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).
   □ 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
15a. 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?
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:
   - Good place to raise children
   - Low crime / safe neighborhoods
   - Good schools
   - Access to health care (e.g., family doctor)
   - Parks and recreation
   - Affordable housing
   - Excellent race relations
   - Good jobs and healthy economy
   - Healthy behaviors and lifestyles
   - Low infant deaths
   - Religious or spiritual values
   - Access to mental health care
   - Other

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

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

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

   ✓ Check only three:
   - Alcohol abuse
   - Drug abuse
   - Lack of exercise
   - Poor eating habits
   - Not getting “shots” to prevent disease
   - Discrimination
   - Tobacco use
   - Not using birth control
   - Not using seat belts / child safety seats
   - Unsafe sex
   - 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? _________

10. Race/Ethnicity:
   ___ African American / Black
   ___ Asian (specify) _____________
   ___ Pacific Islander (specify) ______
   ___ Hispanic / Latino
   ___ American Indian
   ___ White / Caucasian
   ___ Other _______________________

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

12. Gender: _____ Male   ____ Female

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