Ozarks Health Commission: Regional Health Assessment

Focus Group Research

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THE MONETT 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 in obtaining 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 individuals were recruited for the focus group interview: 4 were men and 5 were women; 2 were young adults (26-36 years old), 6 were middle aged adults (37-64 years old), 1 was an older adult (65-84 years old); 3 had private insurance coverage, 3 had Medicaid coverage, 2 had Medicare coverage, and 1 had no insurance coverage. No none had sought behavioral health care, recently. The Monett community met all of the focus group composition goals in their recruitment efforts except in the behavioral health category.

Instrument

The goal of the 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.

Monett Participant Demographics	N=5	%
Age		
Young adult (26-36)	0	0%
Early middle-aged adult (37-50)	2	40%

The focus group interview was conducted on November 4, 2015 at the Barry County Health Department. Written Informed Consent was obtained from participants and the interview was audio-recorded.

Analysis

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

The P.I. and the R.A., while listening to the audio recording of the Monett 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 Rural Challenges to Health Care Access and Inequality of Care.

Findings

Sample

Five of the nine recruits reported to the focus group event and participated in the interview. The characteristics of those in attendance met the focus group composition goals in the age and gender categories but not in the insurance or behavioral health categories. Please see the tables and graphs below for additional demographic information and social network characteristics of the participants.

Late middle-aged adult (51-64)	2	40%
Older Adult (65-84)	1	20%
Gender		
Male	2	40%
Female	3	60%
Race/Ethnicity		
African American/Black	0	0%
American Indian	1	20%
Asian American	0	0%
Caucasian/White	4	80%
Hispanic/Latino	0	0%
Other	0	0%
Education		
Less than high school	2	40%
High school diploma/GED	2	40%
Some college	1	20%
Bachelor's degree	0	0%
Post graduate/professional degree	0	0%
Employment		
Employed full time outside of home	1	20%
Employed part time outside of home	0	0%
Unemployed	1	20%
Retired	3	60%
Insurance Status		
Private Coverage	3	60%
Medicaid	2	40%
Medicare	0	0%
None	0	0%

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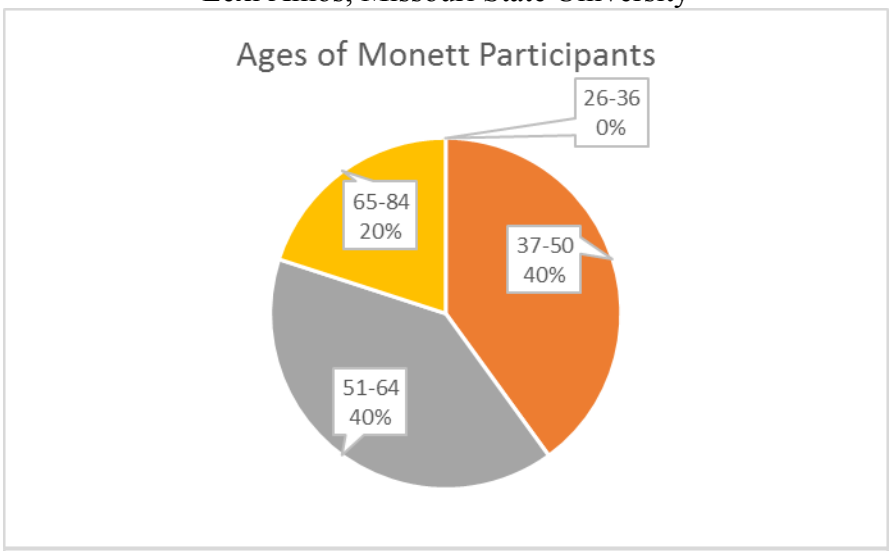
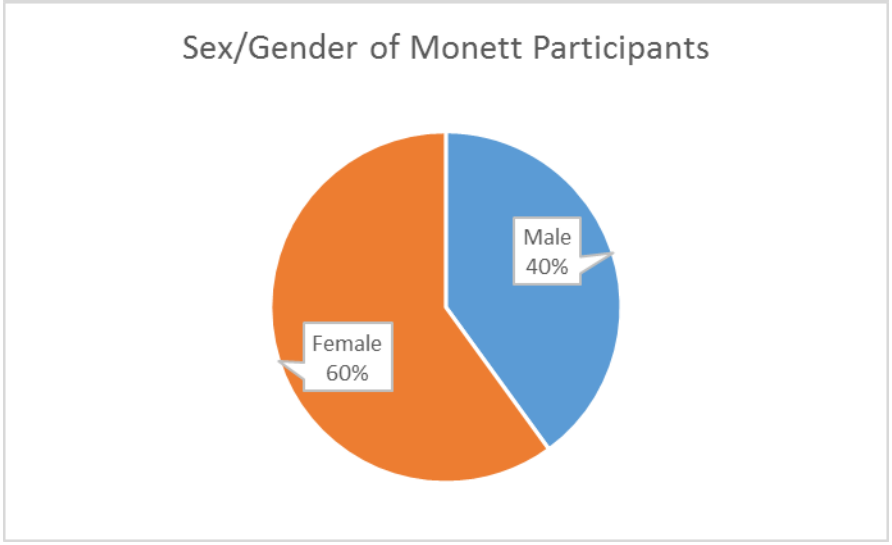
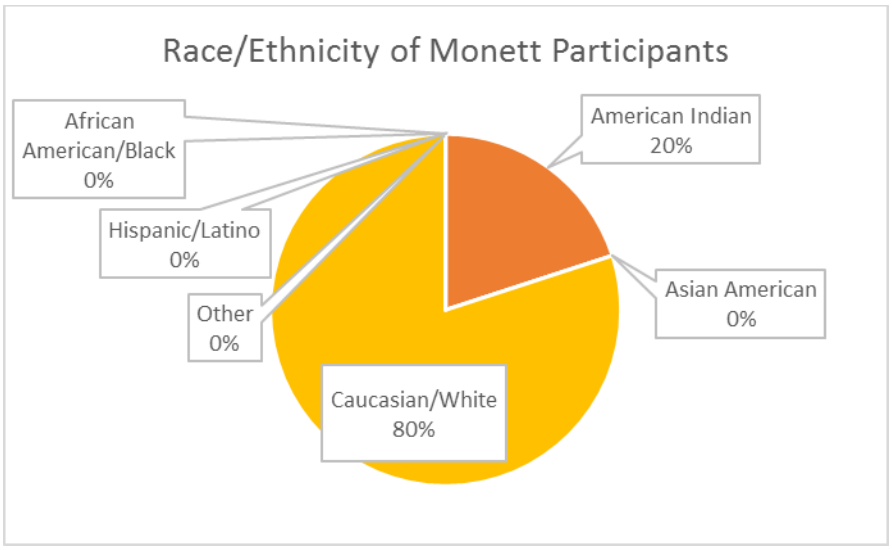
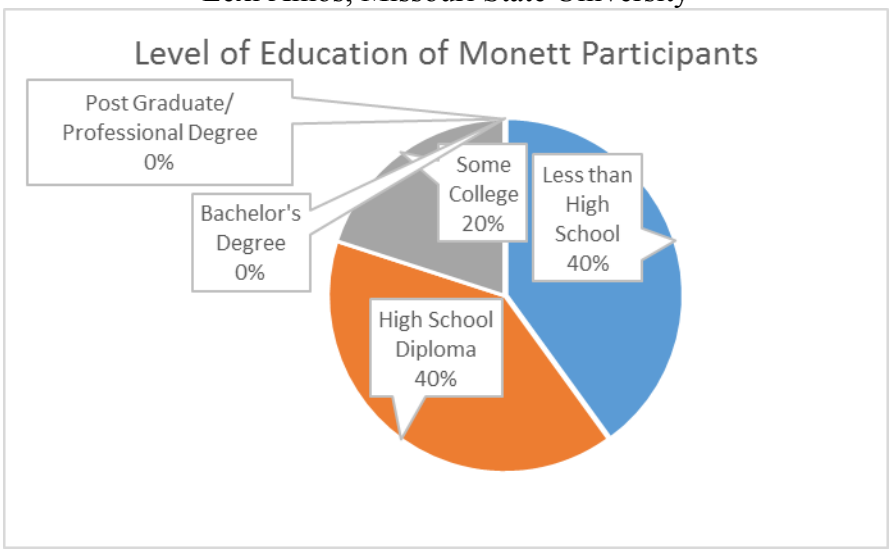
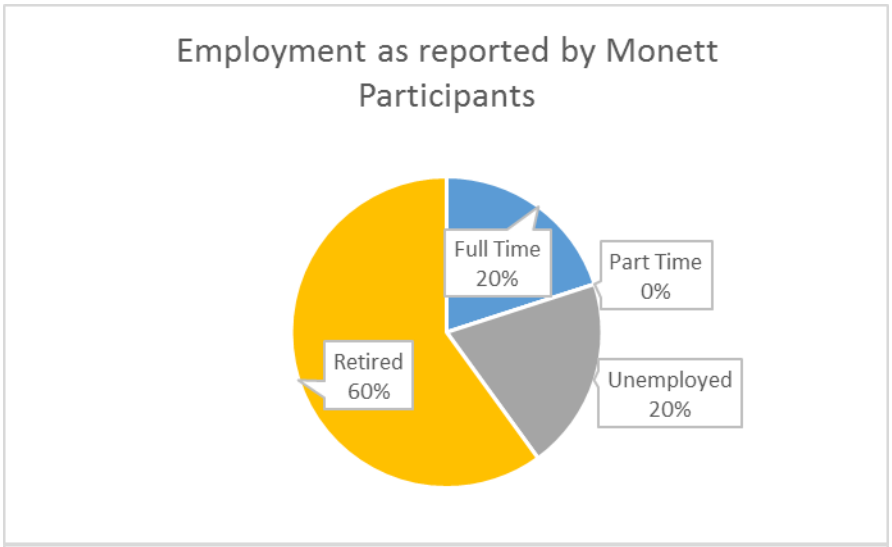
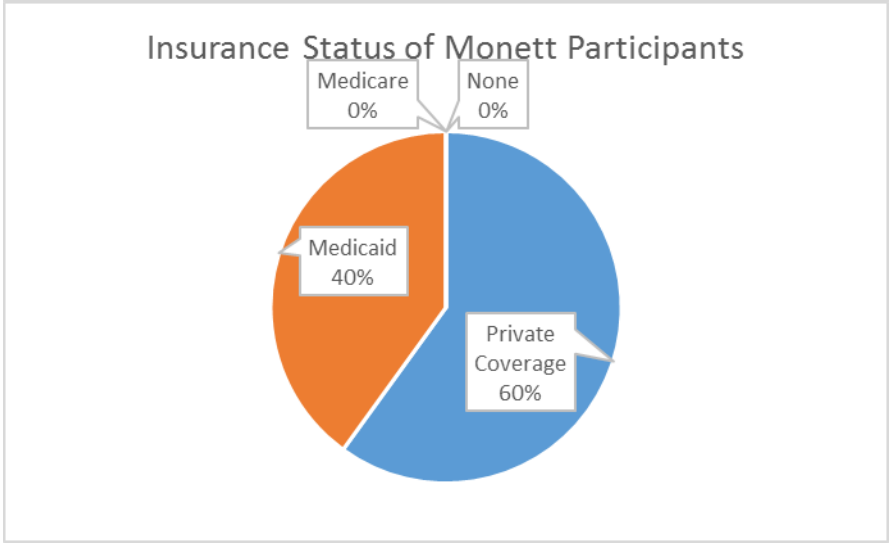




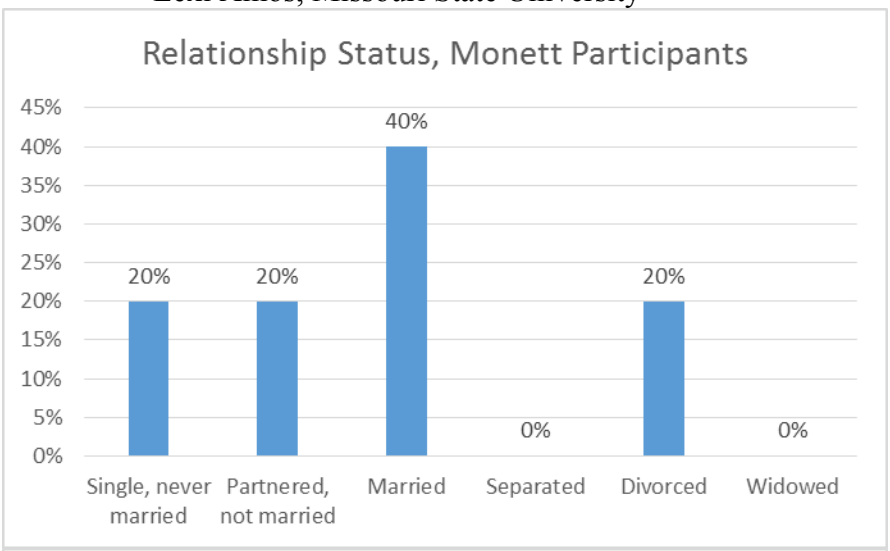


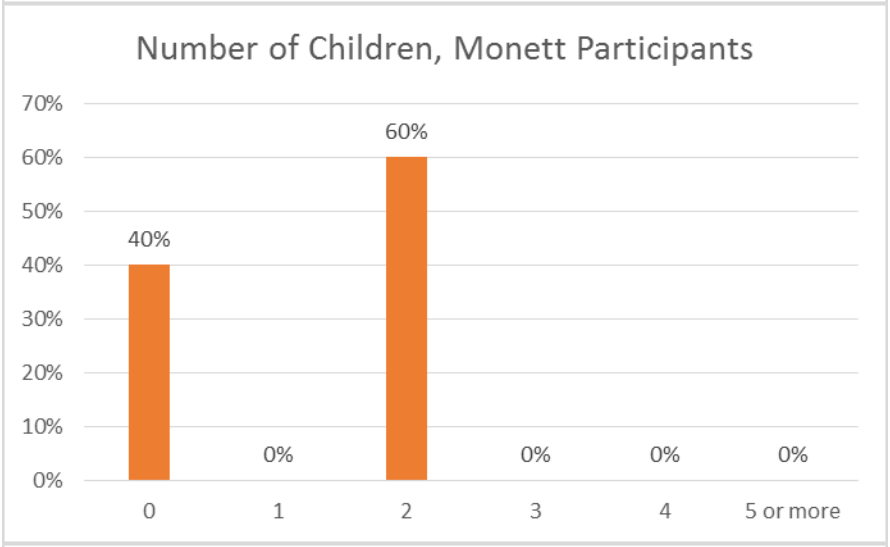

Level of Education of Monett Participants
Post Graduate/ Professional Degree 0%
Bachelor's Degree 0%
Some College 20%
Less than High School 40%
High School Diploma 40%

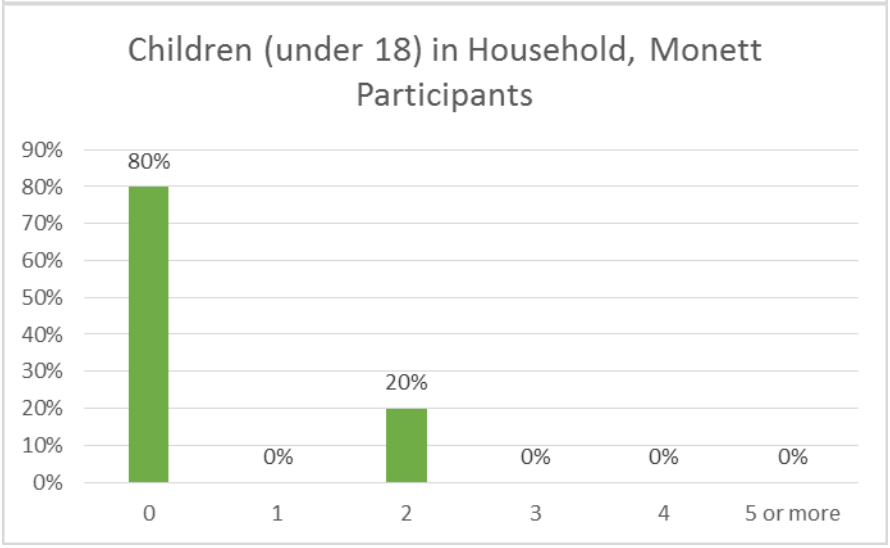

Employment as reported by Monett Participants
Full Time 20%
Part Time 0%
Unemployed 20%
Retired 60%

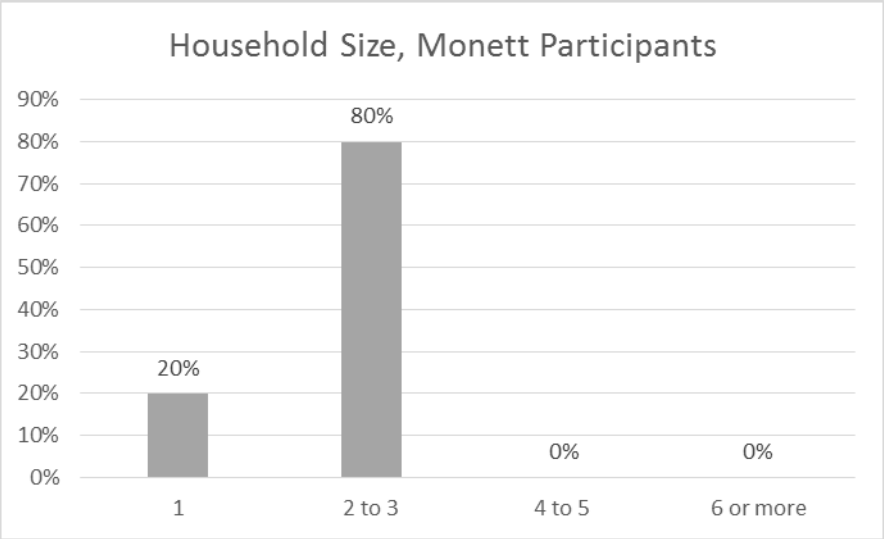

Insurance Status of Monett Participants
Medicare 0%
None 0%
Medicaid 40%
Private Coverage 60%

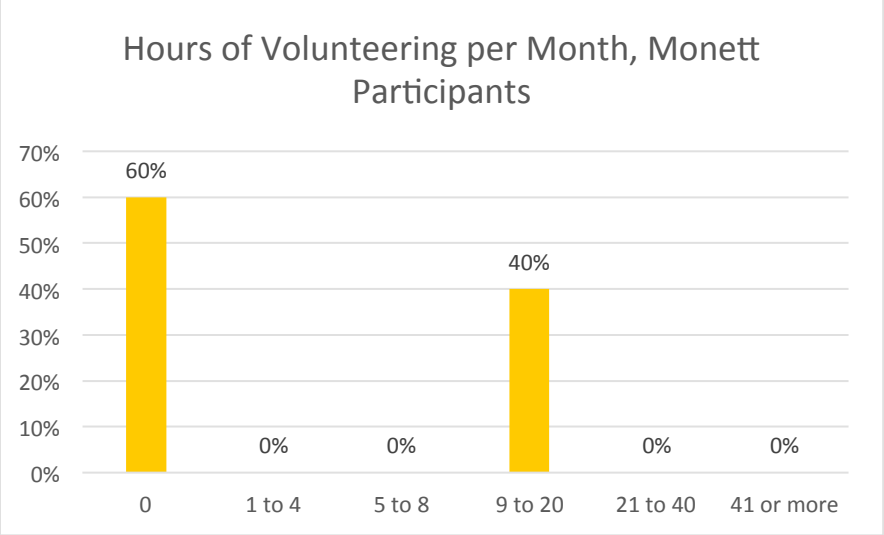
Reported Social Network of Monett Participants	N=5	%
Relationship Status		
Single, never married	1	20%
Partnered, not married	1	20%
Married	2	40%
Separated	0	0%
Divorced	1	20%
Widowed	0	0%
Household Size		
1	1	20%
2-3	4	80%
4-5	0	0%
6 or more	0	0%
Number of Children		
0	2	40%
1	0	0%
2	3	60%
3	0	0%
4	0	0%
5 or more	0	0%
Children (under 18) in Household		
0	4	80%
1	0	0%
2	1	20%
3	0	0%
4	0	0%
5 or more	0	0%
Hours of Volunteering per Month		
0	3	60%
1-4	0	0%
5-8	0	0%
9-20	2	40%
21-40	0	0%
41 or more	0	0%
Hours of Socializing per Month		
0-1	0	0%
2-7	2	40%
8-14	2	40%
15-21	0	0%
22-30	1	20%
31 or more	0	0%

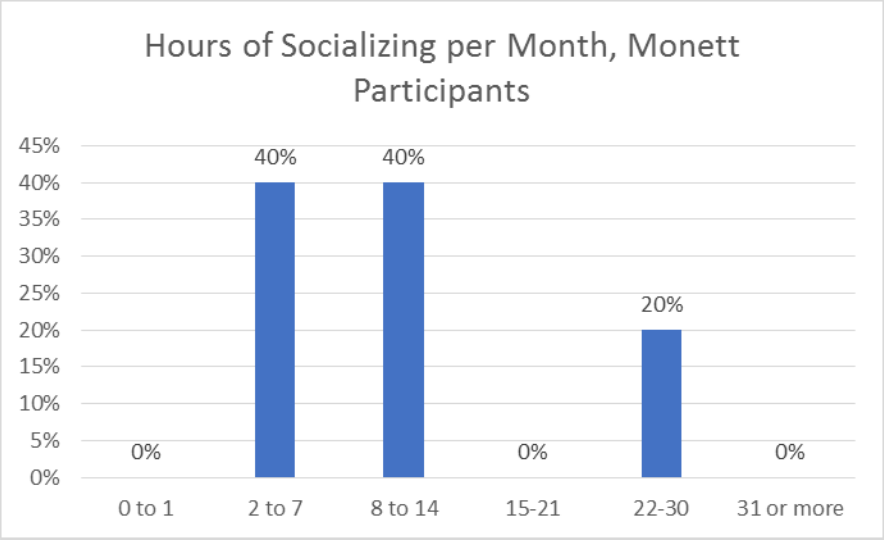

Relationship Status, Monett Participants
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
20%
20%
40%
0%
20%
0%
Single, never married
Partnered, not married
Married
Separated
Divorced
Widowed


Number of Children, Monett Participants
70%
60%
50%
40%
30%
20%
10%
0%
40%
0%
60%
0%
0%
0%
0
1
2
3
4
5 or more


Children (under 18) in Household, Monett Participants
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
80%
0%
20%
0%
0%
0%
0
1
2
3
4
5 or more


Household Size, Monett Participants
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
20%
80%
0%
0%
1
2 to 3
4 to 5
6 or more


Hours of Volunteering per Month, Monett Participants
70%
60%
50%
40%
30%
20%
10%
0%
60%
0%
0%
40%
0%
0%
0
1 to 4
5 to 8
9 to 20
21 to 40
41 or more


Hours of Socializing per Month, Monett Participants
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
0%
40%
40%
0%
20%
0%
0 to 1
2 to 7
8 to 14
15-21
22-30
31 or more

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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: **accidents, baby health, chronic disease, and cost of health care.** The specific accident was a 30-feet fall while on the job that resulted in disability for the participant. The specific baby health matter was a participant's own high risk pregnancy. The specific chronic diseases included kidney stones in participant's husband; heart attack in participant's 26 year old fiancé; diabetes and congestive heart failure in a participant; cancers in a participant; and stroke in a participant and in another participant's sister. The specific issues raised regarding the cost of health care included the high cost of premiums as well as the high cost of services, gaps in coverage even when one is on disability, and unaffordable prescriptions. Throughout the interview, participants compared their financial experiences between the two major medical systems, Cox and Mercy and as a result of the Affordable Care Act, which all participants called "Obama Care".

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". One participant first consulted her mother, who is a nurse, and then contacted emergency services. All other participants attempted to access medical care, immediately. The person who suffered the fall; however, said that he was driven to Springfield by his company's safety director, who took him to a medical director instead of to the Emergency Department.

> The medical director said I was just bruised up and I'd be alright. Then, that night I couldn't walk…things started comin' about…I had seven busted ribs…my lumbar discs was collapsed and pinchin' my spinal cord and that's when they had to go in and do surgery to take the pressure off my spinal cord. Companies have got to be careful with their employees. It is too easy for medical directors to write off [accidents] – that's what they get paid to do - and tell 'em they'll be okay and to get back to work. I fell with a man-lift 30 foot. And that's what they was upset about at the hospital. When they got to checkin' me out, I had bleedin' on the inside where one rib had punctured. They did surgery on that."

The third focus group question was, "Tell me whether you had an easy or difficult time trying to deal with your issue or concern." The participant who suffered the fall explained that he experienced a difficult time, at first, but once he got to the hospital, he was very satisfied with the care. Two additional participants found it somewhat difficult to deal with their issue because they or their family member had to be transferred to Aurora or Springfield for medical care. Another participant said dealing with her fiancé's issue was very difficult because the Monett Emergency Department sent him home when he was having difficulty breathing and blurred vision. Days later, doctors decided that he had indeed suffered a heart attack.

> I'm having so many mixed feelings about different hospitals, here, 'cause, like, in Oklahoma, they never would have brushed it off….it would have been constant supervision… Even though the EKG did show something, they gave him meds and let him go. That night I watched him like a hawk…..It's just really irritating that they didn't listen.

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. Only one participant reported difficulty on behalf of her fiancé.

> With him, it seems like every time I try to get him back, they just shut us down. When it's me and I have – even though its Medicaid – they take me back and assess me, because I'm pregnant. But with him, he can't get the help he needs. But with me they bend over backwards. I don't really think it's fair that people who don't have Medicaid, you know, get treated like crap, basically, but yet people who do have Medicaid, they can just walk on in and be seen and get taken care of like they're kings.

Other participants did discuss a variety of access issues, in general, which is discussed in Emergent Themes, below.

Connection and Community

The original survey asked "From the following list pick the biggest thing that keeps you and your family from improving your health. The options given were: child abuse, crime/public safety, domestic violence, no/poor housing, not feeling connected to others, and racism/intolerance. The most frequently selected option was "not feeling connected to others". This option was also chosen, most often, for the survey question "What issue, if addressed, could improve community health?" Consequently, the last 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. Only one participant named a specific entity that she felt connected to: the Clark Center. Other focus group participants, though instructed to think broadly about community and its services, limited their discussion to outpatient physical and rehabilitative therapies, both in clinics and in their homes. Their various comments related to the high cost of therapeutic services, whether therapy is effective, and the limitations of services (one participant's insurance plan would not cover home health nursing and outpatient therapy at the same time). Again, this relates to access which is further discussed in Emergent Themes, below.

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 did claim that people in the area were not socialized to seek help, thus

indicating that many people are not comfortable reaching out to others and discussing their health and illness.

> A lot of people, myself one, I never went to a doctor. I worked 23 years for the same company and I never went to a doctor except for physicals 'till my accident. Never went to a doctor, nowhere. And I don't think that's always good either. We're taught not to go to a doctor, from a young age. You don't go to the doctor unless you're dyin'.

One participant quickly named her church, her pastor, Prayer Warriors and her extended family as important and very helpful community resources with which she is very comfortable. Two more participants echoed the important role that area churches play in assisting people when ill, injured or in need. Participants acknowledged, though, that churches "can only do so much" for the community. One person claimed that "churches are goin' belly up. They're broke." The group discussion turned toward the issue of poverty at this point in the interview. Poverty is discussed in Emergent Themes, below, as a significant determinant of access.

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 named several area companies and corporations that have donated a lot to the community and suggested that the local hospitals should donate to the community in similar ways. Two additional participants, audibly, agreed and added that hospitals should not just try to make money for themselves. One added that write-offs, for unpaid bills, is not enough of a contribution because it does not help the people who cannot access services, to begin with or for the working poor who are in the gap between Medicaid and good, private insurance and even for the middle class who have to choose between paying monthly insurance premiums and uncovered medical services and paying for food and taxes. One participant then commented "I have nothing good to say". Another suggested that the health department should offer classes on how to handle expenses to all people, not just mothers and children. She added that these classes should be offered "without judgment".

Emergent Themes

Rural challenges to health care access

Participants addressed what it is like to be ill or injured in a rural area. Common threads in the discussion included: not knowing what local health care providers can and cannot do for them, being transferred to larger communities for treatments, perceiving that their doctors and nurses are less qualified than those in larger cities, and lacking specialists and specialized services. Participants were unable to obtain treatment for accidents, strokes and kidney stones in Monett.

Four of the five participants, at some point during the interview, said they were treated well or could not complain about the basic services in their rural community. At the same time, however, each did share that there were times of confusion and worry about where to get services and how to most effectively be transported to those services. For example, one participant's sister had a stroke so they drove her from Monett to Aurora, then the Aurora hospital flew her to Springfield in order to get a shot to treat the stroke, which was not available in either Monett or Aurora.

> I didn't pay any attention to the speed limit [chuckling]. Later, I found out that I probably – when they talked to us later, that we should have called – that I could have called – the ambulance and told them what was happening and that they could have got us right up there and got us in. But as it was, we basically did that anyway. I just took her up….then, like I said, they flew her up there and gave her the shot. But Monett, couldn't do anything. And, I've heard a lot of people since then say "well, forget it, next time I think I'm having a stroke, I'm going straight to Springfield." But, I think since then I think Monett has been approved to do the shot. Or I think somebody told me that they were.

One participant claimed locals who become health care professionals go to other cities and states to work because they can make more money.

> I think it has a lot to do with the income in this area. My whole family is in the medical business, (my mother, sister, daughter, nieces are RNs). What's sad is….in this general area it is hard to keep good medical. My daughter, she'll never get to come back here because of pay. I mean, she can't take an $8 an hour pay cut. When her husband's out of the Marines, they'll have to go to Springfield or Joplin or somethin' like that. The resources that you get in this area – it's not near as good as you get in a city. And it's all due to pay. You get what you pay for. Our little hospitals around here, I hate to say it, I mean, they…don't….have…the….*opportunity*. They can't keep a physician – but nurses is the main thing. If your nurses aren't getting' the pay, you're not gonna keep good nurses. Without good nurses – you could have the best physicians in the country – they're not gonna be able to give the best care. Because the nurses are their hands, eyes and ears….but it's all about, in these rural areas, pay.

Another participant expressed her disappointment in the limitations of rural health care. She then made a recommendation for improvement.

> I'm on Mercy insurance and the choices of Mercy doctors in this town – for a long time, it was only one. And I think there is another one in there now. But, I have to go to Aurora to the doctor. I think we need more doctors in this town.

Inequality in care and in access to care

Participants addressed inequality in care when they discussed the limitations of rural health care. They also addressed inequality in care and in access to care when they raised questions about shared experiences about health care coverage variations. One participant's fiancé, who had no plan coverage, could not access care the way she could as a pregnant woman on Medicaid. Another participant tried to gain clarity about his experience in the emergency department.

> I noticed if some people that doesn't have good insurance doesn't get the quality of care. If I go into the ER with my insurance, I'll be one of the first ones take in. Why is that? There'll be people sittin' there tryin' to get in. Rooms are the same way. My rooms were nice and why did I have pretty much a single room for me, when they was doublin' a lot of other people up that had Medicaid or somethin' like that?

A second participant echoed having witnessed differential treatment in the emergency department.

> I see all these people that – you know, my baby was sick the other day but there were eight people already there, and they took my baby back first. It was like, I felt glad for it but at the same time a part of me was like "Lord, help them get the help they need" because that just didn't seem fair. Because there was somebody running a higher fever and my son wasn't even running a fever, he just had a mild bronchitis cold. This other person was still sitting there when I got out. I was just…really?

Another participant corroborated the seeming difference in care due to coverage type, based on his personal experience over time.

> Similar, before I got my disability [insurance] they told me there was nothin' they could do for me. Once I got my disability, I was treated like more of a human than somebody that didn't have insurance. I've been tryin' to get qualified for therapy ever since I had my stroke and at first I didn't have disability or my Medicare and I couldn't get qualified – I've done all my [therapy] on my own. Every time I'd jump through one hurdle, they'd put a bigger hurdle up. Somethin' all the time. Some reason….[to not cover my therapy]. I can't afford that.

Conclusion

Participants in the Monett focus group varied in age, gender, marital status, working status, health status and health insurance coverage. They were in agreement, however, about several things: helping family members, knowing that area churches are supportive, feeling uninformed and concerned about the services that local health care can provide and sensing that the organization of health care is unfair and wrought with ever-changing combinations of rules and limitations that systematically restrain the majority of people from conveniently getting all of the services they need. Participants expressed themselves in different ways. Some felt experienced and were outspoken, some spoke frankly only after others had provided criticism and one practiced "saying nothing at all" when he had nothing good to say. The latter approach is not uncommon for rural and impoverished citizens. The significance of initiatives, such as this one, that give voice to such citizenry, should not be underestimated.

In fact, participants in this focus group yearned for better communication with and support from their local health care providers. They suggested that hospitals should engage and invest in the community, more. They felt such behavior would build trust, help them feel more connected and actually result in better health.

Suggested recommendations, based on the focus group interview findings include: (1) educating the community on the best ways to use local services (e.g. call ambulance or drive vehicle to the emergency room), (2) educating the community about the types of services that are available at the local level (e.g. stroke treatment, surgery) (3) making efforts to recruit high quality health professionals and to retain them by providing more competitive pay and (4) making efforts to treat all patients fairly and more equitably, despite insurance coverage variation.

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)