid: he's the physician, you're not.

I just made an appointment two weeks ago, speaking of physicians, the doctor told me that I didn't have the medical diagnosis that I've had my whole entire life -- that I was wrong. But I know I have it. But they aren't taking the time out to listen to you. [This] could prolong or make the problem get worse...[one could] come close to dying from the physician not listening or not getting to the proper doctor that you need to get to. [My concern is] just getting the doctor to listen to you properly.

Another participant shared her concern that her physician doesn't know her:

I've been seeing [my physician] for 6 years and I went in about two weeks ago...and he didn't recognize who I was. He didn't know who I was. And I felt, I felt, you know, like what the hell is going on here? You know? Excuse my language but that's just the way I felt and he just, it's like he woke up and it's a new day and he had no idea, had no idea

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who I was. And I've seen him maybe 3 or 4 times a year for 6 years and he just had no recollection of who I was. And it was obvious he had no recollection of who I was. And I thought well how can I depend on him for my care?

One participant said he would feel more connected if he could make use of the feedback surveys that are supposed to be available in the hospital.

I wanted the survey to fill out. And I never received one. Regardless of whether I'm going to say something bad or good, I think they oughta give you a survey. The excuse was they would mail it to me. I don't think that's appropriate. They oughta come ask you why you're here, do you want a survey to fill out. That's what they're for...to eliminate these types of concerns and stuff. And that was about the biggest downfall I had when I was here. We have surveys that we issue out, regardless of what it is, and if we're not going to issue them out to the patients or the customers here, there's no use of having them. I asked repeatedly for a survey and never got one. Course I never pushed the issue but that's what they are for.

After the group shared several stories of feeling disconnected to people and processes within the health care system, one participant simply stated "you have to stand up for yourself".

Emergent Themes

The Need for Convenient, Accessible Resources and Services for an Aging Community

Two participants provided detailed descriptions of their day to day lives, which very likely represent many other older adults in the Lebanon area. One woman explained:

I used to have older neighbors. All my neighbors have passed away and they sold the houses and they're rental houses now. So my neighborhood has gotten where it's pretty bad. And I don't really know very many of my neighbors. I know the people across the street. They have three children that come over and visit. And I know who the two men are that live right next door. The wife passed away so they live there still by themselves. A son and father. And I really don't know very many other people. So I don't, I have limited people that I am involved with. I have a son and a daughter but my daughter lives in Conway and she works here in town and she goes home and has a farm they have to take care of, with cows and pigs and chickens and everything in the world, dogs and a cat. And they don't have time. And my son works for the railroad. And this week he's in Washington, maybe next week he'll be in Texas and the next week he'll be in Montana. So I don't really get to see him. So I don't really communicate with very many people. If I get mail, the mailman is my visitor for the day. So that's, you know. I just don't really, I'm not aware of what there is out there for senior citizens.

Then, one man explained:

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I don't think we have the proper political machines here to get anything done. I think there should be a, you know, they have the OATS bus but I'm homebound. I can't drive anywhere so you got to make appointment to get on it. Sometimes they don't, they pick up, I might have to go sit some place for 3 hours. I can't sit that, I don't want, I want to go back home. My contacts are a couple friends of mine that live in the neighborhood. And then there are days that I'll go from the time my wife comes to work 'til I see her late in the evening. And I won't see a soul. But telephone becomes my communication device and I do have some Mercy nurses, case nurses that manage certain parts of my health. They, but they're in St. Louis, but they do call me. But as far as any type of support group or anything like that, no. Lebanon doesn't offer any type of steady transportation to help anyone that's disabled, retired. It's like they say Lebanon is the retirement community and I go "where? Where? I don't see it". I mean they don't do anything. Is there anything here?

The group then discussed their opinions about the differences in generations. Several participants agreed that the presently younger generation is not willing to take care of the presently older generation.

Like my kids, are they going to want to wait hand and foot on me when I get to that point? No, they're probably not. And that's the bad part about it. I'm not saying they won't, they might. Back when I was younger, my grandma and grandpa were sick or something, I was there 24/7 if I had to be. Nowadays it aint quite like that.

Some of them blamed child rearing on this behavior, in which children used to be taught compassion but are now not made to respect their elders.

Nowadays you can't make children listen to you because they'll just go up to the phone and call child services or they'll call the police... And you can't, you can't discipline your children. They walk up and down the roads smoking cigarettes. It's against the law for them to do it, but they don't get in trouble for it so they don't care. The kids aren't responsible anymore, and we as a society are seeing the repercussions of that.

Next, the group brainstormed ways to make sure that older adults can learn about and use senior services. One person said "I've kinda noticed, that since I've moved to Lebanon, you don't really know what the other guy is doing, you know?" to which another suggested "It's almost like we need a shotgun blast" to inform people:

We need to connect the church, some people get information there. We also need to connect with the banks and local business because they might be able to post information there. It's that we need to have a variety. Right now, our community, we are very silo-ed. This group does this and this group does this and they do this over here. And nobody really knows unless it's by chance. Oh, this is going on or this is happening. If there is a way we could tie some of those things together....

Ozarks Health Commission: Regional Health Assessment

Focus Group Research

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Negative Perceptions of Health Care Professionals

Participants in the Lebanon focus group interview often distinguished between local health care professionals versus ones they saw in Springfield or at The Lake or elsewhere. They were more critical of local health care professionals than ones from other areas. One participant said “given a choice, I’d go to Springfield in a heartbeat.”

One participant, in particular, was quite critical of nurses in Lebanon. He claimed “this hospital has one of the worst nursing staffs I’ve ever seen in my life.” He thought it was an “absolute disgrace” when he overheard nurses in the Emergency Department calling patients “frequent fliers”. He said that nurses were laughing and playing outside of his door. He said he had to wait 35-40 minutes for nurses to answer a call light. “If a patient says something’s wrong, at least have the courtesy to find out what is going on. Just not blow them off....That’s unprofessional...I’d be ashamed of myself if I acted that way.” He also shared a story of having an infiltrated IV, into which the nurses kept putting pain medication. “I wasn’t getting it. My hand was this big in the morning...the doctor came in to look at me and used [choice] words as he was leaving!” This participant also said that some of the doctors were very good but that others “put themselves on a pedestal [and should] get off of their pedestal...You know they took an oath. They didn’t write out a contract to see how much money [they] could make or how many people [they] could see in a day.”

The participant who had to have the ileostomy shared an experience in which the health care professionals were not helpful and one nurse, in particular, was not honest.

I had to have an ileostomy and the wound people here could not take care of it. They didn’t know how to take care of it. I was in the hospital, of course, and they brought in a film for me to watch on the TV. But the TV didn’t work. So the nurse came in and said “did you watch that film” and I said “no, I didn’t because [the tv] doesn’t work.” And she said “oh, okay”. Well, when the supervisor came in. She said “did she watch the film?” and [the nurse] said “oh, yeah - she watched it” and I said “no, I didn’t. It didn’t work.” So, I never saw how I was supposed to change the thing except for when they changed it.

Another participant worked in pharmacy for almost 30 years. She said she had dealt with insurance people and nurses on a daily basis for a long time. She told a story in which she was disappointed in a nurse’s ability.

I had a nurse call in a prescription one day. And she told me what she hoped for, what she wanted. I said “now, you’re sure of that”? And she said “well, I think that’s what he said”. And before I even thought -- and it sticks to my mind like it was yesterday -- I said “you know what? I don’t care what you think, I want to know what the doctor wants”.

Recalling one woman’s disappointment at having to see a nurse practitioner or physician assistants instead of a physician, there is likely a chance that this community is not as familiar with the health care team approach. This might be because that approach is not used in their community or because they are resistant to any model in which the physician is not at the authoritative top, making all the decisions. Whatever the case may be, these focus group participants preferred seeing physicians and spoke of them more positively than of other health care professionals, such as nurses, nurse practitioners, and physician assistants.

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Conclusion

The participants in the Lebanon focus group interview were open and critical. One admitted “a lot of issues, I think, are silent.” This is not unusual in smaller, more rural communities. The advantage, however, is that several members were hopeful: “Our community would respond if we knew what to respond to.” One person thought that broad scale politics were a barrier to improvements in community health and wellbeing, but most participants agreed that a grassroots, citizen centered approach could be effective.

Have a town barbeque. Get everybody together. I mean seriously, get everybody together. You watch these movies where they have you know, strawberry day and the whole community has a big get together. Get everybody together, the young and the old. Talk about the issues. Maybe try to solve them or something.

On the other hand, another participant questioned: “I don’t know if we have the resources or the individuals that can organize something like that. I guess what we need is somebody to organize it.” The focus group participants seemed not to be aware of either who the leaders were or whether there indeed were leaders in Lebanon.

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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)