

Date: _____

Location _____

COMMUNITY DISCUSSION GROUP Participant Information

Thank you for joining us today. By listening to your opinions, we will get a better understanding of your and your family's health care needs, concerns and opinions.

DEMOGRAPHIC SECTION:

1. In what city/town do you live in? _____
2. Gender: Male Female
3. Age: _____
4. Your primary language: _____
5. Ethnicity:
 African American Anglo/Caucasian Hispanic/Latino
 Asian (specify) _____
 Pacific Islander (specify) _____
 American Indian (specify Tribal Affiliation) _____
 Other (please specify) _____
6. Marital Status Married Separated Divorced
 Widowed Never Married Member of an unmarried couple
7. How many children do you have? _____
8. # of children under 18 in your home? _____
9. What is the highest grade or year of school you completed? (Check off the one that best applies).
0 1 2 3 4 5 6 7 8 9 10 11
 HS graduate GED College 1 year to 3 years (includes technical school)
 College graduate - 4 years or more Post Graduate
10. Employment status: (check ONE only)
 Currently employed A Homemaker
 Recently laid off A Student
 Unemployed and looking for work Retired
 Unable to work (specify) _____
11. Do you have health insurance? Yes No
12. Do you have a primary physician? Yes No
13. Do your children have health insurance? Yes No
14. Do your children have a primary physician? Yes No
15. Do you seek alternative health services such as acupuncture, massage therapy, sobandero, spiritual healer, etc? Yes No
- 15 a. If yes, what type of alternative health services do you use? _____

Racial and Ethnic Approaches to Community Health (REACH) Focus Groups

The REACH Program, supported by the Arizona Department of Health Services – Arizona Health Disparities Center, is a community led effort to improve health and create a strong local public health system among racial/ethnic populations in Maricopa County. The purpose of this needs assessment is to develop a plan that will assist us in making positive and realistic changes in the area of diabetes, cardiovascular disease and related conditions in our racial/ethnic communities in Maricopa County.

Your candid feedback and participation in this process will help us gain a greater understanding of the strengths and weakness of our existing programs and services. It will also provide us with information on how we can enhance and/or expand our programs and services.

Confidentiality

During this 2 hour focus group, you will be asked a variety of questions. Family issues, opinions and perceptions about yourself, your family and your community will be mentioned. Furthermore, types of services you and the community want and needs as well as how these services should be delivered will be addressed.

Depending on your life experiences, we do not anticipate any risk in your participation other than you may become uncomfortable answering some of the questions. All information obtained from these focus groups is strictly confidential unless disclosure is required by law. We have a duty to report in events such as when disclosing harm to self or others.

Everything discussed in the group session will be kept confidential and participation is 100% voluntary. No names or identifying information will be mentioned in the report summary. Participants are also requested to keep all information about other participants confidential.

I understand that information discussed will be confidential. Furthermore, with my signature I certify that my participation is strictly voluntary and have felt in no way forced to participate.

Signed: _____ Date: _____

Receipt of Stipend and Confirmation of Participation

In appreciation for your time and feedback, a \$25 gift card will be provided to you at the close of the focus group. By providing your contact information you indicate your understanding of this gift card and confirm your participation in the focus group. (Please Print)

Name: _____

Address: _____

City: _____ State: AZ Zipcode: _____

Telephone: _____ Location: _____

REACH

Focus Group Questions

1. What is important to our community?
 - a. *Focus on opportunities vs. problems*

2. What is your opinion about the quality of life in our community?

3. What assets/strengths do we have that can be used to improve community health?
 - a. *What is currently available in our community that can be used to improve community health?*
 - i. *Parks, health foods, community gardens, gyms, health practitioners*

4. What is occurring or might occur that affects the health of our community or the local public health system?
 - a. *What is affecting the health of our community or the local public health system?*
 - i. *Pollution, politics, violence, economy, public transportation system, etc?*
 - ii. *Chronic diseases such as diabetes, cardiovascular disease and hypertension?*

 - b. *What might affect the health of our community or the local public health system?*
 - i. *Politics, economy, competition, etc*
 - ii. *Chronic diseases such as diabetes, cardiovascular disease and hypertension?*

5. What specific threats are generated by these occurrences?
 - a. *What threats could happen because of what you have just identified?*
 - i. *Chronic diseases such as diabetes, cardiovascular disease and hypertension?*

6. What specific opportunities are generated by these occurrences?
 - a. *What opportunities could happen because of what you have just identified?*
 - i. *Chronic diseases such as diabetes, cardiovascular disease and hypertension?*

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**Racial and Ethnic Approaches to Community Health (REACH)
Community Health Survey**

1. Please check the **three most important factors that you think will improve the quality of life in your community.** (Those factors which most improve the quality of life in a community.)

✓ Check only three:

- | | |
|--|---|
| <input type="checkbox"/> Good place to raise children | <input type="checkbox"/> Excellent race relations |
| <input type="checkbox"/> Low crime / safe neighborhoods | <input type="checkbox"/> Good jobs and healthy economy |
| <input type="checkbox"/> Good schools | <input type="checkbox"/> Healthy behaviors and lifestyles |
| <input type="checkbox"/> Access to health care (e.g., family doctor) | <input type="checkbox"/> Low infant deaths |
| <input type="checkbox"/> Parks and recreation | <input type="checkbox"/> Religious or spiritual values |
| <input type="checkbox"/> Affordable housing | <input type="checkbox"/> Access to mental health care |
| | <input type="checkbox"/> Other _____ |

2. In your opinion, what are the **three most important "health problems"** that impact your community?

✓ Check only three:

- | | | |
|--|--|---|
| <input type="checkbox"/> Aging problems (e.g., arthritis, hearing/vision loss, etc.) | <input type="checkbox"/> Heart disease and stroke | <input type="checkbox"/> Rape / sexual assault |
| <input type="checkbox"/> Cancers | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Respiratory / lung disease |
| <input type="checkbox"/> Child abuse / neglect | <input type="checkbox"/> HIV / AIDS | <input type="checkbox"/> Sexually Transmitted Diseases (STDs) |
| <input type="checkbox"/> Dental problems | <input type="checkbox"/> Homicide | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Infant Death | <input type="checkbox"/> Teenage pregnancy |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Infectious Diseases (e.g., hepatitis, TB, etc.) | <input type="checkbox"/> Access to Health Care |
| <input type="checkbox"/> Firearm-related injuries | <input type="checkbox"/> Mental health problems | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Overweight/Obesity | <input type="checkbox"/> Motor vehicle crash injuries | |

3. Once again, in your opinion, what are **the three most important "risky behaviors"** seen in your community?

✓ Check only three:

- | | |
|---|--|
| <input type="checkbox"/> Alcohol abuse | <input type="checkbox"/> Discrimination |
| <input type="checkbox"/> Drug abuse | <input type="checkbox"/> Tobacco use |
| <input type="checkbox"/> Lack of exercise | <input type="checkbox"/> Not using birth control |
| <input type="checkbox"/> Poor eating habits | <input type="checkbox"/> Not using seat belts / child safety seats |
| <input type="checkbox"/> Not getting "shots" to prevent disease | <input type="checkbox"/> Unsafe sex |
| | <input type="checkbox"/> Other _____ |

4. How would you rate your community as a "Healthy Community?"

- Very unhealthy Unhealthy Somewhat healthy Healthy Very healthy

5. How would you rate your own personal health?

- Very unhealthy Unhealthy Somewhat healthy Healthy Very healthy

6. On a monthly basis, do you have enough money to pay for essentials such as food, clothing, housing, and medicine?

Always Sometimes Never

COMMENT:

7. Are you proud to be living in your community?

Always Sometimes Never

COMMENT:

8. Do you feel a sense of responsibility to improve your community's health status?

Always Sometimes Never

COMMENT:

9. What is your Zip Code? _____

11. Age: 25 or less
 26 to 39
 39 to 50
 51 – 64
 65 +

12. Gender: Male Female

10. Race/Ethnicity:

African American / Black
 Asian (specify) _____
 Pacific Islander (specify) _____
 Hispanic / Latino
 American Indian
 White / Caucasian
 Other _____

We cannot do this work without you. Thank you very much for your response!