

Ozarks Health Commission: Regional Health Assessment

Focus Group Research

Lisa Cox Hall, PhD, Missouri State University

Tyler Golden, Missouri State University

THE SPRINGFIELD COMMUNITY

Contents	Pg
Background	1
Methods	1
Focus Group, general	1
Recruitment	2
Instrument	2
Analysis	4
Findings	4
Sample	4
Participant Demographics	5
Social Network Characteristics	8
Survey-Related Findings	11
Health Issues and Wellness Concerns	11
Connection and Community	13
Emergent Theme	17
Gaps and Inconsistencies in Social Services and in Health-Related Services for the Poor and the Working Poor	17
Conclusion	18
Appendix A: 2015 Citizen Survey	20

Ozarks Health Commission: Regional Health Assessment

Focus Group Research

Lisa Cox Hall, PhD, Missouri State University

Tyler Golden, Missouri State University

Background

The Springfield-Greene County Health Department and other partners within the public health systems, including local hospitals and local public health agencies (the Ozarks Health Commission), joined in an effort to conduct a 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.

Ozarks Health Commission: Regional Health Assessment

Focus Group Research

Lisa Cox Hall, PhD, Missouri State University

Tyler Golden, Missouri State University

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

Twelve individuals expressed interest in the focus group interview: 5 were men and 7 were women; 3 were young adults(26-36 years old), 6 were middle-aged adults (37-64), and 3 were older adults (65+); 4 had private insurance coverage, 3 had Medicaid, 3 had Medicare and 2 had no insurance coverage. Three people had sought behavioral health care services in the last year or two. The Springfield community met all of the focus group composition goals in their recruitment efforts.

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.

Ozarks Health Commission: Regional Health Assessment

Focus Group Research

Lisa Cox Hall, PhD, Missouri State University

Tyler Golden, Missouri State University

Focus Group Interview Guide

Introductory Phase

1. *What kinds of health issues or wellness concerns have you – or your family – had, in the last year or two?*

Central Discussion Phase

2. *Tell me a little bit about what you did – or what you tried to do – for this issue or concern.*

Probe: *for examples, you might have talked to a family member or friend, or you might have tried to look for information, or you might have called a professional.*

3. *Tell me whether you had an easy or difficult time trying to deal with your issue or concern.*

Probe: *Can you tell me what kinds of things made it feel that way?*

4. *What kind of help is available in your community for these kinds of issues and concerns?*

Probe: *Can you say more? How do you feel about that? Why do you think there is no help available for that?*

If you think there is help but you don't know much about it – what should be done so that you (and others) could know more?

5. *How comfortable do you feel with those in your community when it comes to your health and wellbeing?*

Probe: *Can you say more? How do you feel about that?*

6. *What would help you feel connected - or more connected - to health and well-being resources in your community?*

Closing Phase

Is there anything on your minds that you wanted to talk about that I did not cover?

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

- Health: the physical, mental, and social aspects of health across the life course (inclusive of behavioral or mental health and aging related matters)
- Community: family, friends, acquaintances, and all the people you see on a day to day basis – the mailman, your pastor, a grocery clerk, your physician, elected officials and more.
- Connection: who you know, how comfortable you feel with them, whether you know about services and programs in your area and how important those things are to you.

The focus group interview was conducted on November 5 from 6-7:30pm at the Springfield Public Library-Library Station. Informed consent was obtained and the interview was audio recorded.

Ozarks Health Commission: Regional Health Assessment

Focus Group Research

Lisa Cox Hall, PhD, Missouri State University

Tyler Golden, Missouri State University

Analysis

The audio recording of the Springfield 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

categories of the

based on the topics

Survey. The

P.I and R.A. were

similarities and

Differences were

audio recordings

for accuracy.

discussed, below,

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 Springfield 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. For Springfield, the emergent theme was Gaps and Inconsistencies in Social Services and in Health-Related Services for the Poor and the Working Poor.

Springfield Participant Demographics	N=10	%
Age		
Young adult (26-36)	2	20%
Early middle-aged adult (37-50)	2	20%

code sheet. The

spreadsheet were

in the 2015 Citizen

spreadsheets of the

then compared for

differences.

discussed and the

were re-checked

These findings are

in the general

Findings

Sample

Ten of the twelve 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 all categories. Please see the tables and graphs below for specific demographic details and social network characteristics of the participants.

Ozarks Health Commission: Regional Health Assessment

Focus Group Research

Lisa Cox Hall, PhD, Missouri State University

Tyler Golden, Missouri State University

Late middle-aged adult (51-64)	3	30%
Older Adult (65-84)	3	30%
Gender		
Male	4	40%
Female	6	60%
Race/Ethnicity		
African American/Black	0	0%
American Indian	0	0%
Asian American	1	10%
Caucasian/White	9	90%
Hispanic/Latino	0	0%
Other	0	0%
Education		
Less than high school	0	0%
High school diploma/GED	3	30%
Some college	4	40%
Bachelor's degree	3	30%
Post graduate/professional degree	0	0%
Employment		
Employed full time outside of home	2	20%
Employed part time outside of home	1	10%
Unemployed	2	20%
Retired	5	50%
Insurance Status		
Private Coverage	3	30%
Medicaid	1	10%
Medicare	4	40%
None	2	20%

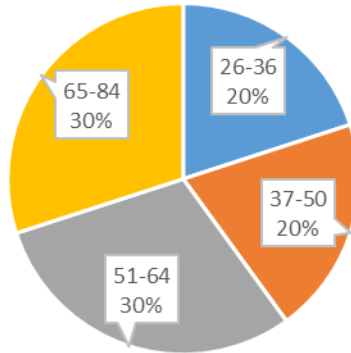
Ozarks Health Commission: Regional Health Assessment

Focus Group Research

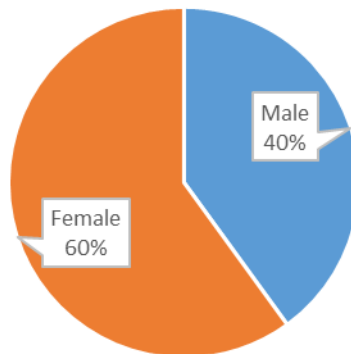
Lisa Cox Hall, PhD, Missouri State University

Tyler Golden, Missouri State University

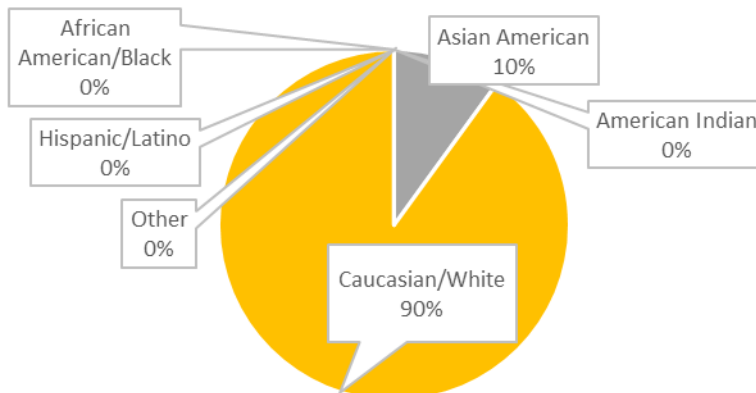
Ages of Springfield Participants



Sex/Gender of Springfield Participants



Race/Ethnicity of Springfield Participants



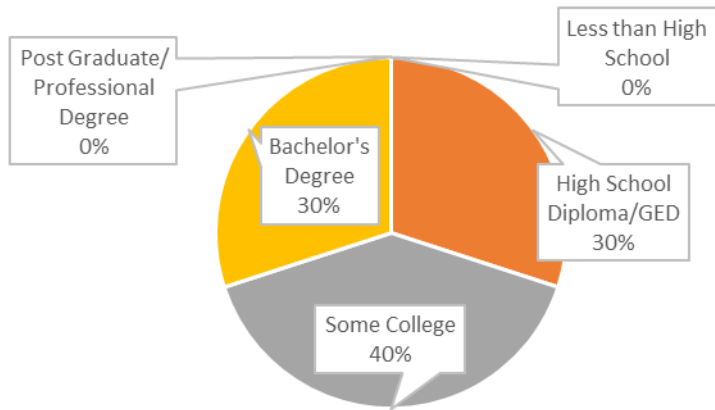
Ozarks Health Commission: Regional Health Assessment

Focus Group Research

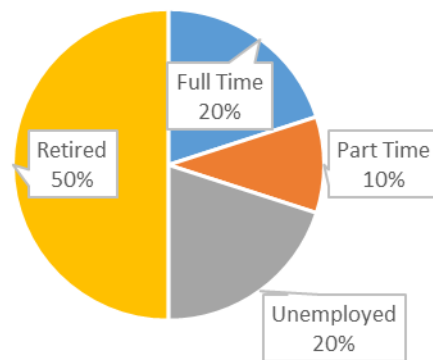
Lisa Cox Hall, PhD, Missouri State University

Tyler Golden, Missouri State University

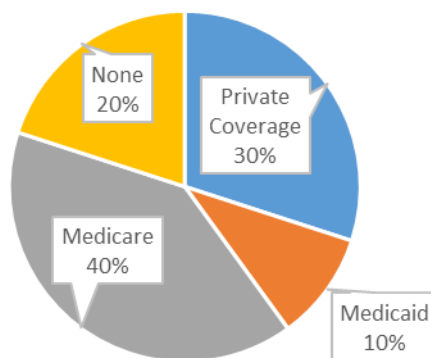
Level of Education of Springfield Participants



Employment as reported by Springfield Participants



Insurance Status of Springfield Participants



Ozarks Health Commission: Regional Health Assessment

Focus Group Research

Lisa Cox Hall, PhD, Missouri State University

Tyler Golden, Missouri State University

Social Network Characteristics of Participants

Relationship status, children, # in household, children in household, social gatherings, volunteerism

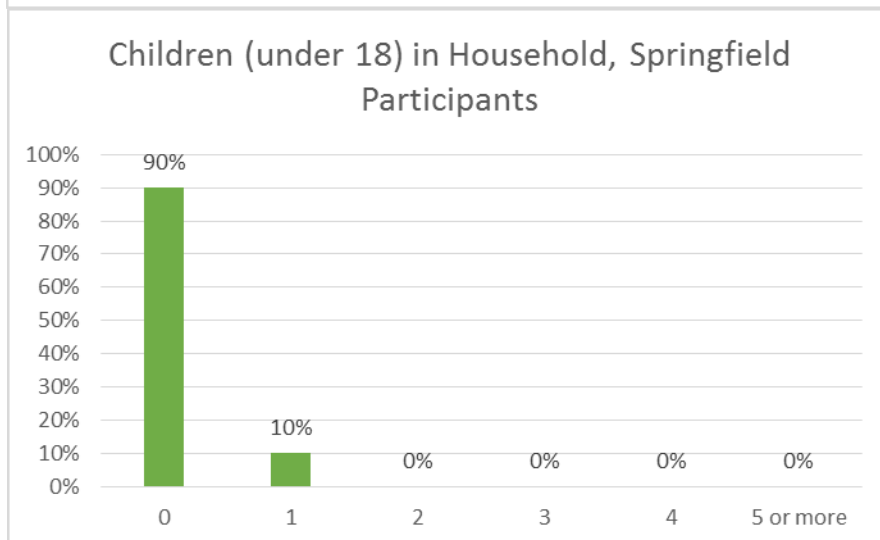
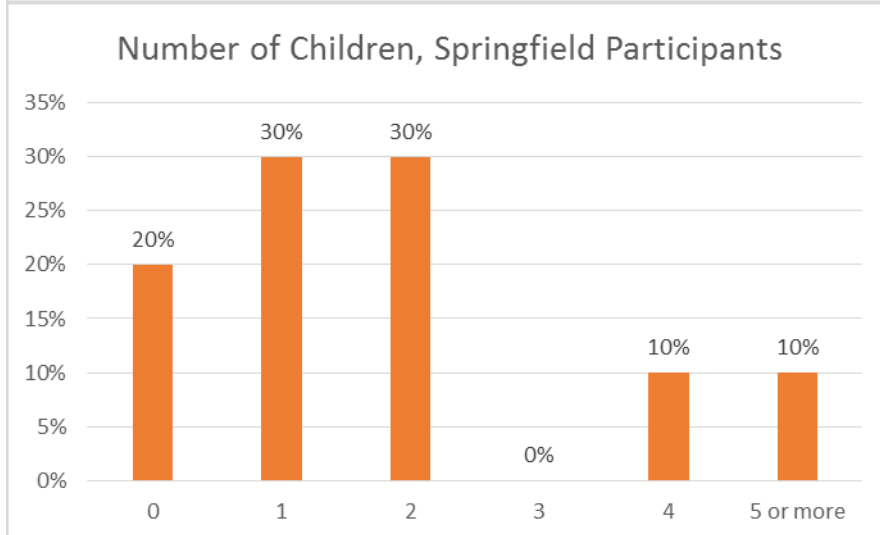
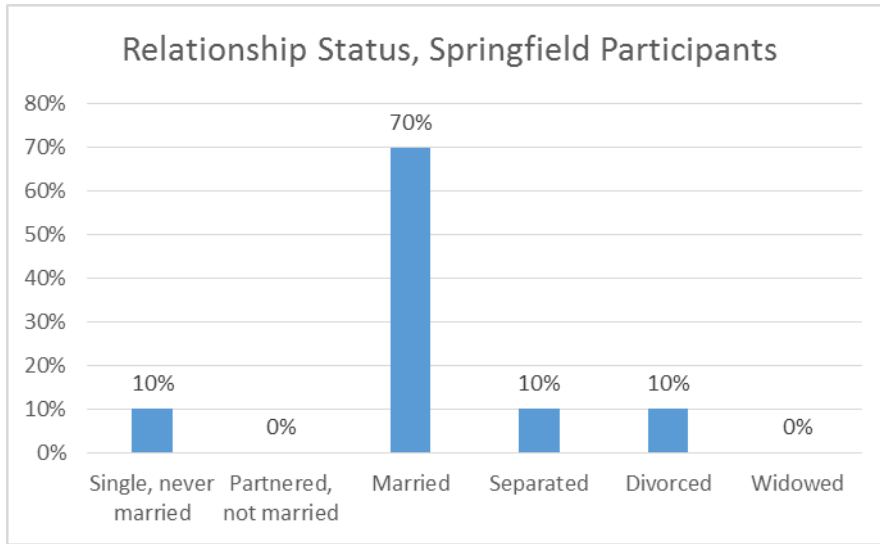
Reported Social Network of Springfield Participants	N=10	%
Relationship Status		
Single, never married	1	10%
Partnered, not married	0	0%
Married	7	70%
Separated	1	10%
Divorced	1	10%
Widowed	0	0%
Household Size		
1	1	10%
2-3	9	90%
4-5	0	0%
6 or more	0	0%
Number of Children		
0	2	20%
1	3	30%
2	3	30%
3	0	0%
4	1	10%
5 or more	1	10%
Children (under 18) in Household		
0	9	90%
1	1	10%
2	0	0%
3	0	0%
4	0	0%
5 or more	0	0%
Hours of Volunteering per Month		
0	5	50%
1-4	2	20%
5-8	0	0%
9-20	2	20%
21-40	1	10%
41 or more	0	0%
Hours of Socializing per Month		
0-1	3	30%
2-7	2	20%
8-14	1	10%
15-21	3	30%
22-30	1	10%
31 or more	0	0%

Ozarks Health Commission: Regional Health Assessment

Focus Group Research

Lisa Cox Hall, PhD, Missouri State University

Tyler Golden, Missouri State University

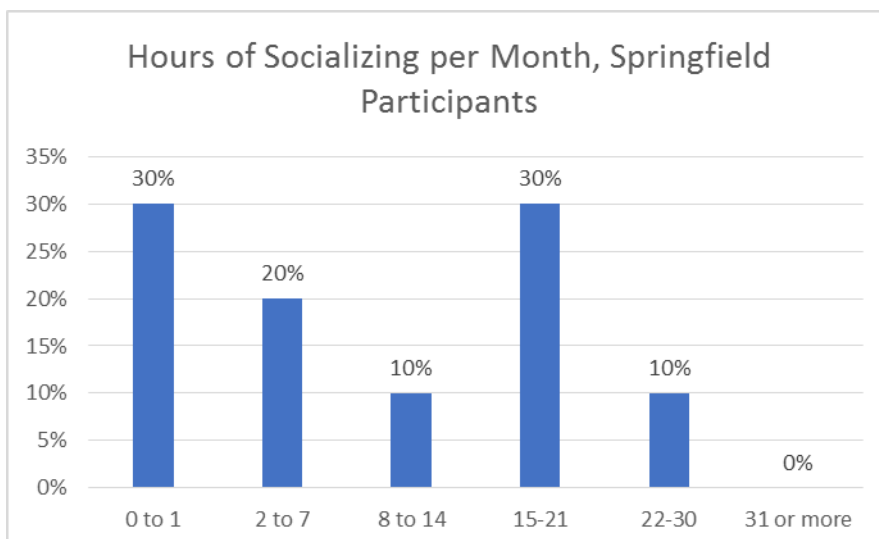
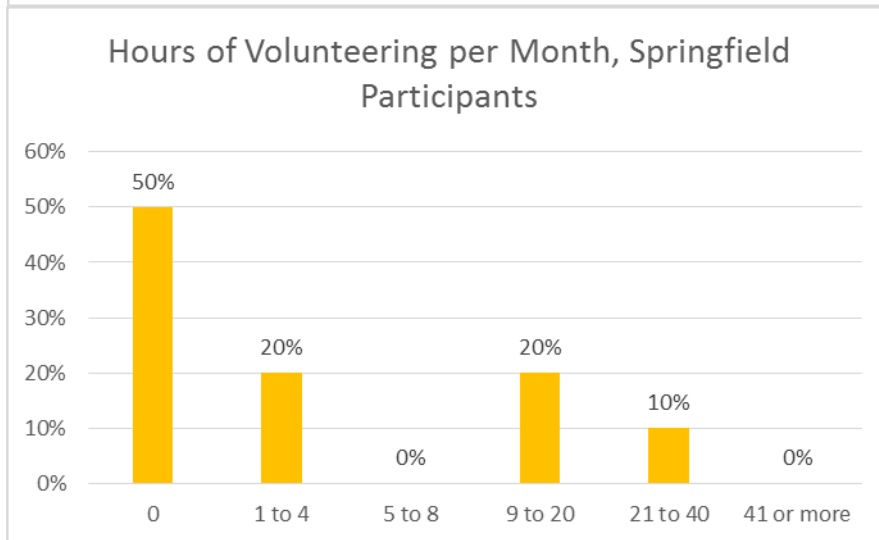
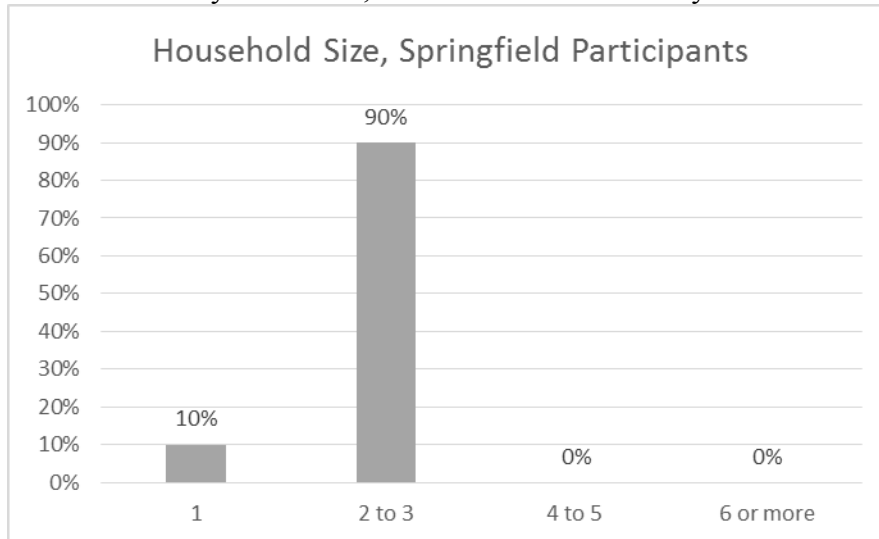


Ozarks Health Commission: Regional Health Assessment

Focus Group Research

Lisa Cox Hall, PhD, Missouri State University

Tyler Golden, Missouri State University



Ozarks Health Commission: Regional Health Assessment

Focus Group Research

Lisa Cox Hall, PhD, Missouri State University

Tyler Golden, Missouri State University

Survey-Related Findings

Health Issues and Wellness Concerns

The first focus group interview question, “What kinds of health issues or wellness concerns have you – or your family – had, in the last year or two?” is an open-ended version of a question originally asked on the Citizen Survey. The survey question asked “How serious have the following issues been for you or your family in the last year?” and the ten answer options were accidents, aging problems, alcohol and drug abuse, baby health, chronic disease, cost of health care, dental problems, infectious diseases, mental health issues, and unhealthy lifestyles. Focus group participants addressed six of the ten major categories of health issues and wellness concerns listed on the survey. The six categories that participants and their families had dealt with in the past year or two included: **accidents, aging problems, chronic disease, cost of health care, dental problems, and mental health issues**. The specific accident was unspecified but resulted in a broken back for one participant’s husband. The specific aging problems were degeneration in knees and back for one participant, and isolation in another participant. The specific chronic diseases and conditions included back pain, knee pain, carpal tunnel, high blood pressure and vitamin D deficiency in one participant; atrial fibrillation in one participant; diabetes and kidney disease in a participant’s husband; and anemia and gynecological issues in one participant. The specific issues raised regarding the cost of health care included unaffordable and increasing insurance premiums; increase in copays but decrease in coverage and benefits; and billing difficulties. (For more, see Emergent Themes, below.) The specific dental problems were inadequate and limited insurance coverage for several participants; poor tooth enamel in participant’s child, which necessitated oral surgery and 9 crowns; and not seeking and obtaining needed dental care due to high, out of pocket, costs. The specific mental health issues were paranoid schizophrenia in a participant; suicide attempts and severe anxiety in a participant; and bipolar 1 disorder in one participant that necessitates electroconvulsive therapy (ECT) treatments every 14 days, which lead to memory loss.

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” and the third focus group question was, “Tell me whether you had an easy or a difficult time trying to deal with your issue or concern.” All participants acknowledged that there are difficulties, to some degree, for most people. Those who were sick recounted their particular problems, ranging from ineffective providers to troublesome billing. Healthier participants shared stories about trying to help others who were struggling to get the services they needed.

Ozarks Health Commission: Regional Health Assessment

Focus Group Research

Lisa Cox Hall, PhD, Missouri State University

Tyler Golden, Missouri State University

Accidents: The person with the broken back followed medical orders and went back to work.

When pain and malfunction increased, he lost his job and filed for unemployment but was denied. His wife (the focus group participant) then tried to get him on disability, which also was denied. His job loss resulted in the cancellation of the whole family's health insurance. They tried to obtain coverage through the Marketplace but found it unaffordable on her \$13/hour wages. She was able to get health insurance through her job, but could only afford to do so for herself. She had applied for Medicaid for her son but after two months still had not received a decision. This participant was resourceful and proactive, yet she said her experience trying to deal with their issues was "a lot of closed doors".

Aging: The participant who dealt with aging related issues stated "...my knees're shot, my back's gone – I just got Social Security Disability because of it. They told me it's kind of an age thing. I was 62 when I applied, so that makes it a lot easier." The other participant who probably had aging related issues was brought to the focus group interview by his daughter. She translated the interview question for her father, then said:

He's just stuck in the house. He don't want to get out. He has anxiety about it, that's really bad. He, just, all the time – when he get out, little bit – just worry about it. I don't know why. I try to take him somewhere – I say whatever you like, I take you, but he don't want anything at all – he just scared.

Later in the interview, the participant, himself, in English said "all things okay". Most likely, the daughter is having a difficult time trying to deal with, what she perceives as, her father's isolation. Clearly, the language barrier complicates the understanding of the reality of the situation.

Chronic Disease (including Mental Health Issues): The participant with back pain, knee pain, carpal tunnel, high blood pressure and vitamin D deficiency takes the four prescribed pain medications, but they make him drowsy. "How can you function on that?...I'm doing what I'm supposed to – but [not getting better]." He applied for Medicaid and disability and was denied both. "I know my age [26] is a problem with that. Trying to get a government insurance is very hard to prove. I have a lot of conditions and...I feel, ya know -- *old* -- and I'm tryin' to prove it." The participant with atrial fibrillation was happy with his providers and insurance coverage but very frustrated with the hospital's billing system. (For more, see Emergent Themes, below.) The participant whose husband had diabetes and kidney disease said he was also a veteran from the Korean War. "It is hard for them to get help. It is not just here, it's everywhere...and something has got to change." The participant with anemia and gynecological issues reported having extreme difficulty trying to deal with her problems. She described a

Ozarks Health Commission: Regional Health Assessment

Focus Group Research

Lisa Cox Hall, PhD, Missouri State University

Tyler Golden, Missouri State University

downward spiral of untreated medical issues into mental health issues. When she applied for “Obamacare”, Medicaid and disability, she was denied.

They told me my problems were fixable and to see a doctor. But how do you see a doctor when you have no money? Those denials make you give up...Feels like you look a lot of places for help with no outcome. I got the door slammed in my face many times [before I found] Dr. Sarah. She fixed me. But before that, I had me a shovel. I was gonna dig my own [grave]...seemed easier to off me. [I was] embarrassed to admit I was that depressed. Now that I'm healthy and feeling better I can't believe I sunk so low.

The participant with paranoid schizophrenia, years ago, consulted his father's doctor. He was very helpful and likable but is now retired. The participant finally found a new doctor, just to be told that, due to an insurance change, he was not in network. He believes it is difficult to deal with mental health issues because it is underfunded and there are not enough providers. The participant with bipolar 1 disorder said she received help from her parents and former husband. She claimed that it was very difficult to deal with her mental health issues for several reasons: first, many mentally ill people – like herself - cannot realize they are ill and do not know they need help; second, the frequency of her ECT (every other week) was a challenge in terms of scheduling and transportation; third, most treatment for mental illness produces side effects, such as memory loss; and fourth, there is shame and guilt associated with mental illness, which makes it hard to accept. “I'd had several suicide attempts before I was diagnosed and put on medication...I had a hard time accepting it because of the ECTs. I've had over 270 in the last 5 years. If I don't keep them at that pace, I immediately go manic or majorly depressed. Even with a phenomenal doctor, accepting it is hard.”

Cost of Health Care and Dental Problems: Interwoven throughout the interview, no matter whether the topic was health issues, available resources, or connection, were comments about the organization of health care and health care coverage. For details, see 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 to the survey question was “not feeling connected to others”. One participant shared that lack of housing and poor housing certainly made her feel isolated. Due to some untreated illnesses, lack of appropriate health care services and then a divorce, she became homeless. “...then, I lived in Reed Springs in an old RV way out in the woods – and I didn't have a phone. I had a friend that would stop by

Ozarks Health Commission: Regional Health Assessment

Focus Group Research

Lisa Cox Hall, PhD, Missouri State University

Tyler Golden, Missouri State University

about once a week and ask me, ‘do I need anything?’ and if it hadn’t been for her...she lived about a mile and a half away and if I desperately needed anything I had to hoof it.” At the time of the focus group interview, she was employed part time but had to live with her father because she was never able to find affordable housing.

“Not feeling connected” 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 important elements of connection. Ironically, two participants’ jobs consisted of connecting citizens to community resources. Despite their expertise and knowledge, they were having difficulties securing resources for themselves and their own families.

This is what we do all day long – notify people what they have available to them, in the criminal justice field as victims of crimes. We learn every day about some new something or other that is out there that we don’t even know about. And this is our job! I mean, we go to seminars and conferences. This is what we do all day, every day, and...it’s like “when did *you* start?” and “oh, we’ve been around 20 years” and we’re – “what?” The word isn’t getting out.

Another participant chose to educate herself about community resources so that she could, on a volunteer basis, help people in need. In addition, two more participants became familiar with resources due to their own personal struggles. Overall, this focus group cohort was quite knowledgeable about available resources. The specific local entities they named included: the Kitchen, Jordan Valley, MSU Care and various food pantries including Crosslines,. One participant stated “If not for the Kitchen and their services, I would be six foot under.” Another participant said “churches help” and another agreed, “I got support from my church”. The focus group participants concluded that the problem is not a lack of resources in the area. The problems are lack of communication, lack of personalized service, and lack of follow through. In addition, although there are state assistance programs, the eligibility requirements are overly restrictive. Many queried, what use is a service if it cannot be acquired? One participant said “Even people who don’t have *anything* – they are still denied. I wish government guidelines would...relax.”

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. The participant who was, quite possibly, least comfortable with his community was the oldest gentleman with limited English. He and his daughter gave mixed messages; he claimed to be okay

Ozarks Health Commission: Regional Health Assessment

Focus Group Research

Lisa Cox Hall, PhD, Missouri State University

Tyler Golden, Missouri State University

while she claimed he was worried and scared. He said he was satisfied with not being connected but she was clearly concerned about his homebound behavior. At a minimum, this contradictory information suggests that the participant is not comfortable trusting those in his community with his feelings and experiences. He would not share his story or opinions with the group.

It was acknowledged by many focus group participants that trust is a necessary component of comfort and of connection. Those with mental illness, especially, expressed that they had many emotional and structural difficulties when trying to access help, until an organization or a particular doctor gained their trust. They described that trust is gained when there is no judgment and when consistent, face to face contact is made. Once the participants with mental illness encountered a trustworthy, reliable health care professional, they complied with health care advice and became healthier. Due to this synergy, they were uncomfortable with their insurance plan telling them which provider to see.

With our insurance we should be going to [hospital A]. It is in our program – I don't know what the word is. It would pay better if we went to [hospital A] but I stay with [hospital B] because I like my doctor and nurses and everything. I think we must pay a little extra, you know, but because I trust them, I don't want to change.

A reason for mistrust was provided by one participant. He claimed that the physicians at local clinics would not assist with filling out the Medical Source Form, which is necessary to apply for disability. “They are supposed to help people on that part and they don't even do it. I think that needs to change. They need to take time to help people get their disability. If they care about their patients...they need to help.”

Approximately half of the participants commented that they really liked or even loved their health care providers but detested the affiliated billing system. The experience of dealing with billing mistakes or with being sent to collections eroded trust and confidence. One participant learned that she had been sent to collections for services that were obtained nine years earlier. This, along with being frustrated by paying for seemingly unnecessary follow-up appointments, resulted in her avoiding seeking medical care. “I know that I've not gone when I should have because of the high cost. It is insanity.” (For more, see Emergent Themes, below.)

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. In short, all participants agreed that good communication is essential to feeling connected to health and well-being resources in the community. They shared several experiences about feeling disconnected and all of them were related to poor communication. “[Billings problems cannot be taken care of] if I don't

Ozarks Health Commission: Regional Health Assessment

Focus Group Research

Lisa Cox Hall, PhD, Missouri State University

Tyler Golden, Missouri State University

understand the people – if they don't speak English., but I get that all that time. It is like we are going to another country [for customer service]. Come on, this is America. I push 3, 4, 8 or 10...or I hit the wrong one, then I have to go through the whole process again..." and another participant joined in "yeah, automated systems are – you sit there and you wait and wait and wait. You hear 'you'll be the next caller' and 15 minutes later, you're still listening to elevator music and then nothing happens, you get frustrated, you hang up and then just have to start all over." A third participant chimed in saying that it is rare to reach a person who cares enough to listen, communicate clearly, and follow through.

It all comes back to a problem with communication. [Many are] just clocking in and clocking out and doing the bare minimum. But, you have to make -- if Joe calls in -- make Joe feel like he matters. At least do everything you can for this person. If you don't have the answer, tell them you'll find the answer. And then, actually do find the answer and do get back to the person.

Yet another participant agreed by saying "follow through is needed". One person's billing issues stretched out for ten months because there was not appropriate follow through. A participant who volunteered to help people find needed resources claimed that some "insurance companies are not even knowledgeable about their own services. I've known more than some of the agents, at times." This comment was followed by one participant's suggestion that hospitals and companies should do a better job training their employees. One participant then claimed that one area hospital used to have great customer service until it was bought by a larger system. "Management is not allowing people to communicate the way they used to be able to communicate. You used to be able to get things resolved. It is sad. It is not that the person doesn't want to do their job, it is that they are not allowed to do their job." Participants agreed that complicated management procedures make them feel disconnected. They also said that technology can make many people feel disconnected. One person believed that the more technology that is involved, the more "stupid" people can feel. In regards to the internet, one participant commented:

I think the government needs to take a good, hard look at the great divide that we've come to in this country, where – not even just in income – but in *accessibility* to resources to enable you to take it the next step forward. My mother, in her seventies, is not as internet savvy as some – and has no desire, really, to learn it. It kind of frightens her. So she, a lot of times, doesn't understand how things work. And a lot of things, they require you to do online. So if someone doesn't have access to being online – and there are thousands upon thousands in this area that don't have access to be online – I can't imagine how difficult it would be...

Participants then brainstormed ways to help citizens, in general, feel more connected to their community. Suggestions included being sensitive to those who are illiterate by playing radio announcements and

Ozarks Health Commission: Regional Health Assessment

Focus Group Research

Lisa Cox Hall, PhD, Missouri State University

Tyler Golden, Missouri State University

television infomercials. Other suggestions included the addition of information boards at hospitals and social security offices, and the distribution of resource guides. One participant suggested additional training for workers in the health care field so they could provide better information to patients and even conduct exit interviews.

When they are coming out of a government system or switching doctors, ask them “what did we do wrong?”, “what could we have done better?”, “did I not tell you enough about what’s available?”, “did you feel comfortable coming in?” If you don’t ask somebody – especially unempowered people – you won’t know...and you can’t improve.

Emergent Theme:

Gaps and Inconsistencies in Social Services and in Health-Related Services for the Poor and the Working Poor

A reoccurring theme present within the Springfield focus group was the gaps in health care services and in insurance coverage as well as the inconsistencies in health care services and in social services, especially for the poor and the working poor. Even those who were not in the working poor or impoverished categories expressed their amazement at the high cost of medical care in the United States.

Inability to afford insurance, or catastrophic and limited coverage insurance plans, along with high copays, hidden costs, in-network and out-of-network restrictions, waiting periods, complicated claims processing and horrible billing systems appear to lead to either (1) applying for government programs or (2) avoiding medical care. Apparently, being denied assistance from government programs also results in the avoidance of medical care. In short, participants described the many ways that the current health care system keeps people out or makes them give up. Both paths lead to unhealthy citizens and an unhealthy community.

One participant claimed that her husband’s insurance was “horrible” despite that he had a “great job working for the city”. She explained the “exceptions” in their plan:

Medical and dental services are extraordinarily expensive. We have a daughter in college, so we’re tryin’ to figure out coverage for her – she’s in another state, so it’s out of network. And, I went to the dentist today. Although we pay a certain amount of money, they don’t cover any – I had to have a crown and that’s about \$1,000 you end up paying, even though you pay premiums every month. Seems a lot of things aren’t covered....like we’re paying more and more but getting less and less.

Another participant, who has Medicare Advantage, agreed: “I do see some benefits being decreased. We get some dental – not a program – but x number of dollars we can use.”

Ozarks Health Commission: Regional Health Assessment

Focus Group Research

Lisa Cox Hall, PhD, Missouri State University

Tyler Golden, Missouri State University

The participant who finally got her illnesses and depression under control felt productive because she secured a job; however, she was frustrated that it did not offer full benefits.

I just got a job at Ozark Bus School System. I'm part time but can't get health insurance because I'm only 24 ½ hours a week. They do give us dental and eye – it's a little high. I get a once a month check and they take out over \$200 in taxes. I've got barely \$600 a month to pay utilities, [medication], insurance for my car, gas, and food.

Despite the low income and no health insurance, she was denied Medicaid. In addition, she was going to lose most of her food stamps because she got a job. Another participant agreed: "I've been denied everything at this point [food stamps, Medicaid for her husband]. The government told me that \$13/hour was enough to support a family of three." A participant pointed out that household income, alone, is not a good indicator of whether someone can pay medical bills on their own, without insurance or Medicaid. Some accidents, injuries, illnesses or medications can cost a lot more than others.

The struggles associated with applying for disability and being denied were covered, above. First, it is a long, slow process. Second, there are very rigid guidelines; a lot of information and documentation is required. Third, if the application is not 100% complete or accurate, one must start over from the very beginning. One participant acknowledged that some people "scam" the system, thus ruining it for everybody else.

Conclusion

Springfield focus group participants were varied in terms of gender, age, insurance status, and health status; however, they echoed one another's sentiments about expensive health care, lack of connection, and inconveniences and inequities in services. The majority agreed that these kinds of barriers isolate people from their own health and then from their own communities.

Most stated that hospitals and health care providers need to do a better job to ensure that citizens can receive needed services. For example, one person said that mental health experts – not churches – need to take care of those with mental illnesses. Several discussed the need for navigators to help people through the health care system (including behavioral health), as well as through the social services system. One said "we need more advocates to help walk people through these issues because the frustration gets beyond what some can take" and another added "someone should be there to hold your hand, take steps, vent, brainstorm." They said there should be more case managers who are well trained and able to shepherd patients through the system from beginning to end. An additional participant pointed out that "people don't always have transportation. Maybe there should be a shuttle system" to

Ozarks Health Commission: Regional Health Assessment

Focus Group Research

Lisa Cox Hall, PhD, Missouri State University

Tyler Golden, Missouri State University

help people get to doctor's appointments, pharmacies, food pantries and the social security office. The logistics surrounding services must be addressed. Services that cannot be accessed, indeed, do not serve.

Ozarks Health Commission: Regional Health Assessment

Focus Group Research

Lisa Cox Hall, PhD, Missouri State University

Tyler Golden, Missouri State University

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)