

Ozarks Health Commission: Regional Health Assessment
Focus Group Research

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THE ROGERS COMMUNITY

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Background

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

This assessment included the collection and analysis of both primary and secondary data. Two methods used to gather primary data included (1) an electronic survey with 17 closed-ended items and two open-ended items (2015 Citizen Survey) (see Appendix A) and (2) a focus group interview (Ozarks Health Commission Focus Group Interview Guide) (see below). The survey was sent electronically to citizens throughout the region. The information 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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Fourteen individuals expressed interest in participating in the Rogers focus group. Two 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 twelve individuals: 4 were men and 8 were women; 4 were young adults (26-36 year olds), 5 were middle-aged adults (37-64 years old), 3 were older adults (65-84 year olds); 6 had private insurance coverage, 2 had Medicaid coverage, 4 had Medicare coverage; 4 had sought behavioral health care services in the past year.

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 interview was conducted on November 23 at the Center for Non-Profits at St. Mary's. Written, informed consent was obtained from participants and the interview was audio recorded.

Analysis

The audio recording of the Rogers 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 Rogers 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 it as an emergent theme. These are presented below, in Emergent Themes. Specifically, the themes are Support and Need for Hispanic Resources.

Findings

Sample

Seven eligible recruits attended the focus group event. The characteristics of those in attendance met the focus group composition goals in the age and behavioral health categories but not in the gender and insurance status categories. Men were underrepresented. Medicaid and No Insurance were unrepresented.

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Rogers Participant Demographics	N=7	%
Age		
Young adult (26-36)	3	42.8%
Early middle-aged adult (37-50)	0	0%
Late middle-aged adult (51-64)	2	28.6%
Older Adult (65-84)	2	28.6%
Gender		
Male	1	14.3%
Female	6	85.7%
Race/Ethnicity		
African American/Black	0	0%
American Indian	0	0%
Asian American	0	0%
White/Caucasian	4	57.2%
Hispanic/Latino	3	42.8%
Other	0	0%
Education		
Less than high school	0	0%
High school diploma/GED	1	14.3%
Some college	2	28.6%
Bachelor's degree	1	14.3%
Post graduate/professional degree	3	42.8%
Employment		
Employed full time outside of home	3	42.8%
Employed part time outside of home	3	42.8%
Unemployed	0	0%
Retired	1	14.3%
Insurance Status		
Private Coverage	4	57.2%
Medicaid	0	0%
Medicare	3	42.8%
None	0	0%

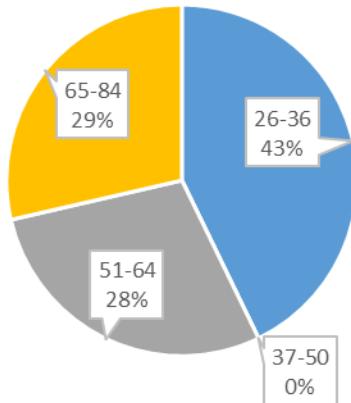
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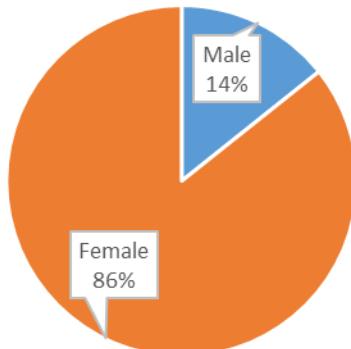
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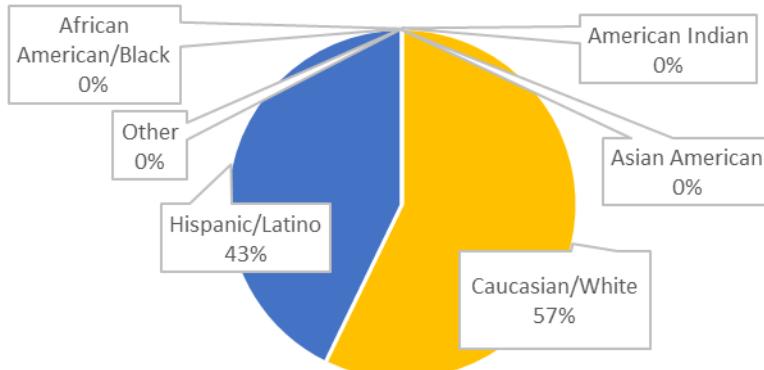
Ages of Rogers Participants



Sex/Gender of Rogers Participants



Race/Ethnicity of Rogers Participants



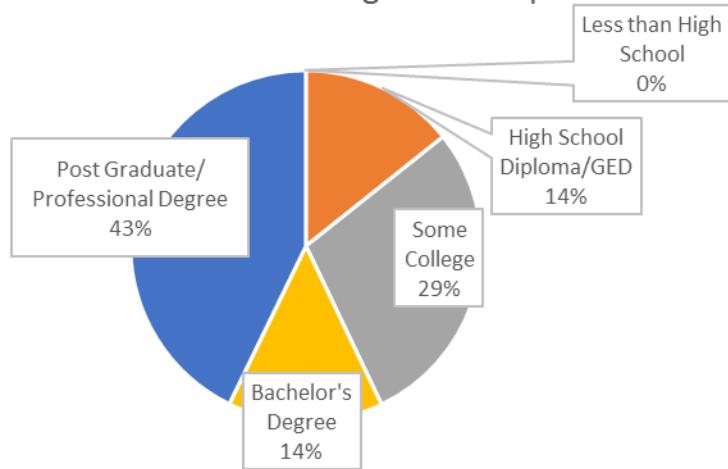
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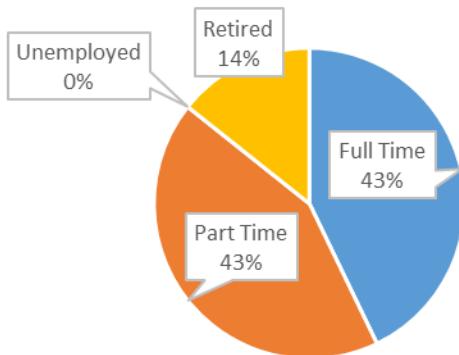
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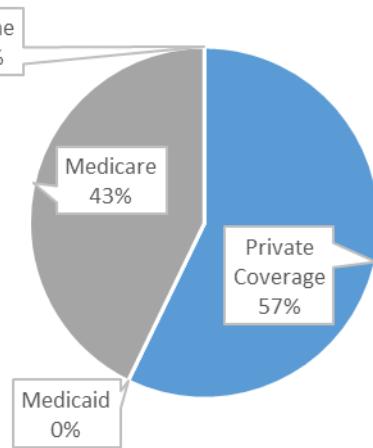
Level of Education of Rogers Participants



Employment as reported by Rogers Participants



Insurance Status of Rogers Participants



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Reported Social Network of Rogers Participants	N=7	%
Relationship Status		
Single, never married	1	14.3%
Partnered, not married	1	14.3%
Married	4	57.2%
Separated	1	14.3%
Divorced	0	0%
Widowed	0	0%
Household Size		
1	1	14.3%
2-3	4	57.2%
4-5	2	28.5%
6 or more	0	0%
Number of Children		
0	2	28.5%
1	1	14.3%
2	2	28.5%
3	1	14.3%
4	0	0%
5 or more	1	14.3%
Children (under 18) in Household		
0	4	57.2%
1	1	14.3%
2	1	14.3%
3	1	14.3%
4	0	0%
5 or more	0	0%
Hours of Volunteering per Month		
0	3	42.8%
1-4	1	14.3%
5-8	2	28.5%
9-20	1	14.3%
21-40	0	0%
41 or more	0	0%
Hours of Socializing per Month		
0-1	0	0%
2-7	0	0%
8-14	3	42.8%
15-21	1	14.3%
22-30	0	0%
31 or more	3	42.8%

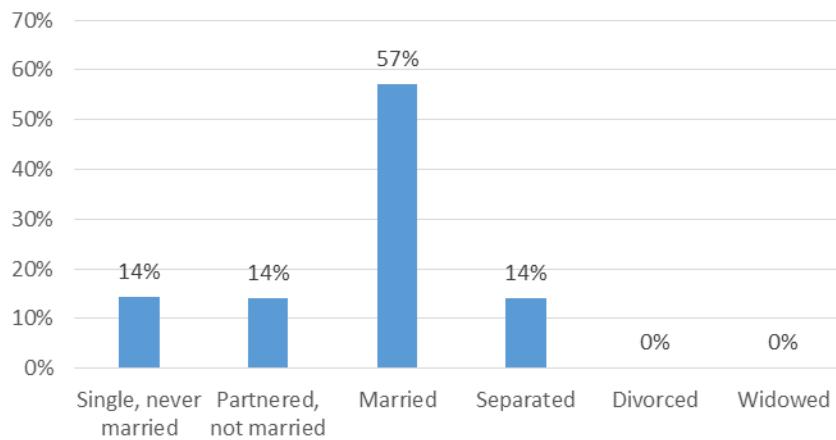
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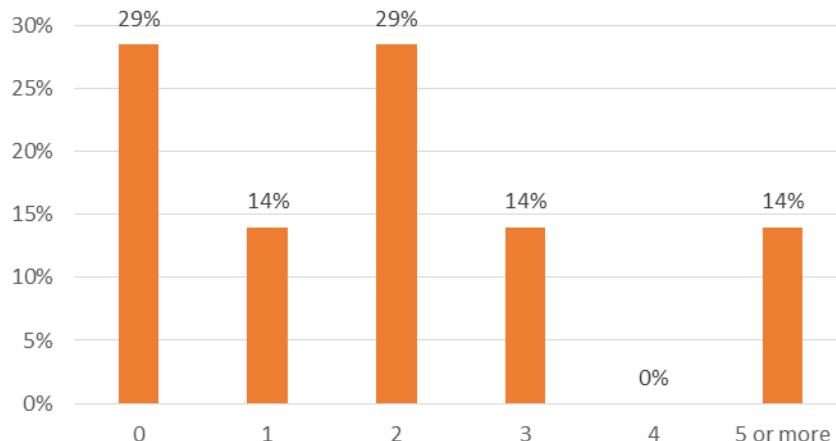
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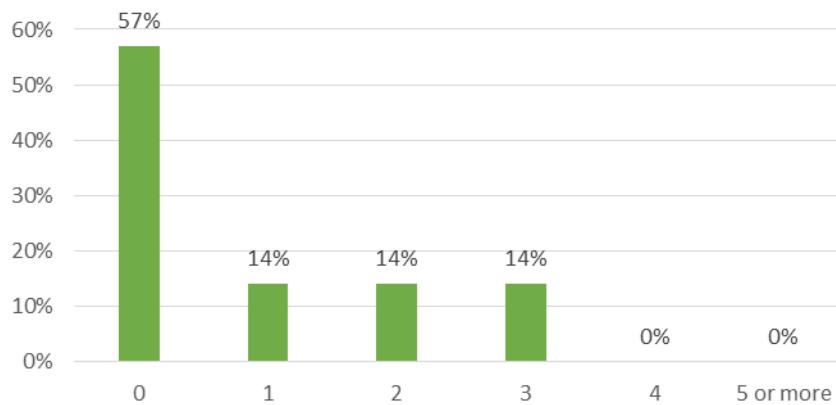
Relationship Status, Rogers Participants



Number of Children, Rogers Participants



Children (under 18) in Household, Rogers Participants



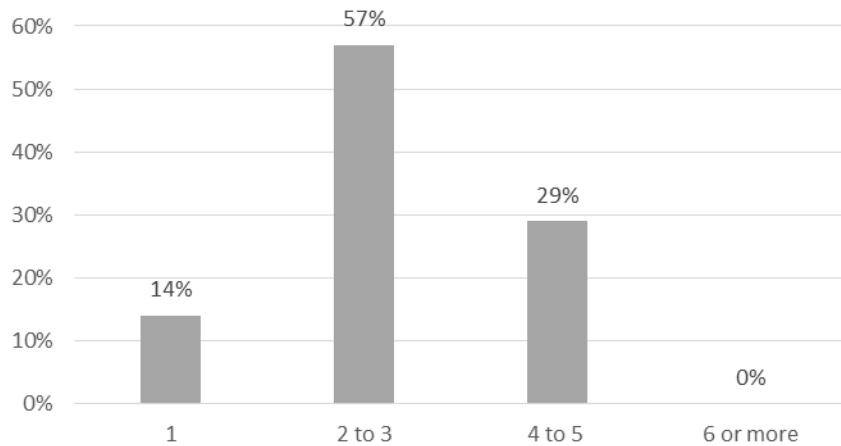
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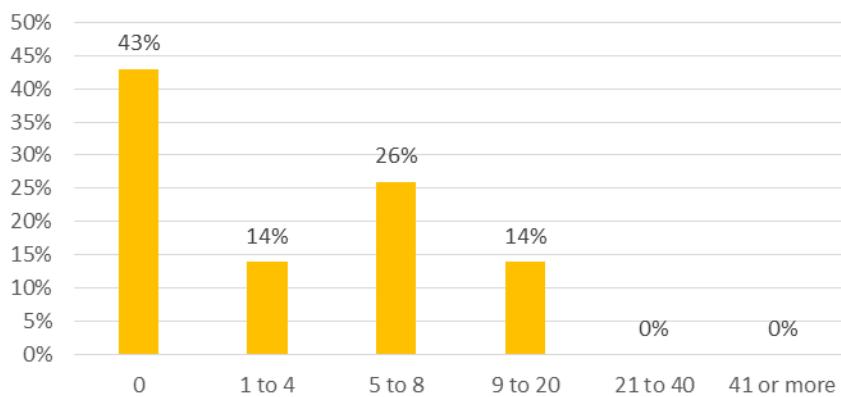
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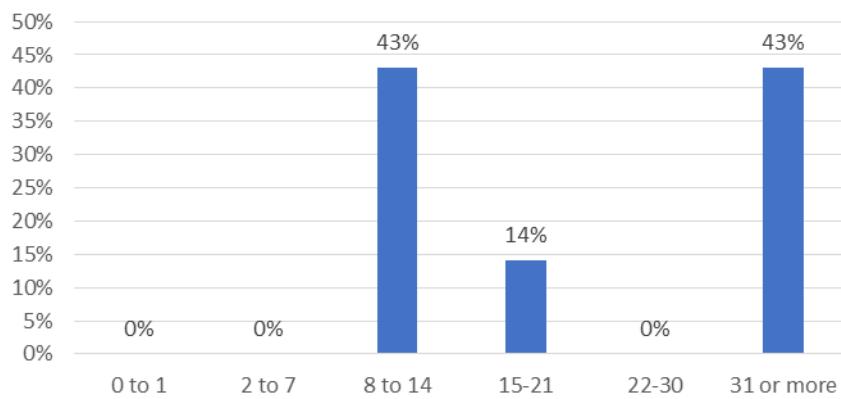
Household Size, Rogers Participants



Hours of Volunteering per Month, Rogers Participants



Hours of Socializing per Month, Rogers Participants



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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 7 of the 10 major categories of health issues and wellness concerns listed on the survey. The seven categories that participants and their families had dealt with in the past year or two included: **accidents, aging problems, baby health, chronic disease, cost of health care, dental problems, and mental health issues.** In the accident category, one participant was struck by a car when running and another participant was in a car accident which resulted in a broken collar bone. The aging issues included enlarged prostate for a participant and degenerative arthritis and memory problems for a participant. Another participant, who had physical and mental health concerns, commented “I am sixty but feel like I am 85”. The specific baby health issues included a fallopian tube cyst removal during pregnancy in a participant and a stroke in utero of a participant’s grandson, which led to ongoing physical and occupational therapy. The chronic diseases included four cases of diabetes in participants’ family members (son, daughter, step-father and father) in which Charcot-Marie-Tooth Syndrome, neuropathy and chronic pain resulted in the son and in which death resulted for the step-father and father; heart attack in a participant’s father; high cholesterol in a participant and in a participant’s mother; death from lung disease, probably caused by coal, in a participant’s father; osteochondritis dissecans in a participant’s daughter; and high blood pressure in a participant’s father that led to heart attack, as well as in a participant, which led to stroke and then resulted in vision impairment and disability. Cost of health care was discussed as a problem by one participant. The high cost of dental care was discussed by one participant. “We don’t go because we can’t pay. They have [state coverage] for children but not for us [adults]”. Another participant explained

I work in a Community Clinic in the dental department...we have to go to schools, find the kids who need care, give them contact info, where to go, what to do and we expect parents to follow up. It is difficult....trying to get out to them and getting them to come back to us...whether they don't have the education (never been to the dentist or afraid of the dentist) or aren't set up on Medicaid or don't have coverage. It is very difficult.

Mental health issues included anxiety and/or depression in 4 participants; postpartum depression in one participant; schizophrenia in a participant’s estranged husband; and anti-social disorder in a participant’s brother. For more on mental health, see Connection and Community, below.

Although no one reported having an unhealthy lifestyle, several reported they (or a family member) were “watching [their] weight”. These weight related issues were mentioned subtly, as if they were common, normal and expected: “I have to watch my cholesterol and my weight just like everyone” and “my mom is in good health other than high blood pressure and high cholesterol” and “my father is pretty healthy, up to this year, he got a heart attack”.

The second focus group interview question asked “Tell me a little bit about what you did – or what you tried to do – for this issue or concern”. The majority of participants sought advice from health care professionals by calling them and then making and attending appointments. Several said they followed doctors’ advice and orders. One participant always contacted her mother, first, before seeking any formal care. Another participant said the family turns to her daughter, who is a registered nurse,

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before seeking formal care. Three participants discussed their concerns with coworkers in order to decide what to do, next. Two relied on physical activity in hopes of improving their health: one worked out in a gym with friends while another used a pool, as part of the senior wellness program, for her arthritis. An additional participant said that she socialized with friends to deal with her stress and anxiety. Two mentioned that they searched for information about their issues on the internet. One participant used Lumosity in hopes of maintaining cognitive health. One participant attended counseling at her church. Another reached out to church and youth organizations for economic help and to find a positive support system, especially for her children. She also enrolled her children in Medicaid ("ARKids") and used a county medical plan. Four participants reported taking medication, regularly, to deal with their health problems. One woman claimed "I have to take twenty-five pills a day to able to be here: seven of them vitamins but eighteen of them for different illnesses." One man explained "I am on nine pills: 3 different types of blood pressure pills...I take a pill for depression. Maybe three or four years ago, I tried to do without it. That didn't work. As long as I take my pills, I'm fine."

The third focus group interview question, "Tell me whether you had an easy or difficult time trying to deal with your issue or concern", related to a more specific question from the original survey. The survey question asked "In the past 12 months, when you needed the following care, how difficult was it to get appointments with...." and the options were: primary care providers, specialists, emergency services, behavioral health care, and dental care. One participant claimed that there were not enough specialists in the area; therefore, it was difficult to obtain a timely appointment with them. "Sometimes it can take weeks or months to get in to be seen for something like asthma and allergies...it just makes it hard on you...cause it's disrupting your life". Another said "to get into a Psychiatrist...Oh my God, it takes a miracle. It is bad."

One participant thoroughly explained her personal experience of trying to juggle physical and mental health problems as an ethnic minority while working at Sources, a nonprofit that helps disadvantaged citizens access needed services.

For me, it was very hard to deal with the stress, you know, because it was very hard and very big step. A few months ago...was the worst time for...the problems that I have. And I was unable to cope with them, you know. So what I did, I just stay in my room, lock my door, and hide. However, I cannot hide because I had to come and work to help others. And you know, it's one of the things that push me to get better. So I can help people. And I miss a lot of work because they know I'm sick, you know....I don't have much friends because I was married for 22 years...I was together with him 30 years and now that I'm by myself, it's very hard to deal with the stress....but I wish I can have, like, support groups, some friends...you know, I feel very -- let me say -- I have a lot of problems and I'm too small to solve them, you know what I mean? I cannot explain it. I know that's life...and I know it will pass. But by the time it goes past, I have been suffering ups and downs on my health. I try to [notice] people that are worse than me...some people cannot even walk...I compare other people's illness to my problems and it makes me think that I...I don't know how to say it, but "tormenta en un vaso" [another Spanish speaking participant translates: "a storm in a glass"] because I don't have a way to [get it out]...I cannot talk to the people who go through [Sources] because they want me to help them instead of them helping me. I think it is too much for me. But then hearing people's problems, like they say, I can't complain about mine. So it pushed me to compare, and to get better. The only thing is sometimes you have more problems! Like I say, we don't have a support group where I can go right now.

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Another participant, whose husband, suffering from mental illness, left her and their five children, also explained her difficulty in trying to provide for the health and wellbeing of her children and herself.

I had to overcome a barrier for care because there was a social stigma attached to accessing government funded medical plans. And I had no experience in that world. And so I was even rejected by my family, when I said I was going to pursue those avenues. But there weren't any other alternatives presented. So, I had to kinda get over that and get in line and just kinda fight for a basic level of medical care for my 5 children. This [belief] that we can solve our own problems... "pull yourself up by your own bootstraps" ... or that if you have a college degree (I have a college degree)...Did you know it *can solve all your problems?*...I'm saying that sarcastically....but that was what my family presented to me. You know, "why are you accessing government benefits? That's for poor people." I found out very quickly, if there's not any income coming in, you know, your situation can change very rapidly. That was my parents. Friends were very supportive, though. I just thought I'd have 360 degree support. But it's been 7 years and there's still no family dialogue. So once my husband made *his* decision, I guess the -- what seemed like what was happening was he was dumping his responsibility onto my family, parents and siblings, and so they panicked and they just, they threw up barriers and just kind of [threw] the baby out with the bathwater. Just rejected us out of hand. I became both (and these are terms I've had to learn) a social widow and a social orphan in one summer.

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.

During the focus group event, only two of the above issues were addressed: no/poor housing and not feeling connected to others. One focus group participant said "I was without a house – I was – homeless – for two weeks. I had to live in a hotel. But then I was able to get my own apartment."

Because the lack of connection surfaced as a significant barrier in the electronic survey, the last three questions of the focus group interview were designed to more deeply explore the nuances of connection. Question 4, "What kind of help is available in your community for these kinds of issues and concerns?" probed participants' knowledge and awareness, which can be an important element of connection. The Rogers focus group participants created a long list of resources with which they were familiar, including: Ozark Cancer Center, Life Teen, the 'Interrupted Expectations' program for dealing with loss, the 'Celebrate Recovery' program, the First Tee of Northwest Arkansas, the Boy Scouts, the Civil Air Patrol, the Rogers Wellness Center, the YMCA, the Activities Center, the Jones Center, the Red Cross, Rogers Public Library and the state supported list of resources and organizations called 211.

Question 5, "How comfortable do you feel with those in your community when it comes to your health and wellbeing?" tried to gauge how accessible the participants thought such services were. Mercy in Rogers, Washington Regional in Fayetteville and Northwest Medical received compliments from participants. One participant made a general comment:

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I know seeing different friends who went through all the different hospitals that are here in our area or the different support systems from different doctors was huge, we always felt connected. You know, [we] always feel like we're kind of in the loop...They're always kind of filling you in to the level they can. We always felt connected. It is nice to have a support network --knowing that the doctors aren't just there for the patients, but they are there for the patient's family and friends, as well.

Another participant then responded:

I think it helps that we are not that big of a community. I mean look at this small group that we have here and you knew somebody that worked with me and that went to your church. And I mean, I think it helps that our community is not so large that all the different hospitals, physicians and health care professionals...they're more connected than you can ever imagine because they're your neighbors and your coworkers, sister, brother, or mother, you know. So I think that really helps if you do get a bad experience, it doesn't take you long to correct it. Or to get to someone that will give you better healthcare.

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. There were suggestions for broad improvements, such as having more health fairs and hotlines. There were also suggestions for better advertising the resources that are in existence. One participant said:

You pretty much have to go looking for it. I know I had to really step out of my comfort zone and go after it. Cause I was starting completely over, here, and really didn't know anyone and so everything was brand new....You're already uncomfortable and the fact that you have to dig deeper to find it, it does make it difficult.

The majority of comments about connection related to mental health. Several believed that an increase in case managers would lead to an increase in service use; however, one person criticized the existing services: "Not even Vista Health or Ozark Guidance are much help with mental health....they do a poor job because they don't have enough [doctors]...4 or 5 months pass, then you can see the psychologist or psychiatrist". Another participant added that there is not public education on mental health, so there is a lot of misunderstanding. Another person pointed out that the stigma of mental health is still strong and that is why there is no dialogue. One participant shared her personal story and ideas for improving mental health management:

I know probably my biggest challenge, I have two that go along kinda with the depression and anxiety after having the baby. First when I asked my doctor -- are there, does she recommend support groups or counselors? She couldn't recommend anybody to me. And that was a challenge I ran into because I didn't want to just take the medicine and depend on the medicine. I wanted to work through what was going wrong so I could get off the medicine. Then the other barrier was myself. It was not being willing to accept that something was wrong. And waiting, kinda like letting the signs be there but not actually doing something about it until 7 - 8 months into having the baby...So, I feel like it's a tug of war amongst us trying to accept our problem and going to what little support is out there....My doctor told me "I can't tell you where to go. I'm telling you what's wrong with you. You have to go and look for yourself."...more public speaking

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is needed – not propaganda, you know, like the commercials for all the anxiety medicines, the depression medicines. You don't see commercials of "hey, there's this group, come join us"....all it is is medicine, medicine, medicine, medicine. Also, I know there's a lot of church groups and most have their own religions, but not everybody believes with the religion aspect, I guess. I, personally, think there should be more of doctors telling you the science, the medical terms. So, I kinda want – not religion – but what's being taught in universities....the studies...more of the science of how to get better and explain exactly what it is, what to do with it, how to deal with it.

Another participant also addressed the difficulty of acceptance and the unwillingness to receive treatment:

...one issue of concern is how to get mental health services for someone who's not willing to receive them. So my husband might have some type of, you know, chemical imbalance or something along that line, and has been uncooperative and unwilling to participate in either seeing a medical doctor or psychiatrist or marriage counselor or cooperate in any way. So, how do you reach out to an individual like that who maybe needs some type of medication that would turn things around for our family? How do you make that happen? I don't know.

Emergent Themes

Support

Obvious dynamics in this focus group were resourcefulness and hopefulness. Many of the participants were experiencing challenging life situations yet they were reaching out for resources and doing so with an optimistic spirit. This particular group of people crossed ethnic identities, gender and generations in order to find support. While discussing their efforts, they either directly or subtly expressed gratitude for having found resources. A young woman with cancer recalled the helpfulness of elderly people in a support group through the Ozark Cancer Center.

They were mainly elderly, (no offense). But it caught their attention that I was really young to have a cyst or tumor. They tend to be more curious since [I'm] so young and stuff. 'Cause that's all they could say was "you're too young. It doesn't make sense. You're too young". Even in the waiting room, I was the youngest one there and everyone was looking at me like "what are you getting cut off?" and I'm just kinda like, "okay!" So the older people wanted me to...talk with them...about how I felt towards it, so I socialized with both younger and much older people. But, especially with the elders.

Another young woman, who was in the running accident, felt like family, coworkers and friends were "there for [her]". One result was the formation of a workout group that consisted of herself, friends her age and her mother. "That's our bonding thing....our de-stressor is working out in the morning....we talk about our kids and our husbands." Yet another young woman said she had maintained long term relationships with people she first met through a youth group, Life Teen. She believed that meeting with them weekly "to grab lunch and talk" was therapeutic.

The participant who, after becoming a single parent, was criticized by her family for using government services determinedly found a new network. "I still had to kind of, you know, push myself in reaching out for help and benefits. But, now I have a church family and other little families of the different groups that I've reached out to. I feel very fortunate, extremely blessed."

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Two focus group participants were married to each other and the husband expressed gratitude for the support they had been able to give each other for so many years.

Well, I think for us -- we're one of those rare couples. We've been married for 48 years and we've been together since I was 14 and she was 12. So there's not too much that we don't know about each other. And she knows all my weaknesses, she knows all my strengths and I know her strengths and I know her weaknesses. As far as that relates to the community, is that we've been each other's social coach, I guess you might say, for all these years. We've always managed to rely on each other to solve problems that we've had. I was very introverted when we first got married. You know if I was your age in a group like this, I would've spoke about 3 words on each question and that would have been it. So I guess we're just lucky that we've got each other to go over any types of problems. When I came back from Vietnam, there was problems. And we had to work that out. But we managed to do that because we supported each other. And now it's, you know, we, whenever we need help, we go to each other. Maybe that's being shallow or not seeking other family members, but we can rely, she can tell me the truth. And you know, I know she's speaking from the heart and she's speaking truth. So I don't question it.

Other focus group members expressed who they were thankful for. They included church counselors and physicians and doctors who were described as "helpful, positive, patient, and nice".

A sentiment that was shared by many in the group was expressed by one of the Hispanic women. She said "the problems -- they will not last for life. Problems cannot be solved but sometimes we wanna solve them in our time and not God's time."

Need for Hispanic Resources

There were three Hispanic participants in this focus group. One participant, in particular, dealt with an experience that most Mid-Westerners do not deal with: the deportation of her husband two years before the focus group event. The loneliness that resulted from the forced separation compounded the typical challenges of being ethnically diverse in the homogenous Midwest. Her job is to help people locate social services and she, herself, has been unable to find a support group for Hispanics: "I cannot find that...a Hispanic diabetic group or a support group for ladies, Hispanics, ladies that have depression". The focus group participants agreed that there is not much support in Spanish. The existing groups and services are in English. One (non-Hispanic) participant explained:

I work for a Catholic church. We have, you know, our parish is 70% Hispanic and I see, everyday, people that come through that door that can't read, they can't write, they don't have internet, they don't have cell, they don't have phone. They don't have any way to be contacted besides walking through our front door. To have a way to contact them -- to get them to get in touch with somebody -- is huge.

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Another added:

They only have one bilingual translator – and they’re in Springfield. We’re a big community, you know, just to have one interpreter....this Hispanic community, if they have a disability, they have a double disability: the illness and the communication because they cannot communicate.

One participant shared “...what made [the accident and injury] more difficult, sometimes, was not understanding medical terms. That was kind of a barrier.” Another participant exclaimed that these are the people who most need and “must have the help from case managers for the medicine...what is says...but there’s no case manager following up with them...it’s hard to get, you know”.

Conclusion

The focus group participants were resilient people who seemed to have reasonable expectations and were not overly critical of health and wellness related services. They were obviously willing to draw upon family, friends, counseling and medicine to deal with their issues. For the most part, they were satisfied with health institutions in their area. There were three areas, though, where they clearly desired improvements: dental, behavioral health, and Hispanic resources.

They were doing everything they possibly could, within their control, to make these services satisfactory. One woman was practicing outreach to make sure children got the dental care they needed, but the infrastructure was not solid enough to ensure the care was actually delivered. Another participant pointed out that children have more access to dental than adults.

Several people in the group were dealing with their own mental health issues and they just wished for the medical community to step forward and educate them. One woman said that behavioral health should not be pushed off on churches. Another said that medication should not be the only answer. A couple of participants suffered consequences due to family members’ unwillingness to obtain much needed mental health care and treatment. Again, the organization of medical care and related laws actually became barriers to having a higher quality of life for these families.

Finally, even with a Hispanic woman being the “go to” person for people needing services, there were not enough services for the Spanish speaking community. Hispanics in the area run the risk of being siloed and thus disconnected from Rogers. They already report being estranged from their own health because they cannot understand (English) medical terminology. This area is in need of programs that help serve culturally diverse populations in a sensitive way, so that they can become active, healthy members of the community.

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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)