

APPENDIX D-1

Qualitative Research Overview

The qualitative primary research methodology consisted of stakeholder interviews and focus group discussions with key community stakeholders, policymakers, and residents.

Seventy-five (75) one-on-one interviews that lasted approximately 30 minutes in length were conducted. This provided the opportunity to have in-depth and private conversations about community-wide strengths, barriers to getting care, impacts of the COVID-19 pandemic, and ideas to improve their communities. Although an interview guide (Appendix D-1) was used to help guide the conversation, participants were encouraged to speak about their particular areas of concern, interest, or experience. In addition, ten (10) virtual focus group discussions in many areas across the seven communities allowed regional voices to highlight areas they see as the biggest health-related needs facing the community. Complementary to the individual interviews, the lively conversations in the focus groups added insight and depth to community needs perceptions.

Focus group members were recruited from the regional communities through mass and personal emails, one-on-one conversations, social media, and through word of mouth. Many of their opinions and observations were grounded in both personal and professional experiences. The focus group interview guide (Appendix D-2) mirrored the discussion guide used for the one-on-one interviews. The groups started with introductions, and then participants were asked to think broadly about the topic areas. The discussions then narrowed into what they saw as the biggest concerns facing their community and what possible solutions they envisioned.

The combination of individual interviews and focus group discussions elicited several qualitative themes about areas of need. Each of these themes cuts across and impacts the subsequent Needs and Action Areas, and they are identified below with a short explanation. The Needs and Action Area sections follow the themes, and each includes an overview of the Action Area and utilizes de-identified illustrative observations in italics which are representative of respondents' consensus perspectives. In some cases, the observations highlight examples of potential interventions.

In total, across both qualitative research stages, almost 200 individuals provided input from the following segments. The table below represents a sample of, but not all, sectors of unique communities heavily engaged in the qualitative research processes:

HEALTH SYSTEMS, HEALTHCARE PROVIDERS & LEADERSHIP

- Freeman Hospital System
- Good Samaritan Care Clinic
- HealthTran/Missouri Rural Health Network
- Healthy Nevada
- Mercy Hospital System
- Missouri Ozarks Community Health
- Access Family Care
- Burrell Behavioral Health
- CoxHealth
- Community Health Center of Southeast Kansas
- Cark Community Mental Health Center
- Community Clinic of Southwest Missouri
- Jordan Valley Community Health Center
- Ozark Center
- Aurora Hospital
- Atlantic Coast Dental

NONPROFIT ORGANIZATIONS & COMMUNITY-BASED SERVICES

- Nevada Housing Authority
- Ozark Senior Center
- Texas County Food Pantry
- Grupo Latinoamericano
- Watered Gardens Ministries
- Boys & Girls Club of Southwest Missouri
- Community Foundation of the Ozarks
- Christian County Neighborhood Center
- West Plains Rotary
- Gift of Hope

GOVERNMENTAL ORGANIZATIONS & HEALTH DEPARTMENTS

- Barton County Health Department
- Christian County Health Department
- City of West Plains
- Dallas County Health Department
- Christian County Library
- Neighborhood Adult Literacy Action
- Springfield Greene-County Health Department

SCHOOL SYSTEMS & LIBRARIES

- Joplin R-8 School District
- Nevada R-5 & R-8 School Districts
- Christian County Library
- Franklin Technology Center Adult Education
- Parsons District Schools

TRIBAL COMMUNITIES

- Inter-Tribal Emergency Management Coalition

VULNERABLE POPULATIONS

- Refugee & Immigrant Services & Education

HEALTH EDUCATION ORGANIZATIONS

- Live Well Crawford County
- Eat Well
- Community Partnership of the Ozarks
- Elevate Branson
- Ozarks Wellness Network
- Springfield Drug Taskforce
- McDonald County Coalition

FAITH-BASED ORGANIZATIONS & COMMUNITIES

- Christian Action Ministries
- Connecting Grounds
- First Baptist Church of Ozarks
- Water Gardens Ministries, Homeless Shelter

LGBTQ+ COMMUNITY ADVOCATES

- PROMO

HIGH-LEVEL QUALITATIVE DISCUSSION THEMES

Across the region, many participants shared comments and insights specific to their communities. However, in some rural communities, community engagement was low, such as the Bolivar Community. The following are some key highlights from the qualitative research for the combined seven regions:

- The COVID-19 pandemic, specifically stemming from low vaccination rates in the area, will have long-lasting effects on many health and social aspects of the population.
- Transportation remains a barrier for individuals and families trying to get the healthcare they need, and travel for regular employment.
- Mental health and substance misuse have always plagued the area, but the COVID-19 pandemic has greatly increased the problem and not nearly enough treatment options exist.
- Healthcare has become highly and increasingly politicized, and this has affected both medical and mental health needs of residents across the region.
- The cycle of generational poverty makes it difficult for some residents to envision and build a more positive future for families today and tomorrow.
- Recruiting and retaining the necessary number of and types of providers exacerbates the already challenging health issues, especially of the more rural areas of the region.
- Many shared the hope for children's futures, but isolation due to poverty and COVID-19 risk is creating what they feel are permanent educational and behavioral health challenges for many in our next generation, especially since the true impacts of the pandemic will not be known for years.
- Telehealth is not a viable solution to help solve rural health care needs due to the lack of broadband infrastructure, as well as costs of hardware, consistent internet access, and knowledge gaps.
- The culture of the Ozarks lends itself to how people think, who they trust, and their subsequent actions, many times with long-lasting effects, especially in relation to the pandemic.

In addition to interventions associated with the themes above, there are interventions which flow naturally from the Action Areas below. These are important to include in any planning response. The following High-Level Action Areas are most representative of respondents' consensus in both the qualitative interviews and the focus group discussion. Please note, the Action Areas are not in prioritized order. Items in italics are direct quotes from participants.

THE COVID-19 PANDEMIC

The Ozarks is one area of the United States that was hit particularly hard by the COVID-19 pandemic, especially during the delta variant surge in the summer of 2021. Much of what is reported below and throughout this report includes references to the influence of the pandemic, since it's next to impossible to isolate it from the remainder of the health needs of the communities studied. Yet due to the magnitude of the infection rates in the research target area, as well as the unknowns with respect to the future health of the communities this project included, it warrants its own section.

- *Provider burnout was bad before COVID, but now it's worse. Resources are stressed and things are bad in Oklahoma, hospitals are full, we have COVID tents. COVID funding from the government comes with so many strings attached, i.e., they're having many emergency issues due to COVID and have to reduce emergency room clinic hours and we'd like to build a new clinic but have to refer to another clinic. (Joplin Community)*
- *Testing, vaccinations, vaccination hesitancy – it's very political, and so very challenging. (Lebanon Community, Douglas County)*

- *We've been seeing residual effects of COVID – kidney disease, heart disease, PTSD. Nobody was prepared for that. (Mountain View Community)*
- *Vaccination efforts continue – through working with employees and watching social media. There's lots of misinformation and push back and feelings of distrust from what I perceived as trusted resources, including doctors and school nurses. (Lebanon & Mountain View Communities)*
- *COVID-19 has helped bring mental health and substance misuse into the 21st century and make it relevant. We've discovered new ways to provide services virtually, but we just need better internet access. This is an opportunity. Virtual treatment had a bit of a negative effect since people didn't have the connections and interactions. There are more acute mental health issues due to COVID, more suicidal ideations, more depression, and lots of anxiety. Social interactions were disrupted and people in recovery for years have had reoccurrences of use. (Springfield Community)*
- *Providers were open, but there may have been people who had a yearly checkup and chose not to go. (Mountain View Community, Howell County)*
- *Isolation is hard, especially for the elderly. When the senior center closed, they lost friends either due to COVID or other illnesses. Churches closed. Expect long-term mental health issues for older adults. (Lebanon Community, Dallas County)*
- *My daughter was pregnant and got COVID. She was on a vent for 17 days and received the highest oxygen she could get. COVID ate a hole in her lung. The child was born 2 months early. My daughter has really bad anxiety and my grandchild has separation anxiety. The experience was a nightmare because the only contact you have is with the nurse. Long-term, her lungs look like someone who smoked for 40 years. If she ever gets pneumonia, then she will need to be hospitalized. My son-in-law had heart issues and almost had a heart attack. (Joplin Community, Vernon County)*

MENTAL HEALTH & SUBSTANCE USE DISORDER

Mental health (MH) and substance use disorders (SUD) affect people of all ages, genders, race, and ethnic groups. Prior to Covid-19, out of the 330.1 million people living in America, nearly one in five (61.2 million) were living with a mental illness and/or substance use disorder which is a 5.9% increase from the prior year. Of these people 25.5% (13.1 million) are experiencing a severe mental illness, which can be defined as an individual over 18 having (within the past year) a diagnosable mental, behavior, or emotional disorder that causes serious functional impairment that substantially interferes with or limits one or more major life activities.



People feel that the 'good life' isn't for them.

Branson Community

In the region included in this community health needs assessment, access to mental health and substance use disorder treatment is highly varied with many stating that access is limited in their local area, and this is exacerbated in rural areas of the states. Stigma continues to act as a barrier to getting care, and lack of housing options make matters worse.

- *Our area has high percentage of people on drugs. Meth is big. If you have a record, it's hard to get housing, so people live in extended stay hotels and drugs are prevalent – people can't get out of the cycle. (Branson Community, Taney County)*
- *Addiction is huge. Suicidal ideation of teenagers is growing, and the internet makes an impact, plus not being in school and no face-to-face interactions. Parents' addictions, spousal abuse, food insecurity, housing, jobs – all impact behavioral health. (Lebanon Community, Douglas County)*
- *Need an increase in medical detox beds, i.e., people with high blood pressure, asthma who want to go through detox. They've detoxed people in ways that aren't safe, i.e., putting them in a hotel room and have a doctor check on them every few hours. (Springfield Community)*

- *Meth is a major problem, including with Medicaid moms with no social support. People with substance use and mental health are very stigmatized. (Joplin Community, Cherokee County)*
- *There's a stigma to seeking psych care. People have been suffering from mental health for years and haven't gotten care. (Mountain View Community, Howell County)*
- *We're seeing more kids with lack of direction, diagnoses, or lack of diagnoses when they should have one in our programs. There has been slow growing anxiety behaviors and autism since the pandemic, but our area wasn't affected like east or west coast – they were back in school earlier. We have a huge population of divorced parents and so many mixed families. They need family education and support. (Joplin Community, Jasper County)*
- *Mental health is still taboo and stigmatized. We have residual effects from facility closures a few decades ago. (Joplin Community, Vernon County)*
- *Slow progress on stigma, but it's still progress. Awareness at Olympics helps, but it's very stigmatized. I keep hearing things like, "I thought I was alone in this." Still siloed for co-occurring treatment – most treatments still pay attention to one side or the other, not looking at whole package. (Springfield Community)*

TRANSPORTATION & INTERNET ACCESS



Uniqueness of communities isn't considered when developing solutions for communities.

Mountain View Community

access, especially for more rural areas of the study's geography and for low income or people experiencing homelessness in the community. The following are representative comments from across the areas of study

Simply seeing a healthcare provider – whether in person or via telehealth – is a major barrier for many in the region to get the care they need. When asked to name one of the biggest challenges to living in the area, participants regularly cited transportation, even though transportation is a central beneficiary of the 2021 Federal infrastructure bill. Less often offered when asked a general question about challenges in the area, but frequently told was a major issue when specifically asked about telehealth, is the lack of broadband or internet

- *Public transportation in Branson would be life changing. (Branson Community, Taney County)*
- *Access (including transportation) to specialty care is hard, including women's health, endocrinologist, orthopedic surgeons. (Mountain View Community, Howell County)*
- *The low-income community has few resources to travel for healthcare due to unreliable transportation. They need more basic services in community, and to work with others to get more advanced care including appointments, transportation Mission Fund to help patients pay for services or equipment, but there's still a large gap and access to services. 35-45 minutes from Aurora to Springfield, but 1:15-1:25 from Cassville to Springfield. (Monett Community, Barry County)*
- *No real public transportation in this rural area. There is a little bus, but it has limited hours and it's only within city limits. Hard for people to get to the bus station. No taxis, even though they have funding. (Lebanon Community, Texas County)*
- *We need to get all hands-on deck to provide phone lines and return calls to help people complete the really long application forms. Advocacy for changing payment structure, making it easier. (Lebanon Community, Douglas County)*

CHRONIC CONDITIONS, CANCER, DENTAL HEALTH & AGING

Due to the difficulty of accessing healthcare providers, whether due to transportation, insurance or cost considerations, the general avoidance of healthcare unless in case of an emergency, unhealthy lifestyles, and other reasons, leads to a large number of people who indicated that chronic conditions are a major issue in the region. Diabetes, heart disease, obesity, Chronic Obstructive Pulmonary Disease (COPD), and hypertension were consistently cited. People feel that many of the health issues are preventable, and that people make poor choices about their diet and exercise. Many feel that this can be improved by education, but cultural changes are also needed. The increasing needs of the aging population were also noted by various participants, both for the patients themselves and for their caregivers, including care for patients with Alzheimer's Disease or dementia.

Cancer is gaining ground. Many participants cited cancer as a major and growing problem.

Care for the body, and the mind, is needed. More and more, people are realizing that the body is an entire system and needs to be treated as one, rather than siloed care depending on the body part.

Rural dental care is severely lacking. Many participants shared a need for affordable and accessible dental care, especially for pediatric patients.

What many of these have in common is the need for preventative care, and that was commonly cited as a major need. The belief is a large number of residents – especially those that don't have insurance or are affected by poverty – use the emergency departments for their regular care, or only visit the emergency room, clinic, or doctor when the situation escalates.

- *People think there's something wrong with the water or other system in West Plains that makes them more susceptible to cancers. (Mountain View Community)*
- *90% of our patients are two times under poverty level. Two-thirds of the patients have multiple chronic conditions. People drop out of workforce so they could qualify for healthcare. (Branson Community, Taney County)*
- *Since COVID, we've seen increase in pulmonary issues, and post-COVID issues like needing inhalers, other breathing issues, etc. We desperately need more inhalers. (Joplin Community, Jasper & Newton Counties)*
- *Kids are overweight and unhealthy. (Springfield Community, Greene County)*
- *There's no follow up or preventative care for diabetes. Not enough knowledge about diabetes. (Mountain View Community)*
- *Pediatric dental providers are real need unless you have insurance or pot of gold. (Lebanon Community, Dallas County)*
- *End of life care (emotional and social support) in both home care and in facilities is needed. (Joplin Community, Crawford County)*
- *With the aging population, we need adequate nursing homes or add one or two more. Mental and behavioral health issues (rather than medical health) for aging the population with Alzheimer's or dementia; not enough internal medicine/geriatric providers. Kids are moving away but old people are staying. Men are too proud to ask for help, especially with Alzheimer's or dementia. (Mountain View Community, Howell County)*
- *People who are trying to make an honest living, the working poor, can't afford health insurance and other help. Only excessively poor can get help. (Lebanon Community, Texas County)*
- *Universal healthcare in some form. Healthcare is a right up to a certain point. Our current system doesn't work for all. (Lebanon Community, Douglas County)*
- *We need an umbrella organization or community hub, like Healthy Nevada, that connects each service and has case managers. (Joplin Community, Vernon County)*
- *We need wider availability of all medical and dental services and give all people a means to access those services - make it easy to access re transportation, costs, etc. More affordable medications (i.e., for diabetes). (Springfield Community, Christian County)*

SOCIAL DETERMINANTS OF HEALTH

Maslow's original hierarchy of needs is still relevant today. In addition to shelter, food, clothing, and warmth remain essential for well-being. Just before the COVID-19 pandemic, the Urban Institute found that nearly 40 percent of American families struggled to meet at least one basic need for housing, utilities, or food, and this directly correlates to healthcare needs, both acute and chronic.

Social Determinants of Health



Social Determinants of Health
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Housing. While the housing first model is espoused by many social service providers across the country, even those who are not directly engaged with this delivery feel that if an individual or family does not have a home, then the other social determinants of health are harder, or next to impossible, to attain.

Food. Healthy eating habits may be a choice, but barriers such as the cost of fresh fruit and vegetables, the inability to find transportation to purchase healthy food, the time to prepare healthy meals, cultural considerations, and others make this a more complex situation.

People leaving or not re-entering the workforce. One cannot separate these basic needs from the requirement of employment. The pandemic put a strain on many aspects of employment, and people have been afraid of being infected at work or not returning to the workforce. Among those not in the labor force as of September, 1.6 million people were prevented from

looking for work due to the pandemic. Referring to the issues above and other Social Determinants of Health issues, community members had many insightful comments; several are shown below in order to illustrate the granular perspectives.

- *People break into abandoned houses; there is some stigma around vouchers, and many don't want to play by the rules; hard to find landlords right now. Usually twice a year (before school and after Christmas break) people move or relocate – this past year no one relocated; we have had people turn in vouchers because they couldn't find anything. We have a lot of homeless and has it increased. (Joplin Community, Vernon County)*
- *Food insecurity is one of the three main health issues in our area. The YMCA does a grocery grab weekly for kids in school, ages 3-18, but there's a gap through the farm to family food program. We should work with farmer's markets to provide families with a complete meal with fresh produce, recipes, videos how to prepare. Create a healthy mindset and that educate that healthy doesn't have to be expensive. (Joplin Community, Vernon County)*
- *Social determinants of health issues are the biggest that need to be addressed like housing and food. Healthcare is now coming together with public health, whereas before they were siloed. (Springfield Community, Greene County)*
- *Before COVID you could rent a house, but there's none. There's a one year waiting list for Section 8 and public housing with 200 units is about full. The housing market here is very slim; a lot of houses aren't suitable and are owned by slumlords. (Joplin Community, Vernon County)*
- *Homeless have a lot of unmet needs because no homeless shelter, but we do have a daytime shelter to shower, get food, get resources, etc. There's no place for homeless to sleep, so they have to keep walking. If they stop, the cops will tell them to move on. There are two shelters in Joplin where people may go at night, but not enough beds. (Joplin Community, Cherokee County)*

- *Homeless teens and homeless in general are a major problem. We have a lot of couch surfers or multifamily homes, not enough homes for growing community in Durham. The number of people without a permanent address is extremely staggering for kids in schools. (Lebanon Community, Dallas County)*
- *Homelessness is an issue and depends on how you define it – couch surfing is fairly rampant. If you look at the community from the outside, then you don't see it outright. People may be under a bridge, in abandoned houses, couch surfing. (Joplin Community, Vernon County)*
- *Childcare has long waited lists and limited access. It's expensive, especially with low pay. Head Start has a waiting list, at some point it will return to full capacity, but what to do in the meantime? The need outpaces the capacity even without COVID. Quality is also an issue. Some childcare programs closed during COVID and have not reopened. Personally, I do not trust outside of family to watch my youngest. (Springfield Community)*
- *Affordable housing is a problem. This is a poor community in general, but with COVID at the beginning the employers were paying people, but now they're not, including people in quarantine, so now first timers are visiting because they and their spouse are not getting paid. New faces show up to get services. (Lebanon Community, Texas County)*
- *We need double or triple classroom teacher staff. Academically there's not much correlation to student performance and class size, but on the social and emotional side much more needs to be addressed. Teachers need to be able to focus on fewer students. Teachers are feeling beat up due to masking, critical race theory debates, and polarization. (Joplin Community, Jasper County)*

THE CULTURE OF THE OZARKS

Almost every community research participant directly mentioned or alluded to what can generally be described as the culture of the Ozarks. The sense of community resiliency, independence, and caring for one's neighbors reflect the strong fabric of the region. This sense of independence was often given as a reason why some people have a mistrust of government institutions or others from outside of their local area (or not personally known to them). Some suggest that cultural aspects can be a great draw for some healthcare providers interested in the Ozarks lifestyle, yet it can pose challenges to recruiting and retaining healthcare providers in other instances. Due to the rural nature of many of the communities included in this study, the number of physicians and higher-level providers is severely lacking. An unstable healthcare provider base (as seen in many rural areas of the project research) may further foster ongoing trust issues between healthcare system providers and community members. Community members shared some insightful and very direct comments regarding these issues.

- *The culture of the Ozarks has distrust of medicine, even though I have a master's degree. Some of my ancestors were distrustful of doctors. We have a patriarchal view of the world. (Mountain Community)*
- *Send speakers into schools to talk to kids about building self-esteem and that there are ways out of poverty. Showcase local people who have risen above. (Branson Community)*
- *McDonald County has a very high and noticeable teen pregnancy rate, it's part of the culture. Get a hip nurse practitioner to get on social media and encourage education. There's an opportunity to work through churches to reduce teen pregnancy. We can't use term "family planning" because people hear "abortion," and many are against contraceptives. Abstinence and purity are good messages, but it's too late. (Joplin Community, Newton County)*
- *There is no consistency of care. Doctors come after residency for a few years then they leave when their term is done. (Monett Community, Lawrence County)*

- *Early on, about 50% of my staff refused to get vaccinated. Since then, they're at 80% vaccinated, but some employees don't want their friends and co-workers to know they received the vaccine, as they were initially so against it. Our company offered a private room for people who wanted to get vaccinated privately. (Mountain View Community, Howell County)*
- *The history of Joplin is a really rough town. It's a mining community-- lead and zinc mines. I think there is a lack of interest [in community pride, as well as health-related issues]. Not a ton of great industry to attract new people. It's heavily a trucking/transition industry. (Joplin Community, Jasper & Newton Counties)*
- *No industry when poultry company closed over 10 years ago. School system has been the biggest employer. (Lebanon Community, Dallas County)*
- *The Arkansas governor has been going around the state with a pop-up vaccine clinic and having conversations with the community. People can share their stories and help reverse how social media has influenced people in certain circles who won't look for other information. I heard a story about this on NPR. Doing it in person has a huge impact, according to the story. (Mountain View Community)*

HIGH-LEVEL COMMUNITY-FOCUSED ACTION AREAS & OBSERVATIONS

In addition to the community summaries below, there are certainly actions which flow naturally from the themes above. These are important to include in any planning response. The following High Level Action Areas are most representative of respondents' consensus in both the qualitative interviews and the focus group discussion. Comments and community summaries which follow beginning in the next section, include granular insight about each High-Level Action Area. Each community-level summary below includes some similar project level information regarding the total extent of the research so that individual community sections can be easily shared, if desired.

HIGH-LEVEL ACTION AREAS



PLEASE NOTE, THE ACTION AREAS ARE IN ALPHABETICAL NOT PRIORITIZED ORDER. EACH COMMUNITY-LEVEL SUMMARY BELOW INCLUDES SOME SIMILAR PROJECT LEVEL INFORMATION REGARDING THE TOTAL EXTENT OF THE RESEARCH SO THAT INDIVIDUAL COMMUNITY SECTIONS CAN BE EASILY SHARED, IF DESIRED.

REGIONAL INSIGHTS FROM THE BOLIVAR COMMUNITY

The Bolivar Community, consisting of Dade, Hickory, and Polk Counties, was also included in the scope of this process. Over the course of the assessment, engagement with certain communities was a challenge, and nowhere is that more evident than in the Bolivar Community. The timing of the CHNA occurred during the peak of the COVID-19 pandemic's delta variant spread which has had a significant impact on the Ozarks. Understandably, many of the professionals and organizations who may have been tapped to assist with CHNA efforts were overwhelmed and understaffed and focused on pandemic-related tasks. Qualitative analysis was unable to be conducted due to a lack of participants for either one-on-one stakeholder interviews or focus groups with residents living in the Bolivar Community. A small number of people who identified as either living or working in counties in the Bolivar Community participated in the online community survey as well as a one resident from a focus group in the broader area.

BOLIVAR COMMUNITY COMMENTS & IDEAS

Community Positives:

- Strong sense of community, strong school system.
- Giving and caring community with the resources they have. Good police chief.
- Tremendous growth in a lot of areas that seemed to be stagnant for over a decade, and it's encouraging. Downtown revitalization and coffee shops.

Housing & Homelessness:

- There are a lot of couch surfers or multifamily homes, not enough homes for growing community.
- The number of people without a permanent address are extremely staggering for kids in schools.
- Homeless teens and teens in general. Teens are homeless and couch surfing, may not have transportation, don't have transportation. Can give them nutrition education but they're not buying the food.

Behavioral Health Treatment & Services:

- There are more mental health issues. Isolation is hard, especially for the elderly. When the senior center closed, they lost friends either due to COVID or illnesses.
- There is stigma asking for help. Elderly have pride and don't want to ask for help.

Access to Healthcare:

- People need to choose between healthcare and other bills. Not much help for financial assistance and refer people to patient assistance program, but it's more work for primary care physicians.

Magic Wand Highlight:

- Fitness or activity or social place where people can gather in a cost-effective way, and the transportation to get there.

REGIONAL INSIGHTS FROM THE BRANSON COMMUNITY

Seven one-on-one interviews that lasted approximately 30 minutes in length were conducted. This provided the opportunity to have in-depth and private conversations about community-wide strengths, barriers to getting care, impacts of the COVID-19 pandemic, and ideas to improve their communities. Although an interview guide was used to help guide the conversation, participants were encouraged to speak about his or her particular areas of concern, interest, or experience. In addition, virtual focus group discussions were held in Toney and Stone Counties to allow regional voices to highlight challenges that they see as the biggest health-related needs facing the community.

Community members provided input from the following community organizations:

- Christian Action Ministries
- CoxHealth
- Elevate Branson
- Faith Community Health
- Gift of Hope
- MU Extension
- Ozarks Wellness Network
- Table Rock Chamber

BRANSON COMMUNITY COMMENTS & IDEAS

Top Challenges Identified:

- Access to Healthcare
- Housing & Homelessness

Community Positives:

- There is great community support. People are helping people and there are great school districts.
- There is legacy of servant leadership in community, people want to give back.

Housing & Homelessness:

- Housing is expensive, substandard, and unsafe.
- Topographically it's a hard and expensive area to build. The land is expensive, housing is expensive, housing problems, people live in converted extended stay motels that are substandard.
- Women sleep with duct tape around their clothes, so they won't be attacked.
- For homeless individuals, it's very, very hard to get healthcare and food because they don't have identification.

Transportation & Broadband:

- Public transportation in Branson would be life changing. Everyone struggles with transportation and if this was addressed it would improve housing, food insecurity, jobs, and health.
- There is no public transportation in Branson. There is one taxi in town and it's \$20 a ride.
- Terrible broadband, even near major highways. Many people are older, and they can't use telehealth.
- Everyone struggles with transportation, and if this was addressed it would improve housing, food insecurity, jobs, and health.

Workforce:

- It's hard to "just get a job" especially for people with intellectual disabilities or if people are in fight or flight mode or, if they don't have good relationships with family.

Behavioral Health Treatment & Services:

- There are very little treatment options and very few therapists who work with children.
- Mental health issues for kids on the rise. There are no interactions with peers and few options for childcare and kids are home alone, even young kids.

Substance Use Treatment & Services:

- Our area has high percentage of people on drugs. Meth is big. If you have a record, it's hard to get housing, so people live in ex-tended stay hotels and drugs are prevalent – people can't get out of the cycle.
- There is no free help for substance abuse. Sometimes neighbors try to get clean themselves, they show up to church.

Access to Healthcare:

- Ninety percent of our patients are two times under poverty level. Two-thirds of the patients have multiple chronic conditions. People drop out of workforce so they could qualify for healthcare.
- Generationally poor people don't understand access or need for healthcare.
- Definitely access issues to physicians in county. More doctors are closer to hospital, which is about 45-minute drive. Older population in county and want physicians closer.
- The clinic operates on a shoestring budget, and they don't have marketing funds. There is constant turnover of people and employees and it's tough to reach certain people. We could see 2 to 3 times the number of patients if people knew the clinic existed.

Access to Basic Needs:

- Knowledge of what to do with healthy food is the issue. Many think food is handed through a window. They get raw or canned fruits and veggies and frozen meats and don't know what to do with it when they take it home. They need education about how to cook healthy food.
- Health is a big issue for people living in poverty because they don't understand proper nutrition, do fast food and prepackaged foods. People have access to food, healthy food at farmer's markets, but don't know how to cook healthier foods.
- Many people who were laid off from tourism-related employment showed up for the first time at the food pantry.

Impact of COVID-19:

- Huge impact on people with substance abuse and those in recovery and many relapses due to lack of access, isolation, COVID-19 re-restrictions.
- The health department can't be a part of anything besides COVID. They are such a resource but don't have capacity to deal with COVID-19 plus all other health issues.

Magic Wand Highlight:

- It's not a money situation, it's a heart situation. There is a Christian approach to dealing with healthcare. It's going to be a God-ordained solution when it happens. We need to find that right structure when it happens.
- Send speakers into schools to talk to kids about building self-esteem and that there are ways out of poverty. Showcase local people who have risen above.

REGIONAL INSIGHTS FROM THE JOPLIN COMMUNITY

Twenty-five (25) interviews that lasted approximately 30 minutes in length were conducted. This provided the opportunity to have in-depth and private conversations about community-wide strengths, barriers to getting care, impacts of the COVID-19 pandemic, and ideas to improve their communities. Although an interview guide was used to help guide the conversation, participants were encouraged to speak about his or her particular areas of concern, interest, or experience. In addition, three (3) virtual focus group discussions were held with local school districts and housing authorities, as well as other sectors of the Joplin community to allow regional voices to highlight challenges that they see as the biggest health-related needs.

Community members provided input from the following community organizations:

- 3M
- ACCESS Family Care
- Barton County Health Department
- Boys & Girls Club of Southwest Missouri
- Children's Center
- Community Health Center of Southeast Kansas
- Community Support Services of Missouri

- Eat Well
- Freeman Hospital System
- Freeman Technology Center
- Healthy Nevada
- Inter-Tribal Emergency Management
- Joplin R-8 School District
- Live Well, Crawford County
- McDonald County Coalition
- Neighborhood Adult Literacy Action
- Nevada Housing Authority
- Nevada R-5 & R-8 School Districts
- Parsons District Schools
- Refugee and Immigrant Services & Education
- Watered Gardens

JOPLIN COMMUNITY COMMENTS & IDEAS

Top Challenges Identified:

- Access to Healthcare
- Housing & Homelessness

Community Positives:

- Great culture of non-profits working together to avoid duplication.
- They're a shining light in Native healthcare community and they're doing the best they can.

Housing & Homelessness:

- The housing market here is very slim; a lot of houses aren't suitable and are owned by slumlords. People break into abandoned houses; some stigma around vouchers and many don't want to play by the rules; hard to find landlords right now.
- Homelessness is an issue and depends on how you define it – couch surfing is fairly rampant. If you look at the community from the outside, then you don't see it outright. People may be under a bridge, in abandoned houses, couch surfing.
- Crawford County is very poor. Homeless have a lot of unmet needs because no homeless shelter, but we do have a daytime shelter to shower, get food and get resources.
- Homeless, transient kids, and those who sleep on couches are a problem. There is not much housing availability in Pineville, so families move in with friends.
- There are two shelters in Joplin where people may go at night, but not enough beds.
- Major institutions have been closed, and by moving to a community-based model presents a challenge since people are limited to affordable and accessible housing.

Workforce:

- The history of Joplin is that it's a really rough town. It's a mining community with lead and zinc mines. I think there is a lack of interest in community pride, as well as a health-related issues.
- Not a ton of great industry to attract new people

Behavioral Health Treatment & Services:

- More social and emotional support for kids in schools, preteens, more social workers to strengthen families.
- Mental health was huge issue before the pandemic, and it's still an issue - needs may be higher as pandemic has increased anxiety and depression. This has resulted in more domestic abuse, more drug and alcohol use, etc.

- We are seeing more kids with lack of direction, diagnoses, or lack of diagnoses when they should have one, in our programs.
- Slow growing anxiety, behaviors, autism since pandemic, but their area wasn't affected like east or west coast - they were back in school earlier.
- Social isolation a major problem especially for those with mental health disorders.
- Mental health was huge issue before the pandemic, and it's still an issue. The pandemic has increased anxiety and depression. This has resulted in more domestic abuse, more drug and alcohol use.

Access to Healthcare:

- Holistic health screening needed to understand where people are physically and mentally, then a decision tree afterwards to help them as best as they can.
- There's an opportunity to work through churches to reduce teen pregnancy. Anti-abortion is very high; we can't use term "family planning" because people hear "abortion," and many are against contraceptives. Abstinence and purity are good messages, but it's too late.
- Since COVID, we've seen increase in pulmonary issues and issues like needing inhalers and other breathing issues. We desperately need more inhalers.
- Food insecurity is one of the three main health issues in our area. The YMCA does a grocery grab weekly for kids in school ages 3 to 18, but there's a gap through farm to family food program.
- People want to be seen face to face. Midwestern culture thinks internet is for city people, not for them.
- End of life care, emotional and social support, in both home care and in facilities is needed.

Impact of COVID-19:

- Substance abuse has taken a back burner with COVID. Mental health is still playing its part, people are not receiving appropriate care.
- Physicians question whether they want to continue working. One surgeon who had COVID-19 and never felt like he recovered is quitting next month. Some nurses have walked away from nursing. We will see a major shift.
- Provider burnout was bad before COVID, but now it's worse. Resources are stressed and things are bad in Oklahoma, hospitals are full, we have COVID tents. COVID funding from the government comes with so many strings attached.

Magic Wand Highlight:

- Find a way to get to people who are falling through the cracks, those who have given up on their lives.
- Give everyone free training and education classes to help everyone get jobs and have a better life.
- Clean up homeless population, help them move in a different direction, get life, and work skills.

REGIONAL INSIGHTS FROM THE LEBANON COMMUNITY

Five (5) interviews that lasted approximately 30 minutes in length were conducted. This provided the opportunity to have in-depth and private conversations about community-wide strengths, barriers to getting care, impacts of the COVID-19 pandemic, and ideas to improve their communities. Although an interview guide was used to help guide the conversation, participants were encouraged to speak about his or her particular areas of concern, interest, or experience. In addition, a virtual focus group discussion was held in Dallas County to allow regional voices to highlight challenges that they see as the biggest health-related needs facing the community.

Community members provided input from the following community organizations:

- Dallas County Health Department
- Live Well Alliance, Dallas County
- Dallas County Resource Group
- Missouri Ozarks Community Health
- Texas County Food Pantry

LEBANON COMMUNITY COMMENTS & IDEAS

Top Challenges Identified:

- Access to Healthcare

Housing & Homelessness:

- Homeless teens and homeless in general are a major problem. We have a lot of couch surfers or multifamily homes, not enough homes for growing community in Durham. The number of people without a permanent address is extremely staggering for kids in schools.

Transportation & Broadband:

- No real public transportation in this rural area. There is a little bus, but it has limited hours and it's only within city limits. Hard for people to get to the bus station. No taxis, even though they have funding.

Workforce:

- People who work minimum wage or service jobs who don't make any money or don't have insurance. Parents work different shifts because they can't afford childcare; some people can't afford to work.
- We are losing a lot of public health people due to the stress. People do it for love of their community.

Substance Use Treatment & Services:

- Addiction is huge. Suicidal ideation of teenagers is growing, and the internet makes an impact, plus not being in school and no face-to-face interactions. Parents' addictions, spousal abuse, food insecurity, housing, jobs – all impact behavioral health.

Access to Healthcare:

- People who are trying to make an honest living, the working poor can't afford health insurance and other help. Only excessively poor can get help.
- Affordable pediatric dental providers are needed unless you have insurance or pot of gold.
- We need to get all hands-on deck to provide phone lines and return calls to help people complete really long application forms as well as advocacy for changing payment structure, making it easier. Improving visibility in schools - being in touch with school leadership about services available.

Impact of COVID-19:

- Leadership in Jefferson City doesn't listen to public health leaders. There is a nonbelief of science, people need to try to have people have faith in programs like tobacco cessation and women's health). We need to work on trust.

Magic Wand Highlight:

- Set up public transportation system that's free and a very large radius beyond downtown.
- Continue partnerships, don't be afraid to reach out to county hospitals and other clinics to include them in discussions on how to improve services, not duplicate, improve access.

REGIONAL INSIGHTS FROM THE MONETT COMMUNITY

Six (6) one-on-one interviews that lasted approximately 30 minutes in length were conducted. This provided the opportunity to have in-depth and private conversations about community-wide strengths, barriers to getting care, impacts of the COVID-19 pandemic, and ideas to improve their communities. Although an interview guide was used to help guide the conversation, participants were encouraged to speak about his or her particular areas of concern, interest, or experience. In addition, virtual focus group discussions were held to allow regional voices to highlight challenges that they see as the biggest health-related needs facing the community.

Community members provided input from the following community organizations:

- Cassville Chamber of Commerce
- Clark Community Mental Health Center
- Mercy Hospital, Aurora
- Mercy Hospital, Cassville
- Ozarks Area Community Action Corporation, Lawrence County

MONETT COMMUNITY COMMENTS & IDEAS

Top Challenges Identified:

- Behavioral Health Treatment & Services
- Transportation & Broadband

Housing & Homelessness:

- Lower income rentals simply aren't available anymore, so people get put up in hotels. People have jobs put kids with relatives and the parents work out of their cars.
- Housing costs have outpaced salaries. There are huge wait lists for lower cost rentals, and people are charging more for rent.
- Many people are displaced. There has always had a lot of homeless people, but they were more transitionally homeless. Now more locals are homeless, it's harder to get healthcare and no homeless shelters.
- People have really good working relationships with service providers, but there are roadblocks like transportation.
- If you don't have a safe place to live, how can you be healthy?

Transportation & Broadband:

- Small town with low socioeconomic status, limited public transportation and lucky that hospital is in town.
- If people don't have transportation, they don't get healthcare.
- People must reserve transportation to medical appts 24 to 48 hours in advance, and sometimes people can't do that.
- The low-income community has few resources to travel for healthcare due to unreliable transportation. They need more basic services in community, and to work with others to get more advanced care including appointments, transportation Mission Fund to help patients pay for services or equipment, but there's still a large gap and access to services. 35 to 45 minutes from Aurora to Springfield, but 1:15-1:25 from Cassville to Springfield.
- The low-income community has few resources to travel for healthcare due to unreliable transportation.

Workforce:

- Workforce is a problem and was before the pandemic, especially in mental health in rural conservative America due to stigma. Their mantra is that everyone has mental health needs.

- People are getting resourceful but it's tough on bottom line and fearful of future, many paid their employees even when business closed for a week.

Behavioral Health Treatment & Services:

- All roads lead to Wal-Mart, so the mental health centers in communities with Wal-Mart are busier. There is a correlation between rural towns with Wal-Mart and Dollar Stores and busier mental health clinics.
- It's taboo in some older generations to seek help for mental health. Younger generations are more open to getting help.
- Stigma to mental healthcare, and when support went digital, many people lost out.

Substance Use Treatment & Services:

- There are a lot of drugs like meth and prescription drugs, and few treatment options. People must pay cash to go rehab facility and few places for people to detox safely.
- There are no inpatient substance abuse facilities nearby, they're 50-60 miles away.
- We have money for mental health first aid training for adults and youth but having trouble getting people trained.

Access to Healthcare:

- People are frustrated and go without care.
- There is no consistency of care. Doctors come after residency for a few years then they leave when their term is done.

Safe & Affordable Childcare:

- Parents work different shifts because they can't afford childcare some people can't afford to work.
- State harps on unlicensed care, but everyone knows everyone in the community.

Impact of COVID-19:

- COVID-19 has impacted housing - landlords have contracted COVID and died, investors bought homes and kicked renters out and they have nowhere to go.
- Right away people stopped coming to emergency, maybe people realized that not all problems were emergencies, but others died of problems they didn't need to because they didn't get care.
- People don't trust government, but it's a close-knit community so they don't necessarily mistrust the local healthcare providers who are friends or family members.

Magic Wand Highlight:

- Start a detox clinic; it would keep people out of emergency room, and it's really needed.
- Addressing housing issue, homeless. Keeping seniors stable with the pandemic. Coordination among service providers, understanding how they function to best serve individuals.

REGIONAL INSIGHTS FROM THE MOUNTAIN VIEW COMMUNITY

Eleven (11) one-on-one interviews that lasted approximately 30 minutes in length were conducted. This provided the opportunity to have in-depth and private conversations about community-wide strengths, barriers to getting care, impacts of the COVID-19 pandemic, and ideas to improve their communities. Although an interview guide was used to help guide the conversation, participants were encouraged to speak about his or her particular areas of concern, interest, or experience. In addition, two (2) virtual focus group discussions were held with local rotary clubs and local health system leaders, as well as other sectors of the Mountain View community to allow regional voices to highlight challenges that they see as the biggest health-related needs.

Community members provided input from the following community organizations:

- Airvac Flight Team
- Atlantic Coast Dental
- Good Samaritan Care Clinic
- City of West Plains
- Mercy Hospital Foundation Board
- Missouri Rural Health Association
- West Plains Rotary
- HealthTran
- Ozarks Healthcare

MOUNTAIN VIEW COMMUNITY COMMENTS & IDEAS

Top Challenges Identified:

- Behavioral Health Treatment & Services
- Access to Healthcare

Community Positives:

- Close knit, unique communities, each with specific barriers and resources. Dedicated volunteers who help people in their community. Communities can adjust quickly to change.
- Great community of people to help others, great friends.
- People are helpful to fellow neighbor, raise money for people in healthcare crisis.

Transportation & Broadband:

- There is no broadband in rural areas, so telehealth is tough. Money came in to improve broadband, but companies decided where to put it.
- Telehealth is tough due to lack of broadband.

Behavioral Health Treatment & Services:

- There are not enough mental health inpatient beds, especially in rural areas. How do we transport them to a rural area which may or may not have beds?
- During lockdowns they had a spike in teen suicides and adults feeling overwhelmed. There is a massive sense of depression and isolation.
- It's natural to be depressed about the pandemic and the situation, but people are now suffering from major depression.
- There's a stigma to seeking psychiatric care. People have been suffering from mental health for years and haven't gotten care.

Substance Use Treatment & Services:

- Most liquor stores sold out of certain types of beer. The supply chain for alcohol was disrupted yet people were staying home and drinking more than ever.
- The primary drug is meth in lower income, rural areas. The hospital saw increase in drug overdoses.
- When people got a lump sum of money, they could buy more drugs and they overdosed. Overdoses make up a small percent of transport volume, but they still saw a noticeable increase.

Access to Healthcare:

- People tend to put their heads in the sand – don't get care since they don't want to know if something is wrong, or don't want the inconvenience.
- People don't have primary care providers. This is a very rural area, and the cost of gas is high. People wait until the last minute to get care or end up in the emergency room and let problems go longer than they should.

- Doctors are viewed with suspicion. People didn't go to doctors but used natural remedies. People don't have doctors, but those who have them trust them.
- If people aren't in pain, they don't come to dentist. Gum disease, which causes a lot of health issues, doesn't cause pain unless it's advanced.
- This is a very poor area so people can't afford healthcare. Fear is second biggest reason people don't get dental care.

Impact of COVID-19:

- People tend to put their heads in the sand – don't get care since they don't want to know if something is wrong, or don't want the inconvenience.
- People don't have primary care providers. This is a very rural area, and the cost of gas is high. People wait until the last minute to get care or end up in the emergency room and let problems go longer than they should.
- Doctors are viewed with suspicion. People didn't go to doctors but used natural remedies. People don't have doctors, but those who have them trust them.
- If people aren't in pain, they don't come to dentist. Gum disease, which causes a lot of health issues, doesn't cause pain unless it's advanced.
- This is a very poor area so people can't afford healthcare. Fear is second biggest reason people don't get dental care.

Magic Wand Highlight:

- Spread empathy so people can see the cares and concerns of others. People need to realize not everyone is the same. Get rid of hatred and "foaming at the mouth." Buy social media and control messaging or turn off social media.
- One single source to schedule any type of transportation to anywhere for any reason.

REGIONAL INSIGHTS FROM THE SPRINGFIELD COMMUNITY

Twenty (20) one-on-one interviews that lasted approximately 30 minutes in length were conducted. This provided the opportunity to have in-depth and private conversations about community-wide strengths, barriers to getting care, impacts of the COVID-19 pandemic, and ideas to improve their communities. Although an interview guide was used to help guide the conversation, participants were encouraged to speak about his or her particular areas of concern, interest, or experience. In addition, three (3) virtual focus group discussions were held local health system leaders, community outreach organizations, and a local drug task force as well as other sectors of the Springfield community to allow regional voices to highlight challenges that they see as the biggest health-related needs.

Community members provided input from the following community organizations:

- Burrell Behavioral Health
- Christian County Health Department
- Christian County Library
- Christian County Neighborhood Center
- Community Partnership of the Ozarks
- Connecting Grounds
- CoxHealth
- First Baptist Church of Ozark
- Grupo Latinoamericano
- Jordan Valley Community Health Center
- Mercy Hospital Board
- Missouri State University
- Ozark Senior Center
- Ozarks Area Community Action Corporation
- PROMO
- Springfield Chamber of Commerce
- Southwest Drug Positioning Taskforce
- Springfield-Greene County Health Department

SPRINGFIELD COMMUNITY COMMENTS & IDEAS

Top Challenges Identified:

- Transportation & Broadband
- Access to Healthcare

Community Positives:

- The town and the county have excellent support from the Ozark Police, Sheriff, and Fire Department.
- Friendly people and everyone willing to help others in community.

Housing & Homelessness:

- Homeless or those without a fixed address use the library – it's one of the last spaces they can use and not spend money. Use library as space to hang out but not connect to other resources.
- It is difficult to afford housing if you have a criminal record and there is exploitation by the local motels.

Transportation & Broadband:

- Many rural or lower income residents don't have internet access. Broadband and internet are a problem, even for businesses.
- Electronics have been a disaster for seniors and people over 60, even cell phones. They don't know how to operate phones or computers. People have been trained to be leery of who is reaching out to them over computers, so they're scared to access healthcare over the computer, or even answer the door for people other than their housekeeper or caretaker.
- There is a lack of public transportation in rural areas and people may have to leave hours early for an appointment and there are delays. Medicaid supported transportation is not always reliable. The transportation options can be difficult to coordinate.
- Many people are using telehealth, but many want to see their doctors in person. There is spotty internet in Christian County and rural areas are bad.
- We've discovered new ways to provide services virtually, but we just need better internet access.

Workforce:

- Some businesses in Springfield have decent wages, there is a lack of job skills. Unemployment pays more and there is a lack of living wages.
- Legal histories can be a hinderance.

Behavioral health Treatment & Services:

- Depression and suicide rates are increasing in rural areas where people are isolated anyway. People still need human contact whether you're an introvert or an extrovert. Quarantine didn't help.
- There has been a slow process with reducing the stigma on mental health. The biggest barrier is silos with mental health and sub-stance use.
- COVID-19 has helped bring mental health and substance misuse in-to the 21st century and make it relevant This is an opportunity. Vir-tual treatment had a bit of a negative effect since people didn't have the connections and interactions.

Substance Use Treatment & Services:

- We need an increase in medical detox beds, i.e., people with high blood pressure, asthma who want to go through detox.
- People have detoxed in ways that aren't safe, i.e., being put in a hotel room and have a doctor check on them every few hours.

Access to Healthcare:

- Providers are overburdened and understaffed and don't have time to provide individual care. It's hard to get people to work in healthcare in rural areas, physicians, community health workers, admin staff, dentists, psychiatrists.
- Medicaid recipients receiving transgender-related care, there are many restrictions and denied services. LGBTQ+ communities don't get preventative care, they are worried about what providers will say, especially for transgender men getting pap smears because they don't want to go into a women's care.
- Same sex couples get denied services. There is no holistic support or health support in Springfield to support transgender kids.
- It's bad and getting worse. There was a lack of healthcare, even before pandemic.

Safe & Affordable Childcare:

- Only wealthy families can access care for their kids in Springfield.
- Childcare has long waiting lists and limited access. It's expensive, especially with low pay. Head Start has a waiting list, at some point it will return to full capacity, but what to do in the meantime?
- Some childcare programs closed during COVID and have not reopened. The need outpaces the capacity even without COVID. Quality is also an issue.

Impact of COVID-19:

- The community has pulled together for shots and testing,
- Long term impacts on kids who have been home, fearful of their social skills. Helping Kids need eyes on them – they may put on a smile for the computer, but abuse may be unseen.

Magic Wand Highlight:

- People have to want to be helped, whether it's drugs, alcohol, etc. How do we do that? We don't have programs for homeless and others who want to be helped, like a halfway house, or freeway ministry.
- Change the culture of how we live. This starts with children and their families: cooking classes with healthy food, have the right support for their needs. Healthy culture and lifestyle, including mental health support. Education for disease states, how to avoid diabetes, obesity.

APPENDIX D-2

Stakeholder Interview Guide

OZARKS HEALTH COMMISSION COMMUNITY HEALTH NEEDS ASSESSMENT 2022 STAKEHOLDER INTERVIEW GUIDE

INTRODUCTION & OBJECTIVE

Good morning [or afternoon]. My name is Tara Auclair [or Scott Good or Katelyn Michaud or Katelyn Malloy] from Crescendo Consulting Group. We are working with the Ozarks Health Commission and the [Springfield-Green County Health Department or other health department/community leader] to conduct the community health needs assessment.

The purpose of this call is to learn more about community strengths and resources, healthcare-related needs, ways that people generally seek services, ongoing impacts of the COVID-19 pandemic, and to collect your insights regarding service gaps and ways to better meet community needs.

Do you have any questions for me before we start?

To start with, please tell me a little about ways that you interact with the community and the populations your organization (or you) serves, if any.

ACCESS, AVAILABILITY, AND DELIVERY OF SERVICES

1. When you think of the good things about living in this community, what are some of the first things that come to mind? [PROBE: outdoor activities, lifestyle, strong sense of “family,” other]
2. Generally, what are some of the challenges to living here?
3. When people have needs – healthcare-related, community services, or otherwise – who do they tend to turn to for assistance? [Prompts: friends and family, Town Hall, local Health Department, their doctor, churches, others]
4. To what degree do people struggle with getting appropriate healthcare, or other related issues? [PROBE: are there certain types of care that are more difficult to find?]
5. What would you say are the two or three most pressing healthcare-related needs?
6. How are people accessing care, for example, virtual, face-to-face?
7. To what degree are healthcare services equally available to all citizens? Are there any disparities in access to services based on economic, race / ethnicity, gender or other factors? If so, describe them.

COVID-19 IMPACTS

8. What impact has COVID-19 had on overall community health and specific issues related to services required to care for heart, lung, diabetes, oral health, cancer or other issues?
9. How has the pandemic affected mental health or substance misuse issues?
10. What impact has COVID-19 had on community well-being, social impacts, education, or the economy? Which of these do you think will be short-term effects (e.g., “After COVID is behind us, so will the effects”) or long-term effects (e.g., “The impact will be long-lasting.”)?
11. How do you think COVID-19 will impact health behaviors and how people interact with the healthcare system or providers, such as for screenings or routine services, vaccine perceptions, virtual healthcare, or others?
12. How, if at all, has COVID-19 affected trust of healthcare providers or systems and the public health system?

ENHANCING COMMUNICATIONS AND INFORMATION

13. To what degree do you think that the community at large is aware of the breadth of available services – COVID-related or other health-related) – in the area? What are the challenges to greater awareness and understanding of the availability of services and ways to access them? What might help overcome the challenges? What types of activities would best reach communities of color, people experiencing homelessness, people living with disabilities, or other diverse or hard-to-reach populations?
14. How do consumers generally learn about access to and availability of services in the area (e.g., on-line directory; social media; hotline; word of mouth)? What method tends to work the best or worst?

LOOKING FORWARD

15. What are some of the community-level actions that can be done to more equitably provide for community health and wellbeing? Are there any low hanging fruit that could be addressed quickly? What policies would you change or create to provide more equitable community health and well-being?
16. Health equity is an important consideration. How can you improve current services for marginalized or hard-to-reach populations in your community?
17. What organizations in the area provide services for individuals and families struggling with poverty, employment, addiction, and housing issues? What programs seem to be the most helpful?
18. Magic Wand Question: If money and resources weren't an issue, what is one thing you would do for your community?

ADDITIONAL INFORMATION

- Based on our conversation and your knowledge about the community, are there others that you suggest we speak with?
- We're going to reach out to others, and we'd appreciate your support.
- First, we're going to develop a brief online survey, and we'd like for you to share the link with your constituents.
- Also, we're going to plan some virtual focus groups, and we'd like for you to participate and/or help us invite individuals who you feel would provide value.
- Would you mind if we reach out to you to assist us with these items when the time is right?
- Thank you for your time today and continued support.

RESEARCHER NOTES

- Bring up each of the following topics and include prompts (subcategories) in the dialogue. Note comments and particular areas of emphasis. Include comparisons between topics where helpful, e.g., "So which do you think requires more attention: substance abuse education in schools or opioid abuse intervention among the homeless?"
- Not all topics will be covered with all interviewees. Discussion content will be modified to respond to interviewees' professional background and availability of time during the interview.

Your name is not going to be used and the responses will be aggregated with many more results.
[PROBE: Note discussion about the magnitude and severity of "high focus" needs.]

NEED PROMPTS	NOTES/COMMENTS
Chronic disease Services for adults Services for adolescents / children	
Substance Use Services for adults Services for adolescents / children	
Chronic disease Education / Early intervention Treatment / Access / Stigma Post-treatment support / care	
Chronic disease Education / Early intervention Treatment / Access / Stigma Post-treatment support / care	
Homeless services	
Alcohol Use Education / Early intervention Treatment / Access / Stigma Post-treatment support / care	
Access to care Transportation Insurance / financial Language barriers / cultural issues Wait times to see a provider	
Mental Illness and Trauma Informed Care	
Intellectual Disability	
Access to care (specify type: IP, OP, IOP, PHP)	
SDOH related issues	
Transitional Housing Access / Availability (i.e. Group Homes)	
Emergency Department Care Utilization, Quality, Reliance	
Geriatric Population Behavioral Health Dementia, Alzheimer's Disease Treatment / Access / Stigma	
[OTHER TO BE ADDED, AS NEEDED]	

APPENDIX D-3

Focus Group Moderator's Guide

OZARKS HEALTH COMMISSION COMMUNITY HEALTH NEEDS ASSESSMENT 2022 FOCUS GROUP MODERATOR'S GUIDE

Beginning in 2006, the population in group quarters (GQ) was included in the ACS. Some types of GQ populations have age and sex distributions that are very different from the household population. The inclusion of the GQ population could therefore have a noticeable impact on demographic distribution. This is particularly true for areas with a substantial GQ population (like areas with military bases, colleges, or jails).

INTRODUCTION

- Welcome participants and introduce yourself. Thank you for taking the time to join us for this important discussion. My name is {NAME} and I work for Crescendo Consulting Group.
- Explain the general purpose of the discussion. As mentioned in your invitation, we are working with the Ozark Health Commission and the City of Springfield to evaluate regional health needs. The purpose of this meeting is to learn more about your insights regarding the community, gaps you've identified, and ways to better meet community needs.
- Explain the necessity for notetaking and recording. We're taking notes and recording the session to assist us in recalling what you say. We will describe our discussion in a written report; however, individual names will not be used. Please consider what you say and hear here to be confidential.
- Describe protocol for those who have not been to a group before. For those of you who have not participated in a focus group before, the basic process is that I will ask questions throughout our session, however, please feel free to speak up at any time. In fact, I encourage you to respond directly to the comments other people make. If you don't understand a question, please let me know. We are here to ask questions, listen, and make sure everyone has a chance to share and feels comfortable. Please be respectful of the opinions of others.
- Seek participants' honest thoughts and opinions. Honest opinions are the key to this process, and there are no right or wrong answers to the questions. I'd like to hear from each of you and learn more about your opinions, both positive and negative.
- Questions? Do you have any questions for me before we start?

ACCESS, AVAILABILITY, AND DELIVERY OF SERVICES

19. When you think of the good things about living in this community, what are some of the first things that come to mind? [PROBE: outdoor activities, lifestyle, strong sense of "family," other]
20. Generally, what are some of the challenges to living here?
21. When people have needs – healthcare-related, community services, or otherwise – who do they tend to turn to for assistance? [Prompts: friends and family, Town Hall, local Health Department, their doctor, churches, others]
22. To what degree do people struggle with getting appropriate healthcare, or other related issues? [PROBE: are there certain types of care that are more difficult to find?]
23. What would you say are the two or three most pressing healthcare-related needs?
24. How are people accessing care, for example, virtual, face-to-face?
25. To what degree are healthcare services equally available to all citizens? Are there any disparities in access to services based on economic, race / ethnicity, gender or other factors? If so, describe them.

COVID-19 IMPACTS

26. What impact has COVID-19 had on overall community health and specific issues related to services required to care for heart, lung, diabetes, oral health, cancer or other issues? How has the pandemic affected mental health or substance misuse issues?
27. What impact has COVID-19 had on community well-being, social impacts, education, or the economy? Which of these do you think will be short-term effects (e.g., "After COVID is behind us, so will the effects") or long-term effects (e.g., "The impact will be long-lasting.")?

28. How do you think COVID-19 will impact health behaviors and how people interact with the healthcare system or providers, such as for screenings or routine services, vaccine perceptions, virtual healthcare, or others?
29. How, if at all, has COVID-19 affected trust of healthcare providers or systems and the public health system?

ENHANCING COMMUNICATIONS AND INFORMATION

30. To what degree do you think that the community at large is aware of the breadth of available services – COVID-related or other health-related) – in the area? What are the challenges to greater awareness and understanding of the availability of services and ways to access them? What might help overcome the challenges? What types of activities would best reach communities of color, people experiencing homelessness, people living with disabilities, or other diverse or hard-to-reach populations?
31. How do consumers generally learn about access to and availability of services in the area (e.g., on-line directory; social media; hotline; word of mouth)? What method tends to work the best or worst?

LOOKING FORWARD

32. What are some of the community-level actions that can be done to more equitably provide for community health and wellbeing? Are there any low hanging fruit that could be addressed quickly? What policies would you change or create to provide more equitable community health and well-being?
33. Health equity is an important consideration. How can you improve current services for marginalized or hard-to-reach populations in your community?
34. What organizations in the area provide services for individuals and families struggling with poverty, employment, addiction and housing issues? What programs seem to be the most helpful?
35. Magic Wand Question: If money and resources weren't an issue, what is one thing you would do for your community?

Thank you for your time today and continued support!

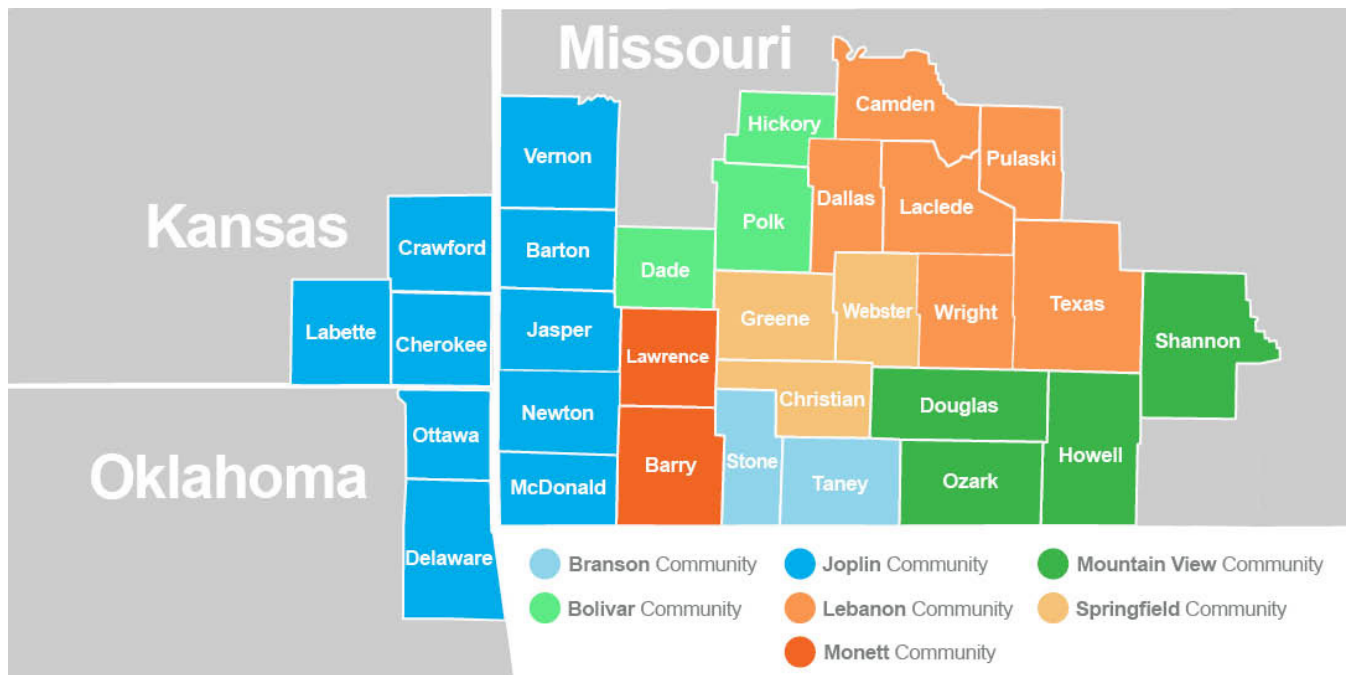
APPENDIX D-4

Community Survey Results & Highlights

OZARKS HEALTH COMMISSION COMMUNITY HEALTH NEEDS ASSESSMENT 2022

The community survey was broadly disseminated by Ozarks Health Commission and other project leaders throughout the approximately 30 county (seven “community”) region. In total, 2,638 individuals participated in the survey. The purpose of the survey was to garner quantifiable insights from each community regarding prioritized health-related needs, the impact of COVID-19, and other communications and service use issues. The community survey summary below includes highlights and insights of survey results.

OHC COMMUNITIES

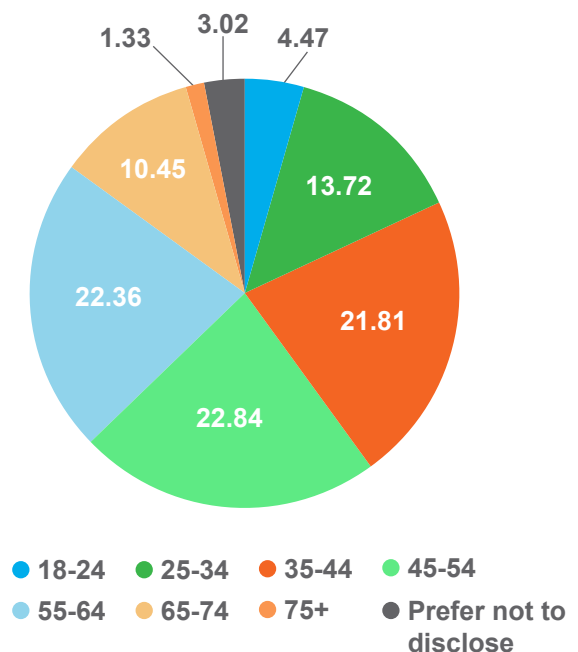


SURVEY RESPONDENT PROFILE & DEMOGRAPHICS

DEMOGRAPHIC BREAKDOWN

The community survey was available electronically through an online platform, as well as paper-based in both English and Spanish. Most survey respondents, (99.7%) chose to take the survey in English and most respondents (89.20%) were Caucasian / White. The majority of the respondents were females (79.32%), and two-thirds (67.01%) were within the three 35 to 64 age groups – though, there was notable representation of younger and older community members.

AGE GROUPS



DEMOGRAPHIC BREAKDOWN

	Percent of respondents
Gender	
Male	17.11
Female	79.32
Non-binary	0.67
Other	0.06
Prefer not to disclose	2.84
Age Groups	
18 to 24	4.47
25 to 34	13.72
35 to 44	21.81
45 to 54	22.84
55 to 64	22.36
65 to 74	10.45
75 or older	1.33
Prefer not to disclose	3.02

The survey included responses from a well-disperse array of community members based on educational attainment and annual household income.

Percent of Respondents	
Educational Attainment	
Less than high school	0.30
Graduated high school	6.89
Some college or vocational training	18.32
Completed a 2-year college degree or a vocational training program	14.09
Graduated college (4-year bachelor’s degree)	28.11
Completed Graduate or Professional school (Masters, PhD, etc.)	29.32
Prefer not to disclose	2.96
Annual Household Income	
Less than \$25,000	7.52
\$25,001 to \$50,000	24.61
\$50,001 to \$75,000	18.18
\$75,001 to \$100,000	17.27
More than \$100,000	21.27
Prefer not to disclose	11.15
Housing Status	
Rent	17.65
Own	78.35
Staying with friends	3.75
Unhoused	0.25

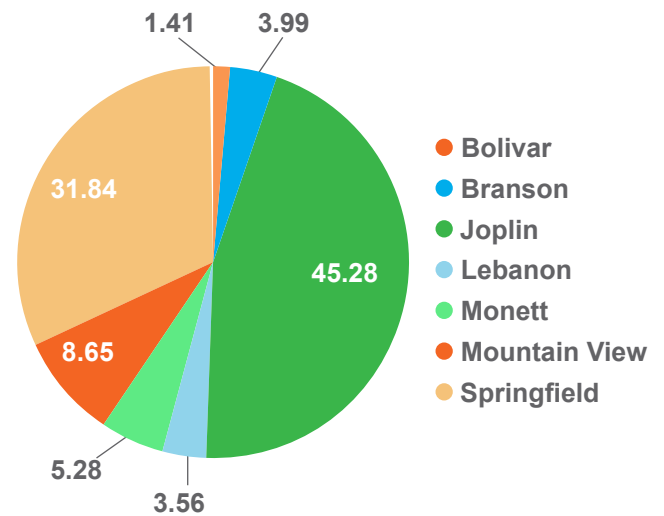
- Approximately one in four (25.51%) respondents indicate that they have less than a 2-year college degree or vocational training. Over half of the respondents say that they have a bachelor’s degree or more education.
- Similarly, approximately half have annual household income under \$75,000 (with approximately one-third, 32.13%, under \$50,000); one half earn over \$75,000. Most (78.35%) own their own home. The median income of survey participants is slightly higher than the regional averages, yet it reflects similar variations within income categories.

There was survey representation from each of the seven communities, yet Joplin and Springfield respondents comprised more than three-fourths (77.12%) of the survey total.

Percent of Respondents	
Community	
Bolivar	1.41
Branson	3.99
Joplin	45.28
Lebanon	3.56
Monett	5.28
Mountain View	8.65
Springfield	31.84

- Given the varying numbers / percentages of respondents by community, needs analyses and other information in these report sections are broken out by community, where helpful, and community-level insights are noted.
- Even though many participants are from the Joplin or Springfield communities, several of the more rural communities are well represented in the survey responses

PERCENT OF RESPONDENTS



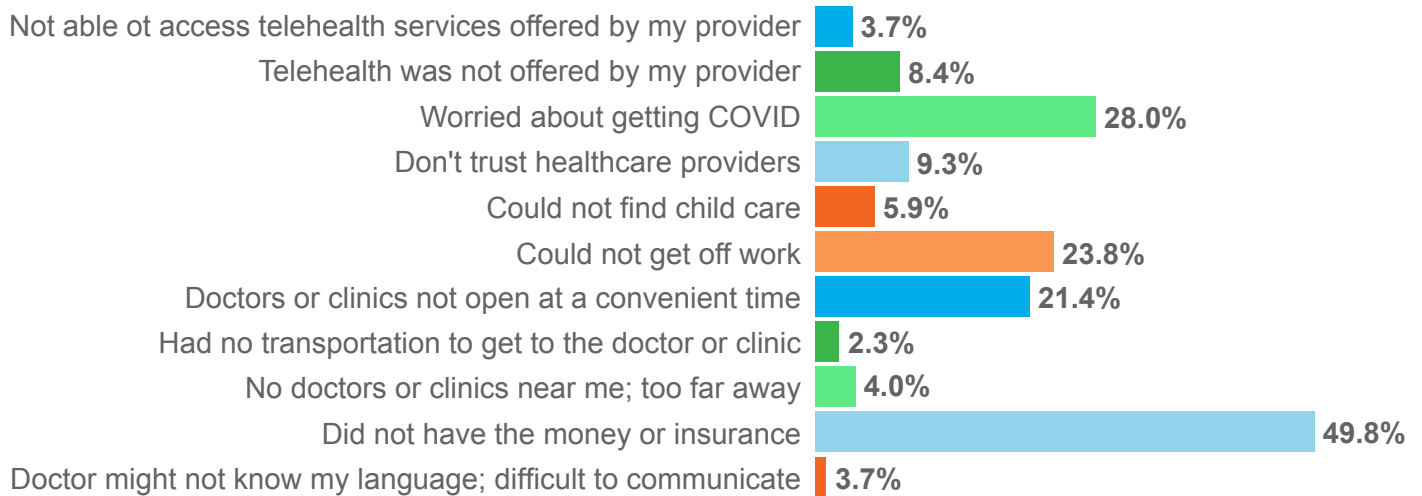
USE OF HEALTH-RELATED SERVICES

ROUTINE MEDICAL CARE

A very high percentage (91.45%) of respondents have a family doctor, family dentist, family health center, or clinic for regular or annual medical or dental care. However, nearly one-third (30.61%) of people who needed care in the past year chose NOT to receive care.

REASON FOR NOT GETTING NEEDED CARE

Percent of respondents



- The most common reasons were financial issues (half of those who chose not to seek needed care) and COVID-19-related issues (identified by approximately 28 percent of those who chose not to seek needed care).
- Timing and access to care issues (i.e., “Could not get off work” and “Doctors or clinics not open at a convenient time”) were each noted by approximately one-fourth of those who chose not to seek needed care.

HEALTH BEHAVIORS DURING COVID-19

Specifically, respondents note that exercise and dietary habits have worsened during the pandemic. Two-thirds say that social isolation has worsened. Social isolation – as demonstrated in nationally reviewed research – leads to increased behavioral health issues, more acute chronic disease, and other factors. High priority communities (e.g., Hispanic communities, LGBTQ+, seniors, and others) are more widely impacted.

Do you think that the COVID-19 pandemic has changed any of your following health behaviors?

Behaviors	Improved	Worsened	No change	Not sure
Exercise	15.8	40.0	41.8	2.4
Diet	14.5	42.7	40.7	2.1
Tobacco use	1.4	11.6	82.9	4.2
Alcohol use	2.1	16.7	78.0	3.2
Social isolation	2.1	66.0	29.1	2.8
Use of illicit drugs, such as marijuana, meth, heroin, etc.	.3	7.8	87.4	4.5

PRIORITIZED RANKED NEEDS

Based on the community survey responses, basic needs (i.e., affordable, quality childcare; affordable housing), behavioral health (e.g., mental health, crisis care, substance use care), and the process of care (e.g., care coordination and integrated care) are the most highly prioritized needs.

GENDER COMPARISON

Males and females similarly rank the leading community needs. However, females tend to rate each need (i.e., the “P Percent saying “Very Needed”) more highly than males.

Prioritized Community Survey Needs			
Percent saying "Very Needed"			
Needs	Total	Male	Female
Affordable, quality childcare	70.37	57.46	73.34
Counseling services for mental health issues such as depression, anxiety, trauma, or others for adolescents and children	70.30	55.34	73.55
Counseling services for mental health issues such as depression, anxiety, trauma, or others for adults	66.73	52.24	69.80
Emergency mental health services for issues such as suicidal thinking or actions, homicidal thinking or actions, self-harm, or harm to others	64.93	50.38	68.20
Affordable housing	64.14	53.79	66.72
Drug and other substance abuse treatment and rehabilitation services, including detox	62.97	51.34	65.65
Integrated care, or where people can get medical care and counseling at the same time	60.86	45.25	64.47
Drug and other substance abuse education, prevention, and early intervention services	60.54	51.72	62.76
Social services (other than healthcare) for people experiencing homelessness	57.58	48.66	59.80
Coordination of patient care between the hospital and other clinics, private doctors, or others	57.15	45.38	59.87

AGE GROUP COMPARISONS

The overall ranking of high priority needs is fairly consistent across age groups. However, young and middle age adults tend to rate each community need more highly than younger or older respondents.

Prioritized Community Survey Needs Percent saying "Very Needed"									
		What is your age?							
Needs	Total	18 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 or older	Prefer not to disclose
Affordable, quality childcare	70.37	67.61	79.17	76.74	68.61	65.34	66.05	57.14	60.00
Counseling services for mental health issues such as depression, anxiety, trauma, or others for adolescents and children	70.30	69.01	75.00	80.34	71.03	65.61	59.49	36.84	53.49
Counseling services for mental health issues such as depression, anxiety, trauma, or others for adults	66.73	69.12	70.75	75.99	67.40	61.47	56.79	36.84	53.49
Emergency mental health services for issues such as suicidal thinking or actions, homicidal thinking or actions, self-harm, or harm to others	64.93	72.46	66.19	73.28	67.42	59.38	56.69	36.84	48.84
Affordable housing	64.14	68.06	69.90	64.88	60.81	68.31	58.39	45.00	46.51

**Prioritized Community Survey Needs, cont.
Percent saying "Very Needed"**

Needs	Total	What is your age?							
		18 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 or older	Prefer not to disclose
Drug and other substance abuse treatment and rehabilitation services, including detox	62.97	63.38	68.08	70.38	64.07	59.89	54.49	28.57	44.19
Integrated care, or where people can get medical care and counseling at the same time	60.86	61.76	65.71	66.76	61.14	56.29	55.41	33.33	48.78
Drug and other substance abuse education, prevention, and early intervention services	60.54	63.38	65.09	66.09	61.33	58.52	55.13	21.05	40.91
Social services (other than healthcare) for people experiencing homelessness	57.58	66.18	62.38	60.60	55.52	56.93	51.27	56.25	39.02
Coordination of patient care between the hospital and other clinics, private doctors, or others	57.15	65.22	60.10	59.54	56.23	56.13	55.63	36.84	41.03

- Young respondents (ages 18-24) rate “Emergency mental health services” (i.e., Emergency mental health services for issues such as suicidal thinking or actions, homicidal thinking) as their highest priority need. Among older seniors (ages 75 and older) affordable housing is an especially important issue, as they rank it as the second most needed community issue.

RACE COMPARISONS

The prioritized list of community needs is very similar among Whites / Caucasians and Black / African Americans. However, Black / African Americans tend to rank “Healthcare services for people experiencing homelessness” and “Emergency mental health services for issues such as suicidal thinking or actions, homicidal thinking” more highly than Whites / Caucasians.

Needs	Total	Black / African American	White / Caucasian
Affordable, quality childcare	70.37	72.22	70.34
Counseling services for mental health issues such as depression, anxiety, trauma, or others for adolescents and children	70.30	77.78	70.29
Counseling services for mental health issues such as depression, anxiety, trauma, or others for adults	66.73	77.78	66.67
Emergency mental health services for issues such as suicidal thinking or actions, homicidal thinking or actions, self-harm, or harm to others	64.93	88.89	64.71
Affordable housing	64.14	77.78	65.18
Drug and other substance abuse treatment and rehabilitation services, including detox	62.97	72.22	63.11
Integrated care, or where people can get medical care and counseling at the same time	60.86	72.22	61.27
Drug and other substance abuse education, prevention, and early intervention services	60.54	72.22	60.54
Social services (other than healthcare) for people experiencing homelessness	57.58	58.82	57.84
Coordination of patient care between the hospital and other clinics, private doctors, or others	57.15	66.67	57.71

ANNUAL HOUSEHOLD INCOME COMPARISONS

The ranked list of community needs is similar across all income levels with a few exceptions. Affordability issues are critically important among people making less than \$50,000 while they are important, but less so, among higher income groups. Note that ranking based on educational attainment largely mirror the income-related rankings.

Prioritized Community Survey Needs Percent saying "Very Needed"							
(Top 12 noted instead of 10)		Which of the following ranges best describes your total annual household income in the last year?					
Needs	Total	Less than \$25,000	\$25,001 to \$50,000	\$50,001 to \$75,000	\$75,001 to \$100,000	More than \$100,000	Prefer not to disclose
Affordable, quality child-care	70.37	64.17	72.44	73.36	68.38	72.37	64.29
Counseling services for mental health issues such as depression, anxiety, trauma, or others for adolescents and children	70.30	65.25	72.63	73.52	69.40	72.40	59.39
Counseling services for mental health issues such as depression, anxiety, trauma, or others for adults	66.73	67.83	69.51	67.47	64.00	68.53	59.04
Emergency mental health services for issues such as suicidal thinking or actions, homicidal thinking or actions, self-harm, or harm to others	64.93	65.22	66.49	68.99	61.89	64.90	58.79
Affordable housing	64.14	70.43	75.20	68.61	54.92	59.34	50.31
Drug and other substance abuse treatment and rehabilitation services, including detox	62.97	57.63	66.15	66.90	55.02	69.94	51.83
Integrated care, or where people can get medical care and counseling at the same time	60.86	59.48	64.15	63.41	55.26	63.39	54.27

**Prioritized Community Survey Needs, cont.
Percent saying "Very Needed"**

(Top 12 noted instead of 10)		Which of the following ranges best describes your total annual household income in the last year?					
Needs	Total	Less than \$25,000	\$25,001 to \$50,000	\$50,001 to \$75,000	\$75,001 to \$100,000	More than \$100,000	Prefer not to disclose
Drug and other substance abuse education, prevention, and early intervention services	60.54	61.02	63.45	66.31	53.33	62.72	51.20
Social services (other than healthcare) for people experiencing homelessness	57.58	62.83	62.67	59.12	55.00	57.36	44.44
Coordination of patient care between the hospital and other clinics, private doctors, or others	57.15	54.78	59.73	58.25	53.28	59.52	53.37
Healthcare services for people experiencing homelessness *	56.39	60.36	62.30	58.52	54.79	52.58	47.40
Affordable healthcare services for people or families with low income *	56.25	70.34	64.84	55.79	48.50	50.59	50.00

- Affordable housing is the greatest community need among people in households making less than \$50,000 per year. In addition, affordable healthcare services is equally important as affordable housing among people in households making less than \$25,000.

COMMUNITY COMPARISONS

There is notable variation between communities regarding prioritized rankings of needs. Across all communities, mental health-related needs are highly ranked. There is greater variation between communities with regard to basic needs (e.g., affordable housing and/or healthcare) and substance use-related issues / needs.

Prioritized Community Survey Needs Percent saying "Very Needed"								
Needs	Total	Community						
		Bolivar	Branson	Joplin	Lebanon	Monett	Mountain View	Springfield
Affordable, quality child-care	70.37	42.86	80.33	69.93	57.89	62.65	67.94	74.75
Counseling services for mental health issues such as depression, anxiety, trauma, or others for adolescents and children	70.30	68.18	64.52	68.43	63.79	56.63	66.92	77.71
Counseling services for mental health issues such as depression, anxiety, trauma, or others for adults	66.73	50.00	60.94	64.21	65.52	58.54	62.22	74.80
Emergency mental health services for issues such as suicidal thinking or actions, homicidal thinking or actions, self-harm, or harm to others	64.93	61.90	58.73	62.46	60.71	66.27	54.62	72.58
Affordable housing	64.14	61.90	69.84	63.66	58.93	55.70	54.26	68.96

**Prioritized Community Survey Needs, cont.
Percent saying "Very Needed"**

Needs	Total	Community						
		Bolivar	Branson	Joplin	Lebanon	Monett	Mountain View	Springfield
Drug and other substance abuse treatment and rehabilitation services, including detox	62.97	70.00	66.67	61.32	61.40	67.47	66.67	63.45
Integrated care, or where people can get medical care and counseling at the same time	60.86	60.00	62.30	60.06	60.34	63.29	57.89	62.96
Drug and other substance abuse education, prevention, and early intervention services	60.54	70.00	68.85	58.31	55.17	60.98	64.44	62.42
Social services (other than health-care) for people experiencing homelessness	57.58	52.17	60.66	57.92	46.43	53.85	53.23	60.12
Coordination of patient care between the hospital and other clinics, private doctors, or others	57.15	57.14	58.73	57.95	55.56	60.49	54.14	57.08

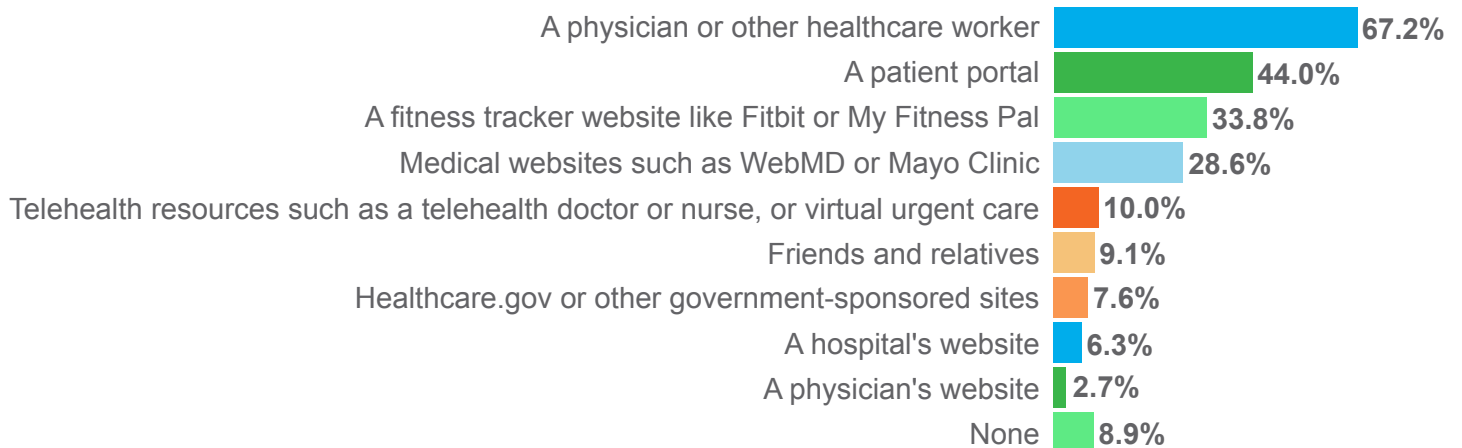
- Joplin and Springfield (the two most populous communities) have nearly identical needs rankings (both similar to the survey totals). Drug / substance misuse issues are more highly ranked in rural counties such as Bolivar, Branson, Monett, and Mountain View compared to other communities.
- Affordable, quality childcare is a leading need in four of seven communities – Joplin, Springfield, Branson, Mountain View. In Bolivar, Lebanon, and Monett, it is “middle of the group” or lower.

SOURCES OF INFORMATION AND DECISION MAKING

HEALTH INFORMATION SOURCES

In order to track or find out about one's personal health, more formal medical provider relations are the most commonly noted – a physician or healthcare worker or patient portal. Medical websites such as WebMD and similar channels are used by approximately one-quarter of respondents.

SOURCES USED TO FIND OUT ABOUT YOUR OWN HEALTH OR TO MONITOR YOUR OWN HEALTH

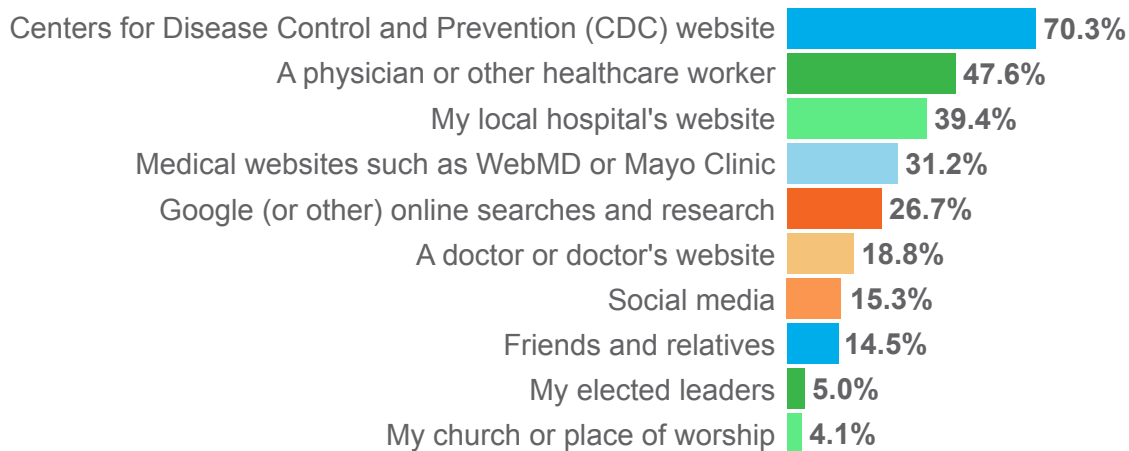


- Two-thirds of respondents name a physician or other healthcare worker as a source used to monitor their own health.
- One-third of respondents indicate that they use a fitness tracker or similar wearable device.
- Very few (e.g., fewer than eight percent each) say that they use websites (other than WebMD or similar sites) – Healthcare.gov, a hospital website, or a physician's website.

SOURCES OF PANDEMIC-RELATED INFORMATION

For COVID-19-related information, the large majority of respondents turn to the U.S. CDC for information. Other sources – including physicians or other healthcare workers – are noted by approximately half as many or fewer respondents.

WHAT SOURCES DO YOU TURN TO OR READ TO LEARN ABOUT THE COVID-19 PANDEMIC OR VACCINES?



- For seven out of ten people seeking COVID-19 or vaccination information, they reference the U.S. CDC.
- A relatively small percentage (14% to 19%) get their information from social media, a doctor's website, or family and friends.
- Though not displayed above, there is little variation between communities.

VACCINATION

There is an apparent sense of altruism or community wellness among people getting vaccinated against the COVID-19 virus, as two of the three most common reasons why they got the vaccine related to concern for others or the greater community. Respondents indicate that politics, religious guidance, and workplace requirements had little impact.

Reason Why People Got Vaccinated	Percent of Respondents
I'm concerned about the health of my family and friends	83.5
I'm concerned about my health	76.1
I care about the health of the greater community, or it seems like the right thing to do	73.6
I want to start enjoying life again	51.5
Healthcare provider's advice	37.2
Workplace requirement	17.6
Politics or elected officials' comments and guidance	3.1
Religious leaders' guidance or comments	3.1

Among those choosing NOT to get vaccinated, one's "personal choice" and "concern about side effects" were the most common reasons for not doing so. There was also a notable percentage who did not get the vaccine because they do not trust the government (42.9% of respondents choosing not to get the vaccine) or do not trust the science (31.4%).

Reason Why People Chose Not to Vaccinated	Percent of Respondents
My personal choice	79.0
I'm concerned about side effects (long-term or short-term) of the vaccine	78.1
I believe there are other, effective ways to avoid getting COVID-19 or to treat it	47.1
I do not trust the government	42.9
I do not trust the science	31.4
Political party or elected officials' comments and guidance	7.1
Religious leaders' guidance or comments	5.7
Family or friends are against it	5.2

APPENDICES

Survey Language Preference	
Selection	Percent of respondents
English	99.70
Spanish	0.30

Race	Percent of Respondents
Black or African American	1.1
American Indian and Alaska Native	3.3
Asian	0.8
Caucasian/White	89.2
Hispanic or Latino	1.6
Native Hawaiian and Other Pacific Islander	0.2
Two or More Races	1.0
Other	0.5
Prefer not to disclose	5.9

Do you have a place where you go for regular or annual medical or dental care?	
Selection	Percent of respondents
Yes, family doctor, family dentist, family health center, or clinic	91.45
Yes, emergency room	0.25
Walk-in urgent care	2.00
No	5.11
I do not get care even when I need it	1.19

SEEKING CARE AND REASONS FOR NOT SEEKING CARE

In the past 12 months, have there been times when you needed medical help but chose NOT to seek it?	
Selection	Percent of respondents
Yes	30.61
No	66.79
Not sure	2.60

PRIORITIZED NEEDS – TOTAL LIST BY CATEGORY

Prioritized Community Survey Needs Percent saying "Very Needed"			
Needs	Total	Male	Female
Affordable, quality childcare	70.37	57.46	73.34
Counseling services for mental health issues such as depression, anxiety, trauma, or others for adolescents	70.30	55.34	73.55
Counseling services for mental health issues such as depression, anxiety, trauma, or others for adults	66.73	52.24	69.80
Emergency mental health services for issues such as suicidal thinking or actions, homicidal thinking or actions, self-harm, or harm to others	64.93	50.38	68.20
Affordable housing	64.14	53.79	66.72
Drug and other substance abuse treatment and rehabilitation services, including detox	62.97	51.34	65.65
Integrated care, or where people can get medical care and counseling at the same time	60.86	45.25	64.47
Drug and other substance abuse education, prevention, and early intervention services	60.54	51.72	62.76
Social services (other than healthcare) for people experiencing homelessness	57.58	48.66	59.80
Coordination of patient care between the hospital and other clinics, private doctors, or others	57.15	45.38	59.87
Healthcare services for people experiencing homelessness	56.39	47.35	58.21
Affordable healthcare services for people or families with low income	56.25	48.87	57.72
Access to dental services	55.08	41.76	57.76
Case workers or navigators to help people with chronic diseases (diabetes, cancer, asthma, etc.) get the needed care	53.39	43.13	55.65
Long-term care or dementia care	53.20	44.84	55.09
Services to help people learn about, and enroll in, programs that help with financial support for people needing healthcare	52.67	47.17	54.00
Regular, convenient places to buy affordable, nutritious food	49.55	36.90	52.41
Services or education to help reduce teen pregnancy, adolescent services, or sex education	48.87	45.56	49.87
Healthcare for seniors	48.06	41.50	49.20

PRIORITIZED NEEDS – TOTAL LIST BY CATEGORY, CONT.

Prioritized Community Survey Needs Percent saying "Very Needed"			
Needs	Total	Male	Female
Parenting classes	47.87	43.97	49.28
Transportation services for patients AFTER receiving services	46.34	40.51	47.98
Transportation services for people needing to go to doctor's appointments or the hospital	46.34	36.82	48.85
Access to your preferred housing situation -- location, size of home, access to services, Americans with Disabilities Act	45.68	35.62	47.47
Programs for diabetes prevention, awareness, and care	44.53	43.30	45.03
Programs for obesity prevention, awareness, and care	43.71	44.11	44.14
Transportation services for people needing to go out of town for health-care services or appointments	43.66	34.25	45.83
Job training (or, re-training)	43.28	41.54	44.64
Food services such as food pantries, soup kitchens, or a backpack program	42.66	35.21	44.12
Pediatric / child health services	40.72	42.25	40.12
General public transportation	40.46	29.69	42.86
Programs to help people stop smoking	40.07	40.00	40.20
Women's health services (OB/GYN)	38.68	34.31	39.28
Primary healthcare services (such as a family doctor or other provider of routine care)	37.19	35.23	37.69
Urgent care services (that is, walk-in care for immediate health needs not requiring the Emergency Department)	36.27	32.95	36.92
Increased neurology, or brain, care	35.60	30.58	36.88
Men's health services	32.94	27.95	33.80
Emergency care and trauma services	31.99	25.95	33.42
Programs for heart health or cardiovascular health	31.43	31.52	31.62
An easy and close place to buy prescription drugs, when needed	30.73	23.19	32.69

AGE GROUP COMPARISONS

Prioritized Community Survey Needs Percent saying "Very Needed"									
Needs	Total	What is your age?							
		18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75 or older	Prefer not to disclose
Affordable, quality childcare	70.37	67.61	79.17	76.74	68.61	65.34	66.05	57.14	60.00
Counseling services for mental health issues such as depression, anxiety, trauma, or others for adolescents	70.30	69.01	75.00	80.34	71.03	65.61	59.49	36.84	53.49
Counseling services for mental health issues such as depression, anxiety, trauma, or others for adult	66.73	69.12	70.75	75.99	67.40	61.47	56.79	36.84	53.49
Emergency mental health services for issues such as suicidal thinking or actions, homicidal thinking or actions, self-harm, or harm to others	64.93	72.46	66.19	73.28	67.42	59.38	56.69	36.84	48.84
Affordable housing	64.14	68.06	69.90	64.88	60.81	68.31	58.39	45.00	46.51
Drug and other substance abuse treatment and rehabilitation services, including detox	62.97	63.38	68.08	70.38	64.07	59.89	54.49	28.57	44.19
Integrated care, or where people can get medical care and counseling at the same time	60.86	61.76	65.71	66.76	61.14	56.29	55.41	33.33	48.78
Drug and other substance abuse education, prevention, and early intervention services	60.54	63.38	65.09	66.09	61.33	58.52	55.13	21.05	40.91
Social services (other than healthcare) for people experiencing homelessness	57.58	66.18	62.38	60.60	55.52	56.93	51.27	56.25	39.02
Coordination of patient care between the hospital and other clinics, private doctors, or others	57.15	65.22	60.10	59.54	56.23	56.13	55.63	36.84	41.03
Healthcare services for people experiencing homelessness	56.39	72.06	58.33	58.56	54.57	54.68	54.19	56.25	42.11

**Prioritized Community Survey Needs, cont.
Percent saying "Very Needed"**

Needs	Total	What is your age?							
		18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75 or older	Prefer not to disclose
Affordable healthcare services for people or families with low income	56.25	73.61	55.92	60.40	53.65	54.70	53.33	45.00	47.50
Access to dental services	55.08	52.94	47.83	55.87	54.11	60.29	61.88	31.58	40.00
Case workers or navigators to help people with chronic diseases (diabetes, cancer, asthma, etc.) get the needed care	53.39	60.29	57.84	55.56	51.01	54.34	50.94	15.00	40.00
Long-term care or dementia care	53.20	50.77	54.59	51.71	55.49	56.60	50.63	45.00	32.50
Services to help people learn about, and enroll in, programs that help with financial support for people needing healthcare	52.67	60.56	53.99	56.20	51.56	52.84	45.28	35.00	47.62
Regular, convenient places to buy affordable, nutritious food	49.55	59.72	55.50	56.29	46.39	45.95	42.77	30.00	39.13
Services or education to help reduce teen pregnancy, adolescent services, or sex education	48.87	58.57	57.28	50.75	46.15	45.40	51.30	25.00	34.09
Healthcare for seniors	48.06	65.15	48.73	43.67	44.64	53.73	50.63	25.00	40.91
Parenting classes	47.87	54.55	50.00	45.45	49.70	50.00	45.10	29.41	34.15
Transportation services for patients AFTER receiving services	46.34	37.68	45.55	47.22	45.99	48.17	51.28	47.06	26.19
Transportation services for people needing to go to doctor's appointments or the hospital	46.34	33.82	42.19	48.47	48.17	47.01	51.92	50.00	26.19
Access to your preferred housing situation -- location, size of home, access to services, Americans with Disabilities Act	45.68	51.47	52.38	48.08	41.75	47.27	39.86	14.29	35.90

**Prioritized Community Survey Needs, cont.
Percent saying "Very Needed"**

Needs	Total	What is your age?							
		18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75 or older	Prefer not to disclose
Programs for diabetes prevention, awareness, and care	44.53	55.88	41.90	44.77	47.54	45.45	40.00	31.58	28.89
Programs for obesity prevention, awareness, and care	43.71	50.72	44.34	44.31	45.11	43.66	43.14	31.58	28.89
Transportation services for people needing to go out of town for healthcare services or appointments	43.66	40.63	37.36	49.03	44.26	44.59	40.14	31.25	37.84
Job training (or, re-training)	43.28	45.31	40.21	45.18	43.28	47.01	43.87	33.33	33.33
Food services such as food pantries, soup kitchens, or a backpack program	42.66	57.35	43.27	44.15	38.75	44.51	41.40	26.32	32.56
Pediatric / child health services	40.72	58.46	47.52	41.35	35.45	42.30	38.00	12.50	31.71
General public transportation	40.46	44.93	43.37	45.40	40.00	37.76	36.00	23.53	29.55
Programs to help people stop smoking	40.07	55.07	40.58	36.87	41.57	40.72	39.49	26.32	30.23
Women's health services (OB/GYN)	38.68	57.97	49.01	39.70	34.21	36.14	35.33	17.65	30.23
Primary healthcare services (such as a family doctor or other provider of routine care)	37.19	42.03	35.71	34.80	38.92	39.03	38.36	23.81	30.23
Urgent care services (that is, walk-in care for immediate health needs not requiring the Emergency Department)	36.27	49.25	30.14	32.65	41.64	36.39	37.89	20.00	36.36
Increased neurology, or brain, care	35.60	46.88	37.70	38.51	34.57	36.34	29.25	5.26	26.32
Men's health services	32.94	52.24	40.31	32.62	31.72	30.03	30.56	11.76	23.26
Emergency care and trauma services	31.99	44.78	29.61	30.54	35.63	31.34	32.28	15.00	16.28
Programs for heart health or cardiovascular health	31.43	46.88	33.33	33.03	29.59	31.64	29.80	5.00	21.95
An easy and close place to buy prescription drugs, when needed	30.73	33.33	29.15	32.15	30.95	33.33	28.21	16.67	16.28

RACE COMPARISONS

Prioritized Community Survey Needs Percent saying "Very Needed"			
Needs	Total	Black / African American	White / Caucasian
Affordable, quality childcare	70.37	72.22	70.34
Counseling services for mental health issues such as depression, anxiety, trauma, or others for adolescents	70.30	77.78	70.29
Counseling services for mental health issues such as depression, anxiety, trauma, or others for adult	66.73	77.78	66.67
Emergency mental health services for issues such as suicidal thinking or actions, homicidal thinking or actions, self-harm, or harm to others	64.93	88.89	64.71
Affordable housing	64.14	77.78	65.18
Drug and other substance abuse treatment and rehabilitation services, including detox	62.97	72.22	63.11
Integrated care, or where people can get medical care and counseling at the same time	60.86	72.22	61.27
Drug and other substance abuse education, prevention, and early intervention services	60.54	72.22	60.54
Social services (other than healthcare) for people experiencing homelessness	57.58	58.82	57.84
Coordination of patient care between the hospital and other clinics, private doctors, or others	57.15	66.67	57.71
Healthcare services for people experiencing homelessness	56.39	76.47	56.37
Affordable healthcare services for people or families with low income	56.25	66.67	56.25
Access to dental services	55.08	70.59	55.41
Case workers or navigators to help people with chronic diseases (diabetes, cancer, asthma, etc.) get the needed care	53.39	61.11	53.45
Long-term care or dementia care	53.20	66.67	53.34
Services to help people learn about, and enroll in, programs that help with financial support for people needing healthcare	52.67	61.11	52.61
Regular, convenient places to buy affordable, nutritious food	49.55	61.11	49.11
Services or education to help reduce teen pregnancy, adolescent services, or sex education	48.87	61.11	48.81
Healthcare for seniors	48.06	66.67	47.60
Parenting classes	47.87	55.56	47.66
Transportation services for patients AFTER receiving services	46.34	70.59	47.04
Transportation services for people needing to go to doctor's appointments or the hospital	46.34	76.47	47.22

**Prioritized Community Survey Needs, cont.
Percent saying "Very Needed"**

Needs	Total	Black / African American	White / Caucasian
Access to your preferred housing situation -- location, size of home, access to services, Americans with Disabilities Act	45.68	75.00	45.64
Programs for diabetes prevention, awareness, and care	44.53	61.11	44.27
Programs for obesity prevention, awareness, and care	43.71	55.56	43.61
Transportation services for people needing to go out of town for healthcare services or appointments	43.66	50.00	44.34
Job training (or, re-training)	43.28	50.00	43.37
Food services such as food pantries, soup kitchens, or a backpack program	42.66	44.44	42.99
Pediatric / child health services	40.72	70.59	40.22
General public transportation	40.46	64.71	41.06
Programs to help people stop smoking	40.07	61.11	39.87
Women's health services (OB/GYN)	38.68	61.11	38.76
Primary healthcare services (such as a family doctor or other provider of routine care)	37.19	44.44	37.10
Urgent care services (that is, walk-in care for immediate health needs not requiring the Emergency Department)	36.27	41.18	36.37
Increased neurology, or brain, care	35.60	58.82	35.29
Men's health services	32.94	55.56	32.48
Emergency care and trauma services	31.99	41.18	32.03
Programs for heart health or cardiovascular health	31.43	41.18	31.63
An easy and close place to buy prescription drugs, when needed	30.73	38.89	31.25

EDUCATIONAL ATTAINMENT COMPARISONS

Prioritized Community Survey Needs Percent saying "Very Needed"								
Needs	Total	What is the highest grade or year in school you completed?						
		Less than high school	Graduated high school	Some college or vocational training	Completed a 2-year college degree or a vocational training program	Graduated college (4-year Bachelor's Degree)	Completed Graduate or Professional school (Masters, PhD, etc.)	Prefer not to disclose
Affordable, quality child-care	70.37	60.00	70.48	66.78	69.96	73.70	72.11	51.16
Counseling services for mental health issues such as depression, anxiety, trauma, or others for adolescents	70.30	60.00	71.70	66.20	68.64	74.09	71.18	60.00
Counseling services for mental health issues such as depression, anxiety, trauma, or others for adult	66.73	80.00	69.52	61.97	64.25	70.54	67.09	61.36
Emergency mental health services for issues such as suicidal thinking or actions, homicidal thinking or actions, self-harm, or harm to others	64.93	40.00	66.36	62.32	65.60	67.80	64.46	57.78

Prioritized Community Survey Needs, cont.
Percent saying "Very Needed"

Needs	Total	What is the highest grade or year in school you completed?						
		Less than high school	Graduated high school	Some college or vocational training	Completed a 2-year college degree or a vocational training program	Graduated college (4-year Bachelor's Degree)	Completed Graduate or Professional school (Masters, PhD, etc.)	Prefer not to disclose
Affordable housing	64.14	40.00	58.82	66.18	63.38	68.29	62.36	47.73
Drug and other substance abuse treatment and rehabilitation services, including detox	62.97	40.00	63.46	58.19	62.84	63.66	66.15	57.78
Integrated care, or where people can get medical care and counseling at the same time	60.86	80.00	60.00	54.61	57.28	65.07	64.02	47.83
Drug and other substance abuse education, prevention, and early intervention services	60.54	80.00	65.38	57.24	61.19	61.33	61.30	51.11
Social services (other than health-care) for people experiencing homelessness	57.58	60.00	52.88	54.41	59.13	59.77	59.06	45.45

**Prioritized Community Survey Needs, cont.
Percent saying "Very Needed"**

Needs	Total	What is the highest grade or year in school you completed?						
		Less than high school	Graduated high school	Some college or vocational training	Completed a 2-year college degree or a vocational training program	Graduated college (4-year Bachelor's Degree)	Completed Graduate or Professional school (Masters, PhD, etc.)	Prefer not to disclose
Coordination of patient care between the hospital and other clinics, private doctors, or others	57.15	60.00	60.00	51.44	56.68	59.95	58.57	46.67
Healthcare services for people experiencing homelessness	56.39	60.00	57.14	53.56	59.61	56.41	58.01	42.86
Affordable healthcare services for people or families with low income	56.25	40.00	59.26	56.18	60.27	57.63	53.90	45.45
Access to dental services	55.08	40.00	65.74	55.00	55.87	54.00	55.80	33.33
Case workers or navigators to help people with chronic diseases (diabetes, cancer, asthma, etc.) get the needed care	53.39	60.00	61.90	48.23	55.05	53.13	54.91	44.44

**Prioritized Community Survey Needs, cont.
Percent saying "Very Needed"**

Needs	Total	What is the highest grade or year in school you completed?						
		Less than high school	Graduated high school	Some college or vocational training	Completed a 2-year college degree or a vocational training program	Graduated college (4-year Bachelor's Degree)	Completed Graduate or Professional school (Masters, PhD, etc.)	Prefer not to disclose
Long-term care or dementia care	53.20	80.00	61.62	56.99	53.88	52.53	49.77	44.19
Services to help people learn about, and enroll in, programs that help with financial support for people needing healthcare	52.67	40.00	59.81	51.25	54.95	52.15	52.19	47.83
Regular, convenient places to buy affordable, nutritious food	49.55	40.00	59.26	50.00	54.13	47.85	46.90	48.94
Services or education to help reduce teen pregnancy, adolescent services, or sex education	48.87	40.00	62.26	51.45	53.55	49.41	42.99	36.36
Healthcare for seniors	48.06	80.00	61.62	49.82	50.47	48.09	42.79	46.67
Parenting classes	47.87	80.00	54.00	49.43	51.20	49.15	43.89	39.13

**Prioritized Community Survey Needs, cont.
Percent saying "Very Needed"**

Needs	Total	What is the highest grade or year in school you completed?						
		Less than high school	Graduated high school	Some college or vocational training	Completed a 2-year college degree or a vocational training program	Graduated college (4-year Bachelor's Degree)	Completed Graduate or Professional school (Masters, PhD, etc.)	Prefer not to disclose
Transportation services for patients AFTER receiving services	46.34	25.00	42.42	44.87	44.02	47.20	50.24	30.95
Transportation services for people needing to go to doctor's appointments or the hospital	46.34	25.00	41.00	47.55	44.98	46.96	49.07	29.55
Access to your preferred housing situation -- location, size of home, access to services, Americans with Disabilities Act	45.68	60.00	41.76	48.43	42.35	49.25	43.10	42.11
Programs for diabetes prevention, awareness, and care	44.53	40.00	50.50	47.08	49.77	39.81	44.64	36.96
Programs for obesity prevention, awareness, and care	43.71	40.00	46.00	43.80	49.06	39.95	46.30	29.79

**Prioritized Community Survey Needs, cont.
Percent saying "Very Needed"**

Needs	Total	What is the highest grade or year in school you completed?						
		Less than high school	Graduated high school	Some college or vocational training	Completed a 2-year college degree or a vocational training program	Graduated college (4-year Bachelor's Degree)	Completed Graduate or Professional school (Masters, PhD, etc.)	Prefer not to disclose
Transportation services for people needing to go out of town for health-care services or appointments	43.66	50.00	45.36	43.48	44.78	45.60	41.86	35.00
Job training (or, re-training)	43.28	50.00	40.21	42.05	50.25	44.15	43.24	35.71
Food services such as food pantries, soup kitchens, or a backpack program	42.66	50.00	55.24	47.31	48.39	39.07	38.24	32.56
Pediatric / child health services	40.72	40.00	50.98	40.23	40.95	40.87	39.11	39.53
General public transportation	40.46	40.00	30.30	33.59	36.45	45.72	45.80	23.26
Programs to help people stop smoking	40.07	80.00	52.48	41.70	45.02	34.12	40.04	33.33
Women's health services (OB/GYN)	38.68	40.00	48.04	40.07	40.00	37.86	37.10	30.23

Prioritized Community Survey Needs, cont.
Percent saying "Very Needed"

Needs	Total	What is the highest grade or year in school you completed?						
		Less than high school	Graduated high school	Some college or vocational training	Completed a 2-year college degree or a vocational training program	Graduated college (4-year Bachelor's Degree)	Completed Graduate or Professional school (Masters, PhD, etc.)	Prefer not to disclose
Primary healthcare services (such as a family doctor or other provider of routine care)	37.19	40.00	46.15	37.46	33.94	37.53	37.14	31.82
Urgent care services (that is, walk-in care for immediate health needs not requiring the Emergency Department)	36.27	60.00	53.77	36.79	36.49	36.16	31.63	40.00
Increased neurology, or brain, care	35.60	60.00	45.19	38.55	35.86	34.76	32.21	34.09
Men's health services	32.94	40.00	42.86	35.36	38.16	29.65	30.30	31.11
Emergency care and trauma services	31.99	60.00	48.08	33.70	31.80	31.92	27.17	29.55
Programs for heart health or cardiovascular health	31.43	40.00	45.10	34.09	34.98	29.95	26.73	29.79
An easy and close place to buy prescription drugs, when needed	30.73	40.00	38.53	27.44	37.91	29.15	29.73	24.44

HEALTH INFORMATION SOURCES

Sources of Healthcare Information	Percent of Respondents
A hospital's website	6.3%
A physician's website	2.7%
Medical websites such as WebMD or Mayo Clinic	28.6%
A patient portal	44.0%
Healthcare.gov or other government-sponsored sites	7.6%
A fitness tracker website like Fitbit or My Fitness Pal	33.8%
A physician or other healthcare worker	67.2%
Friends and relatives	9.1%
Telehealth resources such as a telehealth doctor or nurse, or virtual urgent care	10.0%
None	8.9%

APPENDIX D-5

Community Survey Questions

Introduction

Hello and thank you for participating in the Community Health Needs Survey!

We need your feedback! The Ozarks Health Commission, local healthcare and health departments are conducting a local community health needs assessment.

By taking the Community Health Needs Survey, you will help us understand your community's current health status, strengths / resources, needs, and related issues.

The survey will take about 8 to 10 minutes. Your personal information will not be shared or connected with your responses.

Thank you for sharing your thoughts!

About the Ozarks Health Commission

In 2017, a variety of organizations (healthcare and local public health departments) across the Ozarks convened under the umbrella of the Ozarks Health Commission to assess the health needs of our region. These partners sought to better understand the health status, behaviors and needs of the populations they serve to be able to prioritize the actions needed to improve the communities health. The regional assessment covers 29 counties, 4 states and 3 hospital systems. For more information: <http://ozarkshealthcommission.org>

Accessing Care

1. Do you have a place where you go for regular or annual medical or dental care?

- Yes, family doctor, family dentist, family health center, or clinic
- Yes, emergency room
- Walk-in urgent care
- No
- I do not get care even when I need it
- Other (please specify)

2. In the past 12 months, have there been times when you needed medical help but chose NOT to seek it?

- Yes
- No
- Not sure

Accessing Care, cont.

3. If YES, why did you NOT get care? (pick all that apply)

- Doctor might not know my language; difficult to communicate
- Did not have the money or insurance
- No doctors or clinics near me; too far away
- Had no transportation to get to the doctor or clinic
- Doctors or clinics not open at a convenient time
- Could not get off work
- Could not find child care
- Don't trust healthcare providers
- Worried about getting COVID
- Telehealth was not offered by my provider
- Not able to access telehealth services offered by my provider
- N/A
- Other (please specify)

Community and Health-related Issues

A healthy community can include many topics such as the availability of healthcare services (including behavioral/mental health), social services, economic vibrancy and good jobs, environmental factors, lifestyle topics (such as obesity, smoking, substance abuse, and healthy living issues), and others. The next few questions ask about your opinions of these subjects.

4. Which of the following TRANSPORTATION, HOUSING, and WORKFORCE DEVELOPMENT issues do you feel need more focus or attention for improvement?

	Not Needed	Rarely Needed	Needed	Very Needed	Don't Know
Transportation services for people needing to go to doctor's appointments or the hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation services for patients AFTER receiving services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation services for people needing to go out of town for healthcare services or appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
General public transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affordable housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to your preferred housing situation -- location, size of home, access to services, Americans with Disabilities Act (ADA) needs, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job training (or, re-training)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Which of the following HEALTH and SOCIAL SERVICE issues do you feel need more focus or attention for improvement?

	Not Needed	Rarely Needed	Needed	Very Needed	Don't Know
Affordable healthcare services for people or families with low income	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services to help people learn about, and enroll in, programs that help with financial support for people needing healthcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An easy and close place to buy prescription drugs, when needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthcare services for people experiencing homelessness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social services (other than healthcare) for people experiencing homelessness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long-term care or dementia care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parenting classes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services or education to help reduce teen pregnancy, adolescent services, or sex education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affordable, quality child care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food services such as food pantries, soup kitchens, or a backpack program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regular, convenient places to buy affordable, nutritious food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Programs for obesity prevention, awareness, and care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Programs for diabetes prevention, awareness, and care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Programs to help people stop smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Which of the following HEALTH CARE – including MENTAL HEALTH – and CARE COORDINATION issues do you feel need more focus or attention for improvement?

	Not Needed	Rarely Needed	Needed	Very Needed	Don't Know
Primary healthcare services (such as a family doctor or other provider of routine care)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency care and trauma services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urgent care services (that is, walk-in care for immediate health needs not requiring the Emergency Department)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counseling services for mental health issues such as depression, anxiety, trauma, or others for adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counseling services for mental health issues such as depression, anxiety, trauma, or others <u>for adolescents / children</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency mental health services for issues such as suicidal thinking or actions, homicidal thinking or actions, self-harm, or harm to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug and other substance abuse education, prevention, and early intervention services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug and other substance abuse treatment and rehabilitation services, including detox	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Integrated care, or where people can get medical care and counseling at the same time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coordination of patient care between the hospital and other clinics, private doctors, or other health service providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Case workers or navigators to help people with chronic diseases (diabetes, cancer, asthma, etc.) get the right care over time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Programs for heart health or cardiovascular health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased neurology, or brain, care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to dental services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Women's health services (OB/GYN)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Men's health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pediatric / child health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthcare for seniors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Explain any of your answers, if needed.

8. What are the top THREE greatest health-related issues -- that is, items that need more focus and attention -- in the community?

1

2

3

For this section, please think back since March 2020 when the pandemic began.

9. What sources do you turn to or read to learn about the COVID-19 pandemic or vaccines? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> My local hospital's website | <input type="checkbox"/> A physician or other healthcare worker |
| <input type="checkbox"/> A doctor or doctor's website | <input type="checkbox"/> Friends and relatives |
| <input type="checkbox"/> Medical websites such as WebMD or Mayo Clinic | <input type="checkbox"/> Social media |
| <input type="checkbox"/> Centers for Disease Control and Prevention (CDC) website | <input type="checkbox"/> My church or place of worship |
| <input type="checkbox"/> Google (or other) online searches and research | <input type="checkbox"/> My elected leaders |

Other (please specify)

10. Has COVID affected your mental health or the mental health of someone that lives with you?

- Yes
 No
 Unsure

11. If you have children at home, have they been affected by the COVID-19 pandemic?

- Yes
 No
 No children in the house
 Unsure

12. Do you think that the COVID-19 pandemic has changed any of your following health behaviors?

	Improved	Worsened	No change	Not sure
Exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social isolation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of illicit drugs, such as marijuana, meth, <input type="radio"/> heroine, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Please share any details.

13. Has the COVID-19 pandemic changed your perception of the healthcare system or public health?

- I think better of the healthcare and/or public health systems
- I think worse of the healthcare and/or public health system
- No changes
- Please share any detailed information.

14. Have you received the COVID-19 vaccination?

- Yes, I am fully vaccinated (Pfizer, Johnson & Johnson, or Moderna)
- Yes, I have had one of the two required shots and am scheduled to receive the second
- Yes, I have had one of the two required shots but do NOT plan to receive the second
- No, but I plan to receive the COVID-19 vaccine
- No, and I do not plan get vaccinated

Other.

COVID-19 Pandemic, cont.

15. If you received or plan to receive a vaccine to protect against COVID-19, what influenced your decision?
(Select all that apply)

- I'm concerned about my health
- I'm concerned about the health of my family and friends
- I care about the health of the greater community, or it seems like the right thing to do
- I want to start enjoying life again
- Politics or elected officials' comments and guidance
- Religious leaders' guidance or comments
- Healthcare provider's advice
- Workplace requirement
- Other (please specify)

16. If you chose not to receive a vaccine to protect against COVID-19, what influenced that decision? (select all that apply)

- I do not trust the science
- I believe there are other, effective ways to avoid getting COVID-19 or to treat it
- I do not trust the government
- Family or friends are against it
- Religious leaders guidance or comments
- Political party or elected officials' comments and guidance
- I'm concerned about side effects (long-term or short-term) of the vaccine
- My personal choice
- Other (please specify)

Communications

17. What sources do you normally use to find out about your own health or to monitor your own health?

(Check your top three)

- A hospital's website
- A physician's website
- Medical websites such as WebMD or Mayo Clinic
- A patient portal
- Healthcare.gov or other government-sponsored sites
- A fitness tracker website like Fitbit or My Fitness Pal
- A physician or other healthcare worker
- Friends and relatives
- Telehealth resources such as a telehealth doctor or nurse, or virtual urgent care
- None

Other (please specify)

18. Do you have any additional comments or questions? If so, please enter them here.

A Little Bit About You!

19. What county and state do you live in?

20. What county and state do you work in?

21. What is your gender?

- Male
- Female
- Non-binary
- Other
- Prefer not to disclose

22. What is your age?

- Under 18 years of age
- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older
- Prefer not to disclose

23. What is your race? [Check all that apply]

- Black or African American
- American Indian and Alaska Native
- Asian
- Caucasian/White
- Hispanic or Latino
- Native Hawaiian and Other Pacific Islander
- Two or More Races
- Other
- Prefer not to disclose

24. What is the highest grade or year in school you completed?

- Less than high school
- Graduated high school
- Some college or vocational training
- Completed a 2-year college degree or a vocational training program
- Graduated college (4-year Bachelor Degree)
- Completed Graduate or Professional school (Masters, PhD, etc.)
- Prefer not to disclose

25. Which of the following ranges best describes your total annual household income in the last year?

- Less than \$25,000
- \$25,001 to \$50,000
- \$50,001 to \$75,000
- \$75,001 to \$100,000
- More than \$100,000
- Prefer not to disclose

26. What is your current housing status?

- Rent
- Own
- Staying with family or friends
- Unhoused
- Other (please specify)

27. How many people (including you) live in your household?

Hola y gracias por participar en la ¡Encuesta sobre necesidades sanitarias de la comunidad!

¡Necesitamos su opinión! La Comisión de Salud de Ozarks, los departamentos de atención sanitaria y de salud locales están llevando a cabo una evaluación de las necesidades sanitarias de la comunidad local.

Al realizar la Encuesta sobre necesidades sanitarias de la comunidad, nos ayudará a conocer el estado de salud actual de su comunidad, las fortalezas/recursos, sus necesidades y los problemas relacionados.

La encuesta le tomará entre 8 y 10 minutos. Sus datos personales no se compartirán ni vincularán a sus respuestas.

¡Gracias por compartir sus opiniones!

Acerca de la Comisión de Salud de Ozarks

En 2017, diversas organizaciones (departamentos de salud pública y de atención sanitaria local) de Ozarks se reunieron bajo el paraguas de la Comisión de Salud de Ozarks para evaluar las necesidades sanitarias de nuestra región. Estos socios intentaron comprender mejor el estado de salud, los comportamientos y las necesidades de las poblaciones a las que atienden para poder priorizar las acciones necesarias y mejorar la salud de las comunidades.

La evaluación regional abarca 29 condados, 4 estados y 3 sistemas hospitalarios. Para obtener más información visite el sitio: <http://ozarkshealthcommission.org>

Acceso a la atención sanitaria

1. ¿Tiene un lugar al cual acudir para recibir atención médica o dental con regularidad o anualmente?

- Sí, médico de familia, dentista de familia, centro de salud familiar o clínica
- Sí, sala de emergencias
- Atención de urgencia
- Sin cita previa
- No
- No recibo atención ni siquiera cuando la necesito
- Otra opción (especifique)

2. En los últimos 12 meses, ¿hubo ocasiones en las que necesitó ayuda médica pero decidió NO buscarla?

- Sí
- No
- No estoy seguro

3. En caso afirmativo, ¿por qué NO recibió atención? (elija la respuesta que corresponda)

- Es posible que el doctor no conozca mi idioma; es difícil comunicarse
- No tenía dinero ni seguro
- No hay médicos ni clínicas cercanos a mí; están demasiado lejos
- No tenía transporte para ir al médico o a la clínica
- Los médicos o las clínicas no abrían a una hora idónea; no podía salir del trabajo
- No pude encontrar una guardería
- No confío en los proveedores de servicios sanitarios
- Me preocupa contraer la COVID.
- Mi prestador de servicios de salud no ofrecía telesalud
- No puedo acceder a los servicios de telesalud ofrecidos por mi prestador de servicios de salud
- N/A
- Otra opción (especifique)

Problemas comunitarios y relacionados con la salud

Una comunidad saludable puede incluir muchos temas, como la disponibilidad de servicios sanitarios (incluida la salud mental y del comportamiento), los servicios sociales, la vitalidad económica y los buenos empleos, los factores medioambientales, los temas relacionados con el estilo de vida (como la obesidad, el tabaquismo, el abuso de sustancias y los problemas de vida saludable), y otros. Las siguientes preguntas se refieren a su opinión sobre estos temas.

4. ¿Cuál de los siguientes problemas de TRANSPORTE, VIVIENDA y DESARROLLO PARA LOS TRABAJADORES considera que necesita más atención para mejorar?

	No necesita	Pocas veces necesita	Necesita	Necesita mucho	No sé
Servicios de transporte para las personas que necesitan ir a citas médicas o al hospital.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Servicios de transporte para pacientes DESPUÉS de recibir los servicios.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Servicios de transporte para personas que necesitan salir de la ciudad para acudir a servicios de atención médica o a citas médicas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transporte público en general.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vivienda asequible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acceso a su condición de vivienda preferida: ubicación, tamaño de la vivienda, acceso a los servicios, requisitos de la Ley de Estadounidenses con Discapacidades (ADA), etc,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Capacitación en el trabajo (o readiestramiento).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. ¿Cuál de los siguientes problemas de SALUD y SERVICIO SOCIAL considera que necesita más atención para mejorar?

	No necesita	Pocas veces necesita	Necesita	Necesita mucho	No sé
Servicios de atención médica asequibles para personas o familias con bajos ingresos.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Servicios para ayudar a que las personas conozcan y se inscriban en programas de ayuda financiera para personas que necesitan atención médica.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Un lugar fácil y cercano para comprar medicamentos recetados, cuando sea necesario.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Servicios de atención médica para personas sin hogar.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Servicios sociales (distintos a la atención médica) para personas sin hogar.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Atención a largo plazo o atención para la demencia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clases para padres.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Servicios o educación para ayudar a reducir los embarazos de las adolescentes, servicios para adolescentes o educación sexual.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Atención infantil asequible y de calidad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Servicios de alimentos como despensas de alimentos, comedores de beneficencia o un programa de mochilas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lugares adecuados y habituales para comprar alimentos nutritivos y asequibles.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Programas de prevención, sensibilización y atención de la obesidad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Programas para la prevención, sensibilización y atención de la diabetes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Programas para ayudar a las personas a dejar de fumar.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. ¿Cuál de los siguientes problemas de ATENCIÓN SANITARIA, incluida la SALUD MENTAL y la COORDINACIÓN DEL CUIDADO, considera que necesita más atención para mejorar?

	No necesita	Pocas veces necesita	Necesita	Necesita mucho	No sé
Servicios de atención primaria (como un médico de cabecera u otro proveedor de atención rutinaria).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Servicios de atención de emergencias y traumatología.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Servicios de atención urgente (es decir, atención sin cita previa para necesidades médicas inmediatas que no requieren al Departamento de Emergencias).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Servicios de orientación para problemas de salud mental como, depresión, ansiedad, traumas u otros servicios para adultos.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Servicios de orientación para problemas de salud mental como depresión, ansiedad, traumas u otros para adolescentes/niños .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Servicios de emergencia de salud mental para problemas como pensamientos o acciones suicidas, pensamientos o acciones homicidas, autolesiones o daños a terceros.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Servicios de educación, prevención e intervención temprana para evitar el abuso de drogas y otras sustancias.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Servicios de rehabilitación y tratamiento por abuso de drogas y otras sustancias, incluida la desintoxicación.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Atención integrada, es decir, donde las personas pueden recibir atención médica y orientación al mismo tiempo.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coordinación de la atención al paciente entre el hospital y otras clínicas, médicos privados u otros proveedores de servicios sanitarios.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asistentes sociales o mediadores para ayudar a las personas con enfermedades crónicas (diabetes, cáncer, asma, etc.) a recibir la atención adecuada a lo largo del tiempo.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Programas para la salud del corazón o la salud cardiovascular.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mayor atención neurológica o cerebral.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acceso a servicios dentales.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Servicios de salud para mujeres (obstetricia y ginecología).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Servicios de salud para hombres.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Servicios de salud pediátrica/infantil.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cuidado de la salud para personas mayores.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Explique cualquiera de sus respuestas, si es necesario.

8. ¿Cuáles son los TRES problemas principales relacionados con la salud, es decir, los aspectos que necesitan un mayor enfoque y atención **en la comunidad**?

1

2

3

Para esta sección, piense en el mes de marzo de 2020 cuando comenzó la pandemia.

9. ¿A qué fuentes acude o lee para informarse sobre la pandemia de la COVID-19 o las vacunas? (Marque todas las opciones que correspondan)

- | | |
|---|---|
| <input type="checkbox"/> Al sitio web de mi hospital local. | <input type="checkbox"/> A un médico u otro trabajador sanitario. |
| <input type="checkbox"/> A un médico o al sitio web de un médico. | <input type="checkbox"/> A amigos y familiares. |
| <input type="checkbox"/> A los sitios web médicos como WebMD o la Clínica Mayo. | <input type="checkbox"/> A las redes sociales. |
| <input type="checkbox"/> Al sitio web de los Centros para el Control y la Prevención de Enfermedades (CDC). | <input type="checkbox"/> A mi iglesia o lugar de culto. |
| <input type="checkbox"/> A la búsqueda e investigación en línea de Google (u otro). | <input type="checkbox"/> A los líderes de mi elección. |

Otra opción (especifique).

10. ¿La COVID ha afectado su salud mental o la salud mental de alguien que vive con usted?

- Sí No
- No estoy seguro

11. Si tiene niños en casa, ¿se han visto afectados por la pandemia de la COVID-19?

- Sí No
- No hay niños en casa
- No estoy seguro

12. ¿Considera que la pandemia de la COVID-19 ha cambiado alguno de sus siguientes comportamientos de salud?

	Ha mejorado	Ha empeorado	Sin cambios	No estoy seguro
El ejercicio	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
La alimentación	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
El uso de tabaco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
El uso de alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
El aislamiento social	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
El uso de drogas ilícitas, como la marihuana, las metanfetaminas, la heroína, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comparta cualquier detalle.

13. ¿La pandemia de la COVID-19 ha cambiado su percepción del sistema de asistencia sanitaria o de salud pública?

- Pienso mejor sobre los sistemas sanitarios y de salud pública.
- Pienso peor sobre los sistemas sanitarios y de salud pública.
- Sin cambios.
- Comparta cualquier información detallada.

14. ¿Ha recibido la vacuna contra la COVID-19?

- Sí, estoy totalmente vacunado (Pfizer, Johnson & Johnson o Moderna).
- Sí, he recibido una de las dos dosis requeridas y estoy programado para recibir la segunda dosis.
- Sí, he recibido una de las dos dosis requeridas pero NO planeo recibir la segunda dosis.
- No, pero planeo recibir la vacuna contra la COVID-19.
- No, y no pienso vacunarme.

Otra opción.

15. Si recibió o tiene previsto recibir una vacuna para protegerse contra la COVID-19, ¿qué influyó en su decisión? (Elija todas las opciones que correspondan)

- Me preocupa mi salud.
- Me preocupa la salud de mi familia y amigos.
- Me preocupo por la salud de la comunidad en general o me parece que es lo correcto.
- Quiero empezar a disfrutar de la vida de nuevo.
- La política o los comentarios y orientación de funcionarios electos.
- La orientación o los comentarios de líderes religiosos.
- Los consejos del proveedor de atención médica.
- La exigencia del lugar de trabajo.
- Otra opción (especifique).

16. Si eligió no recibir una vacuna para protegerse contra la COVID-19, ¿qué influyó en esa decisión? (marque todas las opciones que correspondan).

- No confío en la ciencia.
- Creo que hay otras formas efectivas de evitar contraer la COVID-19 o de tratarla..
- No confío en el gobierno.
- La familia o los amigos están en contra de eso.
- La orientación o los comentarios de líderes religiosos.
- Los comentarios y la orientación de partidos políticos o de funcionarios electos.
- Me preocupan los efectos secundarios (a largo o corto plazo) de la vacuna.
- Es mi decisión personal.
- Otra opción (especifique).

Comunicaciones

17. ¿Qué fuentes utiliza normalmente para averiguar sobre su propia salud o para controlar su propia salud? (Marque sus tres opciones principales).

- El sitio web de un hospital.
- El sitio web de un médico.
- Sitios web médicos como WebMD o un portal para pacientes de la Clínica Mayo.
- Healthcare.gov u otros sitios patrocinados por el gobierno.
- Un sitio web de seguimiento de la actividad física como Fitbit o My Fitness Pal.
- Un médico u otro trabajador del sistema sanitario.
- Amigos y familiares.
- Recursos de telesalud, como un médico o una enfermera de telesalud, o atención virtual de urgencia.
- Ninguna.

Otra opción (especifique).

18. ¿Tiene algún comentario o pregunta adicional? En caso afirmativo, ingréselos aquí.

¡Un poco sobre usted!

19. ¿En qué condado y estado vive?

20. ¿En qué condado y estado trabaja?

21. ¿Cuál es su género?

- Hombre
- Mujer
- Género no binario
- Otro
- Prefiero no decirlo

22. ¿Qué edad tiene?

- Menor de 18 años
- Entre 18 e 24 años
- Entre 25 y 34 años
- Entre 35 y 44 años
- Entre 45 y 54 años
- Entre 55 y 64 años
- Entre 65 y 74 años
- 75 años o mayor
- Prefiero no decirlo

23. ¿Cuál es su raza? (Marque todas las que sean pertinentes).

- Negro o afroamericano
- Indio americano y nativo de Alaska
- Asiático
- Caucásico/Blanco
- Hispano o Latino
- Nativo de Hawái y de otras islas del Pacífico
- Dos o más razas
- Otra raza
- Prefiero no decirlo

24. ¿Cuál es el grado o nivel educativo más alto que ha completado?

- Inferior a escuela secundaria.
- Graduado de la escuela secundaria.
- Alguna formación universitaria o profesional.
- Obtuve un título universitario de dos años o un programa de formación profesional.
- Me gradué en la universidad (licenciatura de 4 años).
- Terminé estudios de posgrado o profesionales (máster, doctorado, etc.).
- Prefiero no decirlo.

25. ¿Cuál de los siguientes niveles describe mejor los ingresos anuales totales de su hogar el año pasado?

- Menos de \$25.000
- De \$25.001 a \$50.000
- De \$50.001 a \$75.000
- De \$75.001 a \$100.000
- Más de \$100.000
- Prefiero no decirlo

26. ¿Cuál es su situación actual en materia de vivienda?

- Alquilada Propia
- Vivo con la familia o los amigos
- Sin vivienda
- Otra opción (especifique)

27. ¿Cuántas personas (incluido usted) viven en su casa?