

Cobb County Focus Group Report

Cobb & Douglas Public Health

MAPP (Mobilizing for Action through Planning Partnership)

Facilitated and Reported by

Anne Hicks-Coolick, PhD

Janice Long, PhD

Rosana Farias Ayala, MEd

Joan O'Connell, MSW

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EXECUTIVE SUMMARY

From June 21, 2012 to September 13, 2012 a series of six (6) focus groups were held in Cobb County, Georgia sponsored by the Cobb & Douglas Health Department Cobb as part of Cobb County MAPP (Mobilizing for Action through Planning Partnership). The focus groups were facilitated by Kennesaw State University Associate Professors, Dr. Anne Hicks-Coolick and Dr. Janice Long. In addition, a former KSU graduate student transcribed audiotapes of each group and Rosana Farias Ayala, Spanish Lecturer, from KSU served as translator and data transcriber for two of the groups. The focus group leader asked 17 questions concerning health and healthy living. The responses were digitally taped and transcribed. Qualitative data analysis was used to generate themes across groups and to answer the questions.

Emergent Themes from the Focus Groups

After careful reading and review of the six transcribed files, transcriptions were analyzed for recurring themes or categories. Six key themes were identified across the six focus groups: 1) Cobb County residents need to be **educated and informed** about health issues; 2) Cobb County residents need to have **healthy food choices**; 3) Cobb County residents need to have **access to healthcare**; 4) Cobb County residents need to **trust their medical providers**; 5) Cobb County residents **have barriers to seeking healthcare**; and 6) Cobb County Residents need **affordable health services and products**. In addition to the themes, participants' gave important information as they responded to the questions. The report includes a more detailed narrative describing the themes and more detailed summaries of the questions including participant responses.

Summary of Answers to Focus Group Questions

1. **What does being healthy or "health" mean to you?** Participants discussed the physical, mental and emotional aspects of health. They suggested the positive effects of having a balanced lifestyle.
2. **Who is responsible for the health of a community?** Participants all agreed that Health was the individual's responsibility, but individuals also had a civic responsibility to the community. While individual and community responsibilities are paramount, participants noted many external impediments to living a healthy life. They noted the excessive cost of medical expenses and health insurance along with the inequities in healthcare services. Other impediments included a lack of trust in

doctors and unsafe areas where exercise is discouraged. Consequently, the discussions of responsibility of Health expanded to corporations, government, media and schools. Participants expressed a need for people to have access to information and resources; thus they suggested the importance of educating the public about what is available in the county.

3. **What do you usually do when you get sick? Where do you go to get help? Who do you usually see? How do you pay for it?** Most participants said that their **choices** of what to do when they were sick **depended on the severity of the illness**. Many said that they would go to a **doctor as a last resort**, but some said that they **go immediately to the doctor**. Many said that they **avoided medications** due to the side effects, and others talked about **alternatives to medications**. There were discussions about the **pros and cons of primary care physicians**. One important topic of conversation was the **cost of medical care and availability of health insurance**. There were many participants without insurance who discussed the **affordability** issue.
4. **What keeps you from seeking healthcare services when you need them? How could you prevent that from happening?** Participants discussed many **impediments to seeking healthcare** services. Most important were **affordability and lack of accessibility**. Those with insurance were far more likely to seek services than those without. Participants who are **Medicaid** recipients spoke about the difficulty in applying for the program and receiving services. They also spoke of the **lack of respect** they received from medical service providers due their being on Medicaid. Others discussed personal reasons for not going for health services such as a **lack of trust of doctors** and **fear of receiving a diagnosis**. Those with insurance spoke of the frustration with **complex fragmented services and billing**. A common theme was the **need for education of available services**.
5. **Tell me about your experience with getting an annual physical.** Most participants, especially those with insurance did receive annual physicals. Some of the problems noted by the participants **were lack of affordable and accessible annual check-ups**. They also noted the importance of **prevention**.
6. **What kind of health services are still needed that we do not currently have in Cobb County?** Participants said that health **services** in Cobb County were **not equitable**. They talked about the **lack of affordable and accessible healthcare**. They named three resources: Good Samaritan, MUST and The Health Department, but went on to talk about the limitations of each. One limitation of free or affordable clinics is that they are not located in many areas and are extremely crowded.

Therefore participants suggested having health centers in several areas of Cobb or having transportation so that people could access existing resources. They noted another need as **affordable dental care**, especially in the Hispanic Community. In addition some poor communities **do not have access to healthy foods**. One group expressed their dissatisfaction with so much research and so many discussion groups, when nothing gets done. However, they ended the conversation on a positive note, hoping things would change. Participants noted the **lack of information about all aspects of health in general and specifically about health services in Cobb County**. They discussed the need and feasibility of having a Manual of Information on Healthcare.

7. **How does weight affect a person's health?** Participants spoke of **physical problems** such as high blood pressure, difficulty breathing and lack of energy. They noted that being overweight also created **low self-esteem**. There was a conversation about how **difficult** it was **to lose weight**. Some said there was a **lack of resources for weight loss and exercising** and that some **neighborhoods** in Cobb County were too **unsafe** to allow places to walk.
8. **When you hear the word "overweight", what does that mean to you? What about the word "obesity"?** The majority of participants agreed that being obese meant that a person was heavier than if they were merely overweight. Some however, especially those in the Hispanic Community, did not see a difference in the two words. The participants spoke about the **cultural limitations of the BMI**. Another noted the **denigrating meaning of the word obese**. She said, "We overweight people do not like being called obese".
9. **How do you decide what to eat?** Some participants responded that one's **culture and family** affected what they ate. Another large topic of conversation was that the **cost of food determines what one eats**. They noted that it is **more expensive to eat healthy foods**. They would like to know **how to eat healthy on a budget**. Participants also noted that many people grow up eating **fast foods** which are not healthy. Another factor was **the lack of time** and one person said that **age** made a difference. The main topic of conversation was that **the lifestyle of the community was very fast paced and determined a lot of what we ate**.
10. **What helps you to "eat healthy"?** Some participants said that having **access to healthy choices** was most important. Others suggested **planning the menu** and having a **shopping list** were also helpful. A few participants were on Weight Watchers and counting points helped them. A majority of the participants agreed that **education was a key to understanding how to choose healthy foods**. One

participant focused on the importance of having the **opportunity to eat healthy** due to time, work and other activities. **What makes it difficult to do?** Many participants agreed that **lack of accessibility to healthy foods** made it difficult. Several said that they just **did not like to cook**; so they ate what is easiest. All agreed that it is **difficult to follow a diet**. Others **eat when they are under stress**. One of the most mentioned reasons for eating healthy or choosing not to eat healthy foods was a **person's level of motivation**.

11. **What are some things that help you to be active?** Some of the things that helped participants to be active were **making a plan, education about the importance of exercise, and role models**. Exercise helped some relax. Some who had children said that the children kept them active. Others talked about having an active lifestyle. One person said that **“education and motivation were keys” to an active lifestyle**.
12. **What keeps you from being active?** Many participants cited a **lack of time** as the main reason for not being active. Others said that they had a **lack of motivation**. Many knew they should exercise, but just did not want to. A lot of the **neighborhoods** represented in the focus groups **did not have the resources** to assist in an active lifestyle. There were **no affordable gyms or public parks or sidewalks**. Some of these people were actually afraid to walk in their neighborhood. Some people preferred sedentary activities such as watching television. A few participants mentioned that even though exercise was supposed to help stress, they were too stressed to exercise. Others would like to have role models and/or partners in exercise.
13. **Tell me about how money influences what you choose to eat? How does it influence how active you are?** Several participants agreed with one who said that they **did not have money to go to the gym and healthy food is expensive**. Others believed that **money should not be all that important**. People have the ability to exercise at home. Hispanic Groups spoke directly to the issue of cost. They do not have enough money to buy the best food that would help them be healthy. They believe money is very important in being able to live a healthy live. If they did not have to work so much maybe they would have time to exercise.
14. **What do you think about insurance companies charging higher premiums to people who smoke or are overweight or obese?** Many participants thought that it was probably **alright to raise premiums on smokers** since smoking is a personal choice. Some were hesitant in regard to weight, because they believed that **weight gain could be caused by many things** including illness. Some suggested giving

people a chance to change their behaviors before increasing rates. Some said that **behavior change should be rewarded**. One participant, an insurance agent, explained the rationale behind the policy of raising insurance premiums for people with high risk behaviors.

15. **What could we do in Cobb County to increase people's health and healthy behaviors, like eating healthy, not smoking and being more active?** One person suggested **transportation or a shuttle** that would take people to walking trails and the parks. Others suggested that Cobb needs more resources such as **exercise facilities, parks, community centers, sidewalks and a mobile health center**. Most all participants agreed that education was the key to increasing healthy living in the county. Many believed that the schools played a major part in educating and feeding children healthy food. **Many agreed that the culture of our community needed to be changed and that it would take a collaborative community-wide effort**. According to many people a **marketing promotion to motivate people** is needed.

16. **What other health issues in your community are a concern to you?** Participants named several health issues of concern to them, some of them personal and many related to the community. On a personal level, some were **afraid to go the doctor** either because they did not trust him or because they were scared of knowing the diagnosis. Fear was also an issue when it came to exercising in the neighborhood. Many were afraid to go out. On a broader level, participants mentioned issues related to **immigration** as being a concern. Some participants believe an important issue to increase healthy living is to **help increase motivation in others**. According to some, **affordable and accessible healthcare for low income residents** is an issue. A few people referred to illegal **drugs**, especially methamphetamine, as being a problem. Other issues included **domestic violence, loss of jobs, lack of health insurance, and too much fast food**. In the Hispanic community, participants were concerned about **roaches and bedbugs**.

17. **What are some health related policies that if passed could make it easier for people to eat healthier and exercise more? (Examples are limiting high calorie and low nutrient food and drinks in schools or vending machines, banning tobacco use in County parks, providing funding to create food stores in deprived areas to encourage businesses to build there)** Many participants agreed that people need to be educated in issues related to healthy living. They all suggest the need for a Resource Manual that would give residents information on resources and health issues. The participants talked about ways to disseminate this information. Several participants also think that physical and mental health should be

connected because they are highly interrelated. One person suggested using incentives or points to motivate people to take care of them. Along with suggesting policy, there was much discussion on the difficulty of enforcing policy. Many participants agreed that there should be an ad campaign to increase people's awareness of healthy living.

METHODOLOGY

From June 21, 2012 to September 13, 2012 a series of six (6) focus groups were held in Cobb County, Georgia sponsored by the Cobb & Douglas Health Department Cobb as part of Cobb County MAPP (Mobilizing for Action through Planning Partnerships). The focus groups were facilitated by Kennesaw State University Associate Professors, Dr. Anne Hicks-Coolick and Dr. Janice Long. In addition, a former KSU graduate student transcribed audiotapes of each group and Rosana Farias Ayala, Assistant Professor, from KSU served as translator and data transcriber for two of the groups.

The focus groups were facilitated in different sections of Cobb County (see next page for schedule). Participants largely represented minority populations in Cobb County. Participants signed an informed consent form (See Appendix I). Seventeen questions were asked of participants and open-ended discussion followed that were recorded on two separate digital recorders. Recordings from each focus group were transcribed and submitted to the Focus Group leaders. Each transcription was checked against the original tape to validate the accuracy of the recordings. Recordings from the two of the focus groups conducted in Spanish were transcribed in Spanish then translated to English for analysis. Four focus groups in English were held in diverse areas of Cobb County: Powder Springs, Austell, Franklin Road, and Mableton. Two focus groups in Spanish were held in Marietta and the Franklin Road area (see schedule). The participants varied by gender, age, race, ethnicity, educational level, and socioeconomic level (see tables).

During each focus group a series of 17 questions were asked and audiotaped (see Questions). Each tape was transcribed verbatim. The researchers used qualitative techniques to analyze the content of the tapes. First, answers to each question were analyzed and summarized and then consistent themes drawn across groups were identified. The themes were then supported by direct quotes of the participants. A summary of the findings of the focus group follows. In addition, narratives of the responses to the seventeen questions and description of themes are included in the report.

MAPP FOCUS GROUP SCHEDULE

June 20 Austell- 7:00pm to 9:00pm

Ron Anderson Recreation Center

Coordinator: Joan Trent

June 21 Powder Springs- 7:00pm to 9:00pm

South Cobb Recreation Center

Coordinator: Joan Trent

July 19 Franklin Road, Marietta 6:30pm to 8:30pm (English)

YELLS Afterschool Site

Las Colinas Apartments

861 Franklin Rd, Building 2800

Marietta, GA 30067

Coordinator: Danea Badio

July 25 Mableton- 6:30 to 8:30pm

Cobblestone Creek Clubhouse, 5981 Cobblestone Creek Trail, Mableton Ga. 30126

Coordinator: Albert McCrae

September 11 Wellstar Health Workers 6:30pm to 8:30pm (Spanish)

First Disciples Church, Fairground Rod, Marietta, GA 30060

Coordinator: Donna Kramer

September 13 Franklin Road, Marietta (Spanish)

YELLS Afterschool Site

Las Colinas Apartments

861 Franklin Rd, Building 2800

Marietta, GA 30067

Coordinator: Danea Badio

FOCUS GROUP QUESTIONS

1. What does being healthy or health mean to you?
2. Who is responsible for the health of a community?
3. What do you usually do when you get sick? Where do you go to get help? Who do you usually see? How do you pay for it?
4. What keeps you from seeking healthcare services when you need them? How could you prevent that from happening?
5. Tell me about your experience with getting an annual physical.
6. What kind of health services are still needed that we do not currently have in Cobb County?
7. How does weight affect a person's health?
8. When you hear the word "overweight", what does that mean to you? What about the word "obesity"?
9. How do you decide what to eat?
10. What helps you to "eat healthy"? What makes it difficult to do so?
11. What are some things that help you be active?
12. What keeps you from being active?
13. Tell me about how money influences what you choose to eat? How does it influence how active you are?
14. What do you think about insurance companies charging higher premiums to people who smoke or are overweight or obese?
15. What could we do in Cobb County to increase people's health and healthy behaviors, like eating healthy, not smoking and being more active?
16. What other health issues in your community are a concern to you?
17. What are some health related policies that if passed could make it easier for people to eat healthier and exercise more? (Examples are limiting high

calorie and low nutrient food and drinks in schools or vending machines, banning tobacco use in County parks, providing funding to create food stores in deprived areas to encourage businesses to build there)

DEMOGRAPHIC DATA BY FOCUS GROUP (Narrative)

Focus Group 1 (n=9)

Participants' Zip Codes 30126 – Mableton 30168 - Austell

The first focus group participants were from South Cobb County, Georgia. Participants were all African American race with 67% reporting they were non-Hispanic and others not indicating. Gender data reveals that 33% were male and 67% female with 11% missing data. Approximately 33% (n=3) of the participants were 55 years of age or older with the remaining 67% between 25 and 54 years of age. Forty four percent (n=4) of the participants were married and 44% were divorced. Income data revealed that 4 (44%) of the participants had incomes over \$74,000 per year and three (33%) earned incomes of under \$25,000 per year. Over 80% (n=7) of the group were college educated that included some college up to graduate school studies.

Focus Group 2 (n=18)

Participants' Zip Codes: 30127 Powder Springs - 30106 Austell 30060- Marietta (near Dobbins Air Force Base) 30062, 30064, 30068, - Marietta

The Second focus group participants were from a wide region from Powder Springs to Marietta in Cobb County. Participants were predominantly (87%) African American (n=15) with 2 white participants and 78% reporting they were non-Hispanic and others not indicating. Gender data reveals that 78% (n=14) were female and 17% (n=3) male with 3% not reporting. Approximately 39% (n=7) of the participants were 55 years of age or older with the remaining 61% between 25 and 54 years of age. Fifty percent (n=9) of the participants were married and thirty three (n=6) percent divorced. Income data revealed that 5 (27%) of the participants had incomes over \$74,000 per year and six (33%) earned incomes of under \$25,000 per year. Over 96% (n=17) of the group had gone to technical, vocational or higher education studies with most of these having bachelors or master's degrees.

Focus Group 3 (n=8)

Zip Codes 30066, 30067- Marietta

The third focus group was held on Franklin Road in Marietta, Georgia. Participants were predominantly (75%) African American (n=6) with one white and one participant who listed race as "other". Of the eight participants, 75% reported they were non-Hispanic and others did not indicate. All participants were female. All participants were under 55 years of age. Fifty percent (n=4) of the participants were never married and thirty seven (n=3) percent married. Only one participant was divorced. Income data revealed that 2 (25%) of the participants had an income over \$50,00 but less than \$75,000 per year; and four (37.5%) earned an income of under \$25,000 per year. Over 73% (n=6) of the group had gone to technical, vocational or higher education studies with half of these participants having bachelors or master's degrees.

Focus Group 4 (n=7)
Zip Codes 30126 Mableton – 30068 Marietta

The fourth focus group was held in Mableton, Georgia. Participants were predominantly (71%) African American (n=5) with 29% white. Of the seven participants, approximately 86% reported they were non-Hispanic and others did not indicate. Males made up 29% (n=2) of the participants and females made up 57% (n=4) and one missing data. Three (43%) participants were 55 years of age or over. Fifty percent (n=4) of the participants were never married and thirty seven (n=3) percent married. Only one participant was divorced. Income data revealed that over half of the group (53%) earned an income over \$50,00 per year; and three participants (43%) earned an income of under \$25,000 per year. Over 81% (n=5) of the seven participants in the group had gone to technical, vocational or higher education studies with two participants having earned a bachelor's degree.

Hispanic Focus Group 5 (n=7)
Zip Codes 30062, 30064, 30066, 30008 Marietta - 30076 Roswell
30082 Smyrna 30101 Acworth

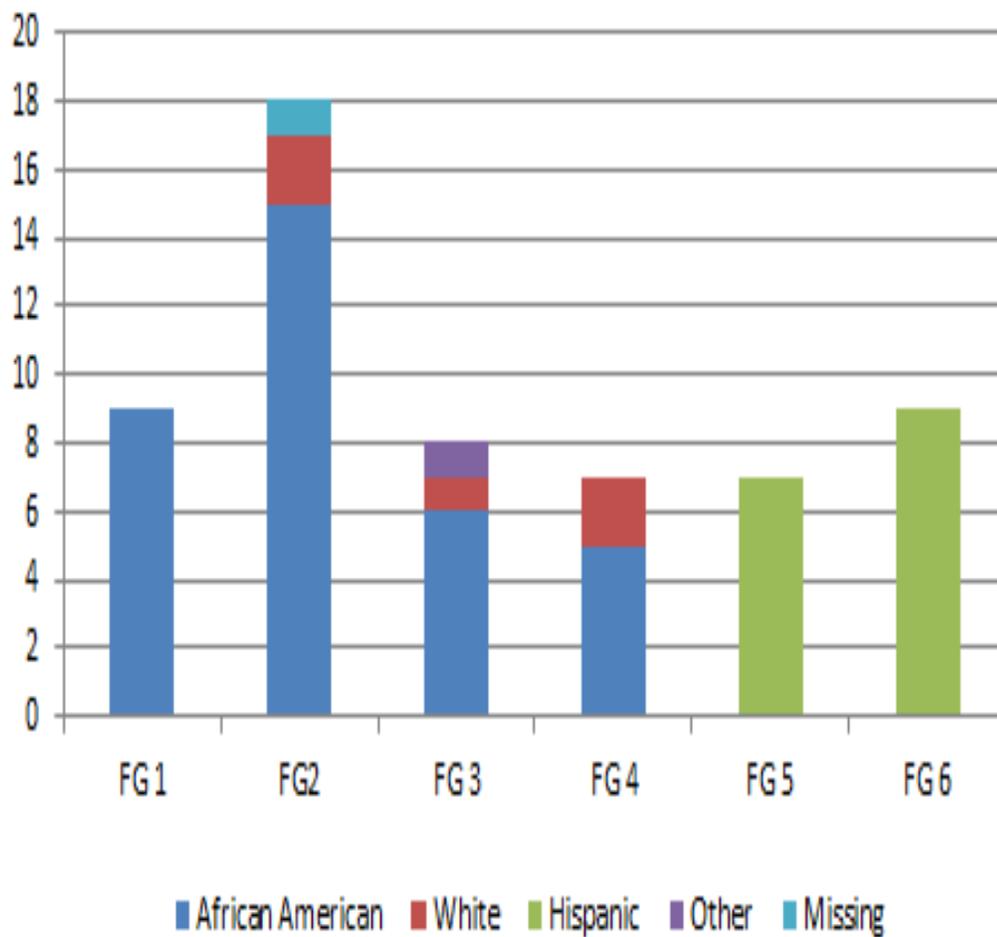
The fifth focus group was held at the First Christian Church in Marietta, Georgia and was conducted in Spanish. The participants in the group were largely representatives of Promotores de Salud programs through WellStar Health System and Kennesaw State University. Participants came to the group from a wide area in Cobb County ranging from Roswell to the East, to Acworth to the North and Smyrna to the South, and included four participants from Marietta. Forty-three percent of the participants reported their race as White and the remaining members of the group reported race as "Other". All participants reported their ethnic group as Hispanic. Of the seven participants, 29% (n=2) were male and the remaining female. All participants were under the age of 55. Eighty-six percent were married and most (87%) earned incomes under \$25,000 per year. Over 57% (n=4) of the seven participants in the group had gone to technical, vocational or higher education studies with one of these participants having earned a bachelor's degree.

Hispanic Focus Group 6 (n=9)
Zip Code 30067 Marietta

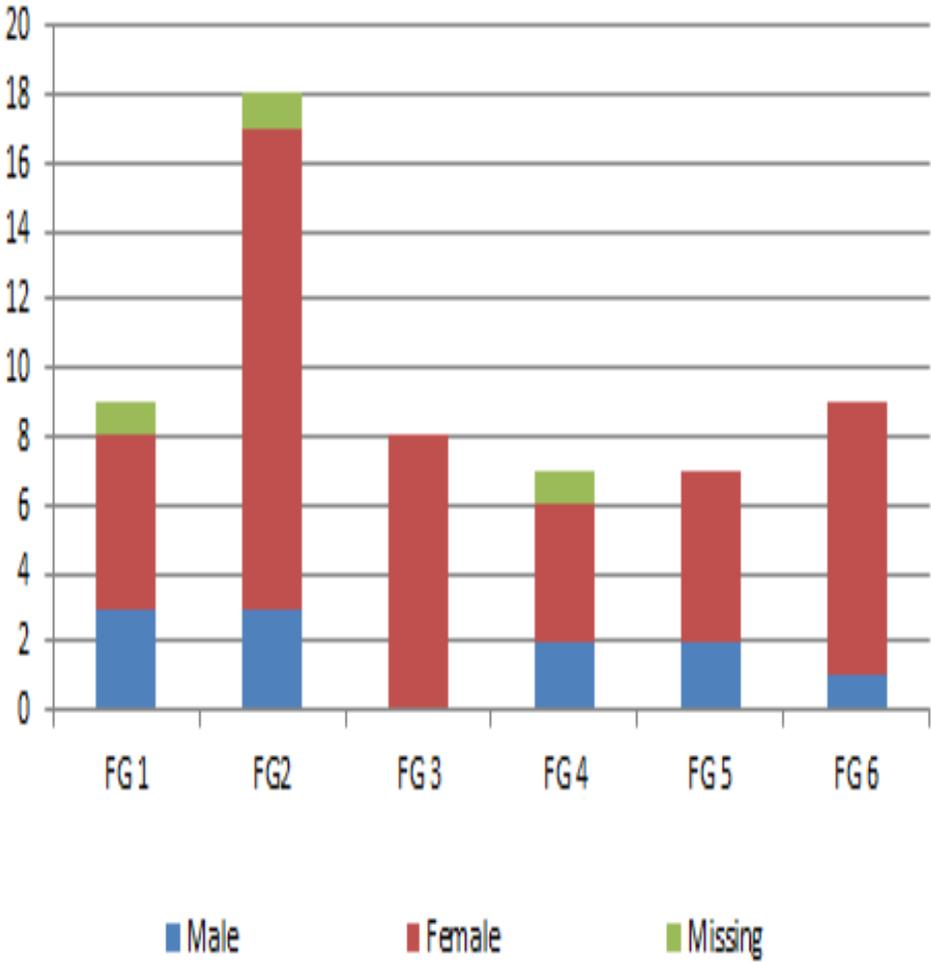
The sixth focus group was held on Franklin Road in Marietta, Georgia with the participants primarily drawn from the apartment complex where the meeting was held. The meeting was conducted in Spanish. Thirty-three percent (n=3) of the participants reported their race as White, Two reported it as "Other" and the remaining were missing data. All participants reported their ethnic group as Hispanic. Of the nine participants, eight (89%) were female. All participants were under the age of 55. Forty-four percent (n=3) were either married or living with a partner and forty four percent were single or divorced. Sixty-seven percent (N=6) earned an income under \$15,000 per year. No one in the group earned over \$35,000. No one in the group reported having a college or technical school degree although eight of the nine participants had completed high school.

DEMOGRAPHIC DATA BY FOCUS GROUP (FG) (Tables)

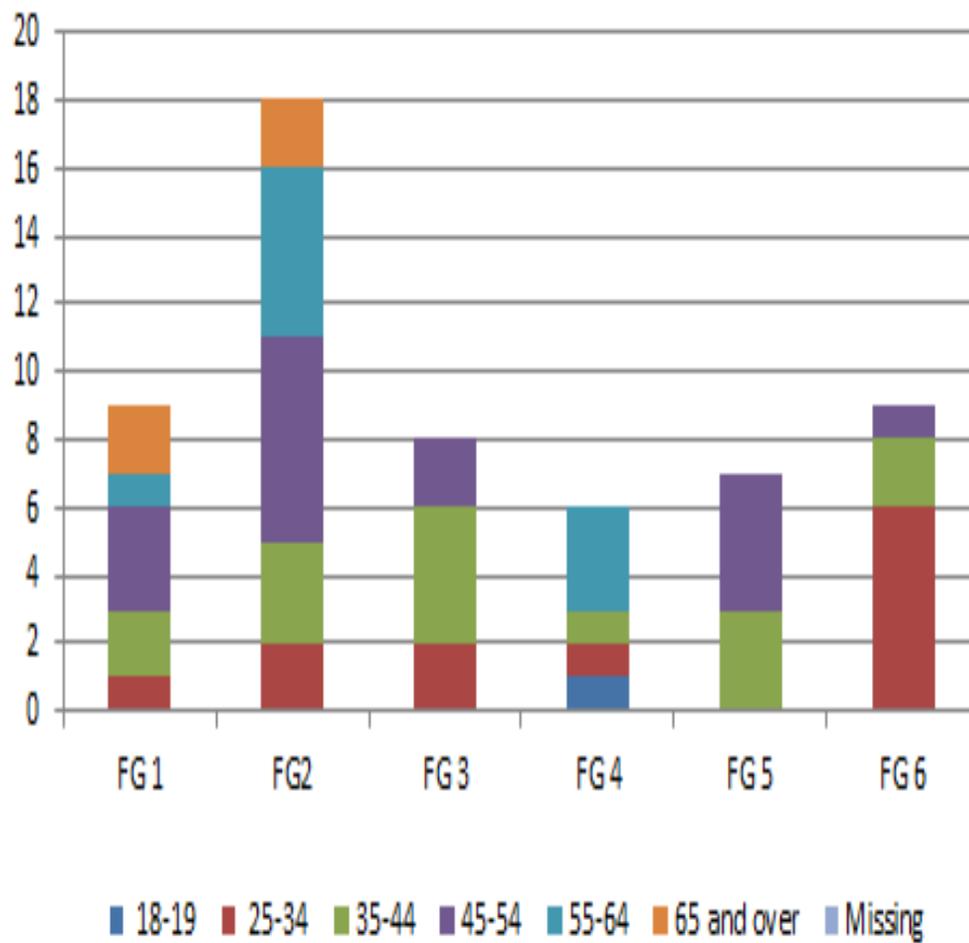
Race/Ethnicity by Group



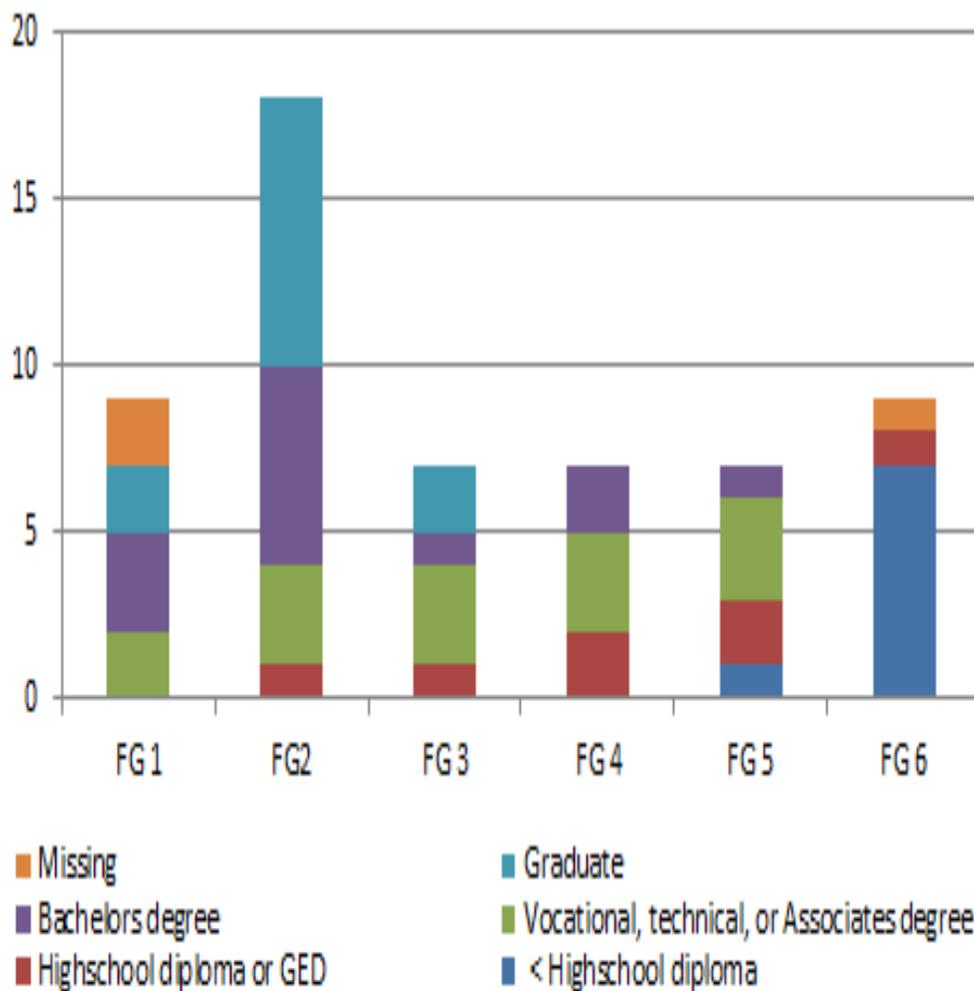
Gender by Group



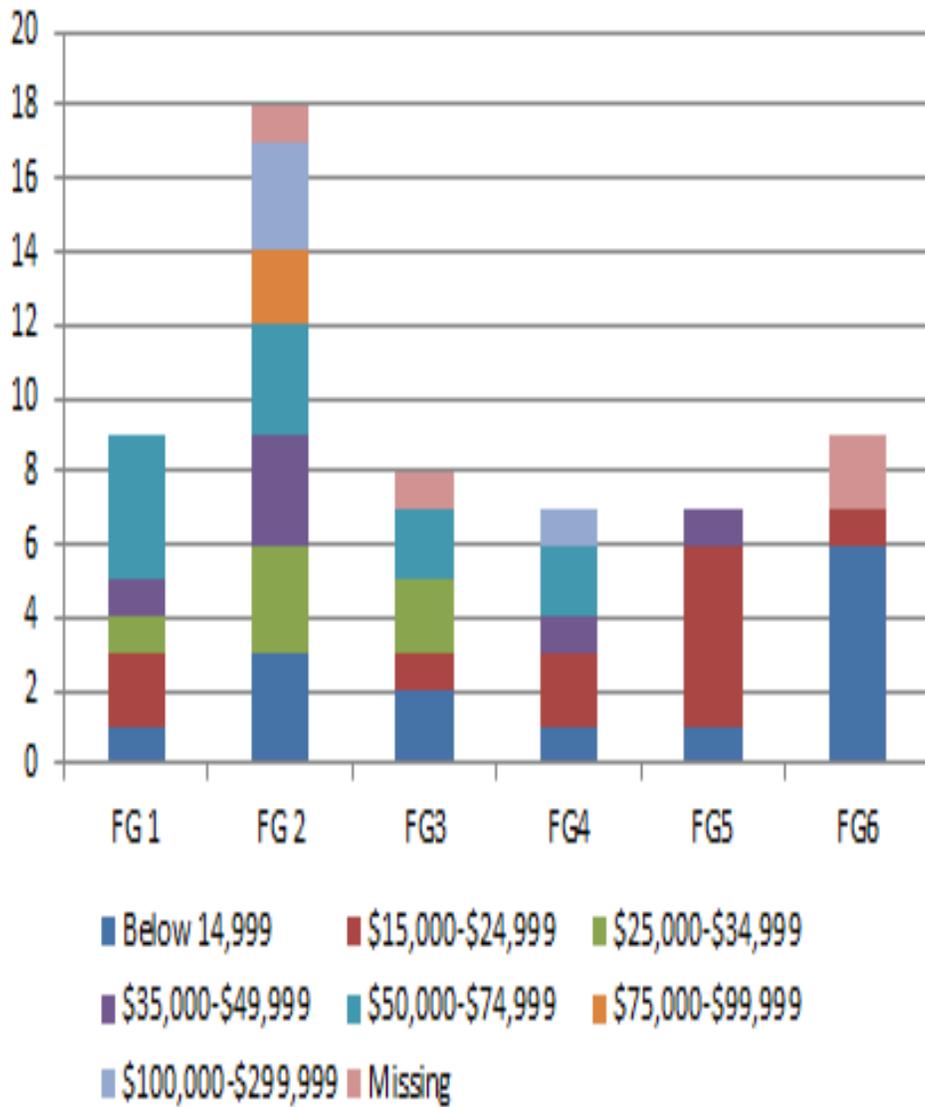
Age Level by Group



Education Level by Group



Income Level by Group



NARRATIVE: MAJOR THEMES ACROSS GROUPS

1. Being Educated and Being Informed

Participants in each of the six focus groups discussed the need for education and for being informed about services that are available in the community. They offered explanations for their responses as well as suggestions for how to best communicate health related information to others. Comments, describing a **lack of communication**, were seen in responses such as, "there are [health fair] events we don't know about..." and " ... some people can't go out; they can't travel those places, or they can't get there or, you know, they may not have internet service".

An indication that education is more helpful than government policies was apparent. Some members of the groups indicated that education was more important to include in communication than just policy. For example, "It's education and marketing, to me, more than answer than policy ", and another participant suggested that "one thing that would probably work just as good as a policy, is running ads and a campaign that talks about those subliminal ways that companies do things". Still another stated "... So, instead of making a policy, if we just concentrate on **educating the community and having a marketing campaign that educates the community** about these things, I think it would work just as good as a policy."

Participants have preferred ways to communicate information.

For the problem of raising awareness of community events or services relative to healthy living, one suggestion offered was to develop and print a "...**a manual...to be provided so people would be educated** so that there was a list of services, " ... so when you're in a situation where you don't have insurance, there's a list of churches or churches that know of places that you could go for free and be able to get good treatment or even if there's a community bus". The manual was further described as, "... whether it be small or big, however you have to get it out, you know, send it through the mail, drop it by the doors".

Another option that was offered in one group was to use **billboards** like those for cigarettes but that speak of food; something like: if you eat this type of food, you will have cholesterol problems... **something that alarms us**". Television **or other media sources** were suggested as options for getting information to the Hispanic communities. Participants suggested that the **Hispanic TV** programming would be a great source for them to get information. "Give publications to Hispanic channels, creating promotions with this in mind...."

Participants distrust of information sources

The distrust for big companies who market fast food was seen in several statements across the groups including the statement mentioned above regarding subliminal ways that companies communicate their ad campaigns. "A lot of people don't understand what's happening to them and the company knows that it's out there. The company

people are willing to take advantage of you to try to get you to buy more fries and you know If we just talked about the things that are in these foods and educate the community, then these companies will adjust to that and have more healthy things on the menu". This concern was so strong that another participant offered a suggestion that health leaders identify a way to show the benefits of being healthy to the population. "... I know the reason that some of these things aren't happening, because there is not a return for someone to educate the community. So if you're getting a return to make everybody fat and obese, **you've got to find out some kind of return for educating them**".

Educational topics were recommended.

Topics for education varied across groups, but the need for education was strong in each of the six focus groups. Some felt there was a need for more information about health conditions such as HIV. "I think the community doesn't really talk about **HIV**, either. I think that's something that needs to be addressed. Right, I think that needs to be addressed in this community because maybe people don't, you know, they think that it's not, it doesn't relate to them." Others described the need for **education for new immigrants that can help them to "change customs and habits "**. "Is there a form of training and education for adults who arrive in this country ... with a different education? Sometimes educating adults is difficult and we are unable to change customs and habits so easily ". **Education for mothers to know what is needed for their children.** "...and I think education is very important.... as mothers....to make sure that my kids have their annual check-up, their dental cleaning and so forth....." . Participants suggested **education for children in the public school systems** to help them make good decisions about the food choices they make. One participant suggested that the quality of education in some schools is not equitable in the way healthy nutrition information is provided to the children, "And the kids may not be educated to know from good food to bad food. I think that it is demographically situated in some areas.... That's just my personal opinion. If the child is not educated on a different variety of foods, they are going [to eat] to the thing that has been advertised on TV."

2. Having Healthy Food Choices

While the topic of healthy food choices became apparent in the discussion across the *Being Educated and Being Informed* theme in all groups, more detailed concerns were brought out through all of the groups specific to resources for healthy nutrition and barriers that make eating healthy difficult for many of the communities.

Cost, a fast-paced lifestyle, and living alone were brought out as factors that contribute to less healthy food choices, "like I'm single. If I go buy a fruit and all this food, it will just go to waste. So then I find myself going to like Subway and you know where I do like to cook, but it always goes to waste when I do". Food choices were influenced by the amount of time available to eat, the amount of money they have and pressure from peers. "Also, you know, it appears that I eat out a lot with friends and they don't always want to eat at healthier places..." Another participant reported that the fast food restaurants with high fat menus were lower cost and easily available in the community and that the quality of food served in these fast food restaurants was poor

and sometimes risky to eat, "Fast food is very bad around here. My son got food poison from a hamburger, I understand that eating there is our choice, but fast food restaurants do not seem very clean around here". The concern about the quality of food also involved concern over fresh vegetables and not always knowing how they were grown, "Fresh vegetables, we understand that there are so many that are genetically modified. Even when they are labeled, people are having difficulty in reading labels".

Access to healthy foods is needed.

Participants shared that it **costs more to buy fresh vegetables from the Farmer's Market** but the vegetables are fresher, "Like in the summer time, you have a little bit more exposure to farm fresh vegetables and even though it's not necessarily cheaper to buy fresh vegetables, it looks so good and they taste so good. So you may spend a few more dollars, but you have the opportunity [to eat fresh vegetables]. Still others noted that these vegetables are not always available year-round "whereas in the winter time, you don't have the farmers' market and such. You go to the grocery store and you don't have those kinds of choices in the winter time...." Accessible grocery stores for the communities was identified as a need, especially ones that could be visited without driving, "...There's not a grocery store in the community where I could shop."

Creative ways of looking at food to try to understand what is healthy and what is not provided evidence of the strategies that some participants are currently using, "We eat very well and now that I've tried to see these things, I've been told that everything that looks shiny is not good... potatoes are shiny and they're bad". Additionally a participant described that the body can let you what is good for you or not. "Sometimes if we allow them, our bodies let us know what they want and we see that our plate is lacking something green... I'm trying to do better but it is a long process".

Factors that promote healthy food choices were mentioned by several participants in all groups. Some **used buying in bulk**, others mentioned, buying when the **products were on sale**. "I try to find food that cost very little but it's also very nutritious-oatmeal, flaxseed, just little things. When things are going on sale, like kiwi, I stock up". Having available space for a garden was seen as something that could help promote healthy living, "There is no place for us to grow our vegetables, the apartments are small, and there is no room for plant pots either." One participant reported growing vegetables on his back porch, while others reported the lack of space to garden was one of the limitations to healthy eating. Another participant informed her group that "I'm growing my own tomatoes on my patio. So, I have three tomato bushes or plants. And I have celery, parsley, and chives, and radishes, and I was trying to grow lettuce".

For senior citizens, there was concern about access to healthy food options that can be brought to their homes, "I know they have the Meals on Wheels for senior citizens and I had called them once because...I'm home every day and I can't go in there and cook for myself. So I said, "Let me go ahead and call them to bring me a snack or whatever... But I found out that I wasn't old enough, you had to be 65". This participant felt that expanding **Meals on Wheels to the disabled population who live at home** would be helpful.

Nutrition is needed in schools.

Not only was access to healthy nutrition at home important, participants discussed the need for better food choices in the public school systems and for **consistency in providing healthy food options** where their children attend school. One participant described her concern as though the school's **food options conflicted with what she is teaching her children at home**, " I worry about the schools because I have some control over what happens in my house, I can hide soda and give water to my family, take away chocolate and feed them carrots, but at school children get ice cream as a treat, this way whatever I do at home is worthless." **Concern about vending machines and the products available** to students was discussed, "... a bottle of water cost more than the soda", and the food options include "a lot of bread". One suggested the schools should **offer more salad options for meals**, "When the Superintendent goes and does a promotion for the kids to eat more salads, that's what we need". Participants recognized the importance of educating the parents as well as the children so that "in the future, it will be a generation that thinks. My oldest son does not eat vegetables because I was giving him Gerber vegetables and because I did not like them, I just gave him fruits, then he began to eat better. Now my younger children eat lots of vegetables, instead of bread they eat carrots, but I had to understand the importance of this."

3. Accessing Care

The topic of access to care was seen in all groups and evident across almost all questions posed in the focus groups. Participants described a need for services for those who do not have insurance. Some clinics that were available in the past have been closed, "They've closed certain health departments in certain areas. We got a problem". The services that are available currently in the community are not adequate to meet the needs of the many people in the community who need access to care. One participant explained the dilemma regarding a clinic in Mableton that provides "... **healthcare for low income people**". She explained that the clinic is open on Tuesdays and Thursdays and is free with a local doctor seeing patients, but by noon or two o'clock, the line is so long many cannot get in. She described the line as, "They're out there and it's freezing cold, pouring rain, and there are fifty people. There are women and children out there in the blowing snow for several hours just waiting to get in [to the clinic]". Other clinics are available but some participants stated they are not able to get in. One participant stated, "I went to Good Samaritan and I had to go home because I couldn't get in".

Other issues related to the **length of time to get an appointment**, "When you call to make appointments at the Health Center dates are very far." and the amount of **time it takes to get results back on labs** or on procedures can be extensive, "Test results

take a long time to come back.", and "Last year I had a Pap done and it took more than 3 months for the results to come back".

Certain types of services were identified as important to the community such as care for acute and chronic health conditions, labs and x-rays when needed. One participant explained that when you are pregnant you can get care from the health department, but otherwise, you cannot. She explained that you need help with other conditions, "...diseases, all kinds, because if we are sick, the Health Center in Marietta will not treat us". You need help at other times in your life, but you may not have the money to pay for it, "**we cannot afford a doctor that will charge us \$400 just to see us, plus the medicines**".

Dental care was also identified as an area where services are not available or accessible to the participants in the focus groups. They noted that dental health is closely related to your physical health and the need for services in the community is great, "And dental care – forget about it. You don't even get to get any dental care. And that is a major part of your health". Another participant stated, "I have not seen a dentist since I arrived to the United States ", and another, "I have only gone [to the dentist] when I am in pain, but if they want to treat me I do not have money to pay"

A solution for the problem was to consider **developing mobile health centers** that could be more efficient by going from place to place. Also suggestions included, having sliding scale payments because if you have free services, "you are going to have a long line". Additional considerations were to hold more health fairs and let the people in the community know about them. Participants felt this type of resource had been available in the past but is no longer provided in their communities, "There are no health fairs in this area, the closest is Plaza Fiesta "; and, "The Latin American Association used to have one in this area but they do not have it anymore".

Cost of Care

Participants spoke of the dilemma they face when their child is sick, "The free clinics "take about 6 people in the time. And if you are only taking 6 people and 150 need health care... When I look at my baby's face and I see my baby sick and crying, you know what, I may take this twenty dollars and put some joy in his life, cause I gotta wait seven months to get to that doctor, Ma'am. So you don't know what it's like when you all always have health care and when you don't have healthcare". Other participants identified the **emergency room as the location to go for health problems** even though, "... the emergency room is not a place for someone to take their child..."

Regular physical check-ups were seen as very important although the cost of the services was concerning, "A general annual check-up, it is also very important that we are motivated to do annual check-ups"; although participants indicated they did not expect to get them for free. They were willing to make payments, "it is not necessary for us to get them free". However, the **amount charged for the services** was a serious concern and hindered them from having regular physical exams, "But if you want a

physical exam or something like that, I'm scared that they're going to charge me two hundred bucks".

One participant shared a story of her last time to be hospitalized how the **hospital reduced the bill and arranged for affordable payments**, "... they checked me up for a couple of hours and at the end they asked me how was I going to pay; in my bill was a phone number and when I called, they said that they were going to reduce my bill by half, that I had to pay \$60 a month until I had paid the \$800 remaining to pay". In addition to the hospital bill, she was **also receiving bills from individual providers** which were not offering the same payment plans, "I am paying that money but I am still receiving bills from different doctors and departments".

In addition to medical care the **cost of dental care** was discussed, "... there are dental services they are not preventative. Cleanings start at about \$90 and if you go for a second one it costs between \$120 and \$150. Dental care is very important because we don't have access to this".

Responses about insurance depended on the status of the participant.

While many of the participants reportedly had health insurance coverage, each group had participants who did not. These individuals acknowledged the **importance to have insurance** coverage, "The primary thing would be to have the opportunity to have insurance". Insurance associated with employment was discussed as an excellent means for having coverage, but one participant explained that if you lose your job "...you can **go on COBRA for 18 months** and you can pay your normal payment to keep on that insurance". All acknowledged the need for insurance, although some participants stated that, "If you feel a bit bad you are able to go to the doctor. But, we do not have a way to go to the doctor, what we say is not important because we don't have the opportunity to have good medical insurance". Another participant shared that even though he did not have insurance, he was able to access healthcare at the CVS pharmacy, "Now you can **go to CVS** and pay \$10.00 where you can get anything; you can just walk in with your children and get their shots or whatever they need without paying". While the actual charges at CVS are clearly much higher than that stated in this group, the access of the services to the community were seen as positive.

4. Trusting Medical Providers

Participants identified trust in their providers as an area where there was room for improvement. They **lacked trust** that the tests that are ordered were necessary, "... Because of some of the tests that were done in the past, ... f some of the recommendations that were not necessarily best for us and things like that". For some participants, they had family who could advise them or who could listen to what the doctor said and either confirm or negate it, "....So I think there are a lot of things that go into it, and my Mama is a nurse, so I always just call her". Another participant mentioned that there were **problems with confidence in the doctor's knowledge of medications and treatment** because, "...you have to trust that your doctor knows the side effects of the medicine and that he thinks that these effects are less important than

the illness", and trust was also related to believing that what he is charging and what he is prescribing is necessary", "the biggest problem is not having confidence in the doctor. For what he charges and what he prescribes you aren't able to trust your doctor".

Participants described limitations of talking to their providers. Some said they **could not tell their doctor everything** that they should, "...because of your fear of what they're going to think about you or say or that they may say something to someone else...." This participant said this was not just a problem for him personally, but for other members of his community. Another limitation discussed by participants was the **limited amount of time the providers spend with their patients** and the fact that they do not feel doctors listen to them, "the doctor's time with you is getting shorter and shorter and shorter to a point where I don't even know if you get five minutes with the doctor". They also went on to describe that "...you don't have time to ask your questions or process what they're saying to you". Another participant described the **"...healthcare provider-patient relationship is so strained and so difficult that if you don't take an advocate with you**, the chances are that the experience won't be positive...." Having the medical **provider respect your privacy** was also listed as an important aspect of trust in care, "when I was in Minnesota, doctors would always knock on the door and they'd come in and shake your hand. Here, they just barge right in, so yeah, they do have a little bit more bonds in, what you call it, patient relations", as well as, having a provider who speaks your language, **"Language is a problem** because we cannot continuously bother our neighbors or our friends to take us to the doctor".

5. Barriers to Care

Consistent with the theme of trust is the fact that participants in all groups indicated there are numerous barriers that hinder them from seeking medical care. Some felt it depended on how sick they were or what was wrong with them, but overall, participants agreed that they would **self-medicate first, then seek medical attention**, "It depends on what's getting sick,You know the **doctor may be the last resort** if it's not necessary, you don't go". Even for health concerns that were not considered minor, participants indicated they may not seek medical attention because they would **put their children first**, ".... they are **too afraid to even go and find out** what the situation is and what they do is they get to the point where it's unbearable and then they go", and "Sometimes, you can't, there's not much you can do....". Another participant suggested that there is fear that holds you back from seeking care from the doctor. After a period of two days of being sick, another participant suggested she would seek care from the provider but that she would, "Try to self-medicate, first". For another participant, the decision to seek medical attention was not for getting medications, but for **getting approval to get some rest**, "For me, I'm different, I must admit. I don't take medication. I'm totally against it. So, I'll go to the doctor and say, "Don't prescribe me medicine." I just put myself on bed rest and turn all the lights off and call it a day".

Participants offered suggestions that they would **seek advice from a friend or family member** first, and consider what they are using or have used for similar symptoms, " I had pain somewhere and I called a friend. She told me what she was using and within a week, I was fine. So, I mean, you know, it worked. It works". Others suggested they

use over the counter first, herbal or home remedies before seeking medical advice or treatment, "Normally we [as a group] start with home remedies, trying to avoid the doctor because of the \$50 or \$60 we need for other things... when we feel really bad, yes, we go to the emergency and there it costs us \$4000 or more, we are unable to pay them. The emergency sends us to a doctor which is where we should have gone first but couldn't because we had no medical insurance."

Still another participant stated she does not go to the doctor because she cannot find a doctor who will take **Medicaid but she does seek care in the emergency room**. Some members of the community where the participants originated have **issues with immigration**, and for that reasons, the participants mentioned concern that these individuals do not seek medical attention because, "they might ask for social security.... and if they don't have that that might defer a person from not coming to get help". The matter of **inequality in care** was also brought up by more than one group indicating that the quality of care is not the same for all people and can discourage people from seeking care. "Yeah, you're not treated the same way when you don't have your own private insurance. They assume that if you have Medicaid, that you're on welfare and you're not working and you're not doing anything for yourself. So, you know for me, I don't have any insurance right now, but when I had it, I just rather not go to the doctor. So, I don't have to deal with, you know, the people in the offices".

One participant described the reason he did not like to seek care was because the health system is too fragmented " ... and so vertical to where you go to one doctor and then you go to a specialist here and to another person here. It just seems like it all don't gel together and it's just a little cumbersome to me. I'm just afraid of it".

6. Need for Local Community Services

The final theme that was identified in all groups was the need for community services that could help promote physical and emotional health and wellness. The following are services that were suggested the groups.

Local Gyms and church facilities would be helpful to promote exercise. "I believe the **gyms should be open to the community** to go in and use that equipment. It's sitting there all weekend and all evening for free. I just joined the PTA. That's one of the things on my agenda. They ain't going to like it but... We have the power to control and change, to empower our people and our community to change our lifestyles. Even **churches, some churches have gyms and exercise equipment** like Destiny and other churches. So at my church I am going to ask, "Can we start having **classes in yoga, zumba** or what have you?" But it takes one of us to go someplace and say that this is better not just for me but for all of us. That's stewardship."

Schools that are available for use after hours, "Yeah, I think it would be nice if schools opened up their outdoor facilities, like their tracks and stuff, during the mornings and the evenings for public use", and not only after hours, but offer physical exercise for students during school hours, " They need to **put exercise back in the schools**. You

know, recess. Part of the downfall, from the beginning, we went outside and played when we went to school and the kids sit there all day, now".

Events that the community could participate in: "If it's possible, a **walk-a-thon**. It's simple enough to do."; "I noticed that when I took up walking and was walking for an hour every day this caused me to be energized and I wasn't tired. The first day, I thought I was going to die. But later on I was not able to keep it up and I couldn't do exercises. I'd like to have an exercise room in my church parish. " "If our community was committed, then they block off the traffic and walk down the middle of the street.

Others felt there was a need for more services for seniors and in particular, centers where seniors could congregate. "I think the **senior centers**, I think there are a whole lot of healthy things going on with the senior citizens up at the cool senior center at Town Center and I think there another one in Austell, in the past two years they have been closed or had their hours severely curtailed"

Another suggestion was to have clinic services that could travel to the communities where the needs are the greatest and the access to care low. They suggested that a **mobile bus** (clinic) would also come when "we have our events here in our community. We have health screenings, which are great. So, when they're here, people come, they come."

A website that could provide information about services, or education was suggested: "Or maybe like a **website**, you know how like the American Red Cross, they keep track of your blood type, if you donate, and how much you donated. Maybe there could be like some website that the United States or the government puts out where you can record your weight every year. You know, kind of record what you eat. I mean, have some kind of nice website and then you could track your healthcare, your blood pressure, something that people would use."

Overall, the groups suggested a policy focused on wellness: "From a policy perspective that we would **pursue wellness** and that's mental and physical wellness and make that in some way or form or fashion universal so that they're pursuing wellness in schools and churches and businesses and companies and communities and so on and so forth. And that there are points or tax breaks or whatever that's going to look like that's really attached to wellness from infants all the way through our seniors".

The Hispanic groups suggested more **culturally specific services** like health fairs where people speak Spanish: "Places like Doraville and Chamblee have many activities and what there is here, is designed for the whites, for Latinos there is nothing. If we want to celebrate Cinco de Mayo, we need to go to Plaza Fiesta, there is nothing around here. "

Ad campaigns to raise awareness for the importance of healthy lifestyles and that smoking regulations are enforced:" There need to be **promotions for more exercising**; where the parks are; and that children should eat better. But, there are people who

smoke in the parks, even though it is prohibited, these regulations are not enforced." ; "if we promote healthy living, and create the TV ads and also probably some grants for some guys to [teach] exercise positions to come and serve the community centers and do some group exercises or whatever for free, because you've got grants for that stuff and then nutritionists can come in and talk with homeowner associations about healthy living and what can they do as a homeowner so that they can."

" All you've got is convenience stores around here. You don't buy healthy foods there."
"Just go in and try to get something unsalted. They look at you like you're crazy."
"just polling this room, and I'm not sure where everybody is but I'm a senior citizen now. But I was thinking that in the vicinity we **need a senior healthcare center**, somewhere. Somewhere that we can access, you know, go and exercise or just go and get health education, you know somewhere we can gather and just talk about things that's more pertinent to senior citizens, you know, or whatever"

Mental health services are needed.

Participants in all groups mentioned the need for services that included mental health facilities or care: " And I think especially with the, what she said about the counseling, that's something that is so important because if you have experienced a traumatic.... something in your life that was traumatic when you were younger and it's not taken care of, it's never discussed or swept under the rug, a lot of times, the same incidents, you know, things trigger that and people could go out and commit crimes and murders or whatever the case might be, suicide, because they're hurting inside and nobody never took the time to sit down and to listen and to work them through that process. So counseling is so well needed, especially in communities like these where you might have dysfunctional families and just a lot of different things in the family that is never, you know, talked about or discussed or never feeling like you, your self-esteem could be shattered."; "It could be so many different factors that affect your mental capacity and then your behavior, your external behavior, it works out in a way that it just destroys other people's lives and it destroys your life in the process because you never had the opportunity to be nurtured or to feel like your loved, accepted, or wanted and so forth. So, along that line, counseling is, it would be a tremendous blessing if we could have something like that."

Environmental services are needed.

Participants who live in apartments described a need for **improved pest control**:
"There are a lot of roaches in the apartments. When we tell them at the office, they come and spray one apartment and all the roaches move to the neighbor apartment.""
We have children; we should not live in a place full of roaches. My daughter is allergic to roaches." "My apartment was full of bedbugs and it took them more than a month to come and spray. After that I got the bill from the pest control company."

Participants in all groups spoke of safety that is needed so they can walk more. Having lighted walking areas was identified as one method to provide a safer environment.

"A lot more lights on the streets. There are very few." "To keep the light bulbs on the Street in working condition. It is very dark outside the apartment complex." "I try to walk

on the walking trail with my dog. But it's dangerous. I have to think about what times I want to walk there." "I would love to be able to walk out my door and have sidewalks so that I could walk in my neighborhood. I think, I mean there are other ways I can exercise. I would just love to be able to do that. In most neighborhoods we've lived in, there are no sidewalks" "So you take your life in your hands when you walk down the street. So having those things, I see, they are starting to put some in the bigger streets and those kinds of things, but I'd love to be able to just walk out of my house and get on the sidewalk and walk around the block. That would be great for me." "If it would be a safe area, it could be like being self-motivating but understanding the dangers of being out there by yourself. You know, like you said, the schools, because there is usually someone at the schools" "We can walk around here when we go to buy groceries, but it is not a very safe place." " After 6 o'clock it is not safe to walk outside." "They need to make Marietta more pedestrian friendly." "And sidewalks, especially on Windy Rd. I get very nervous, especially driving at night, about hitting pedestrians and going around the corner, it's really bad. You wonder how come they haven't done anything about it for so many years."

ANSWERS TO 17 QUESTIONS

1. What does being healthy or health mean to you?

In defining “health” many participants referred to physical indicators such as low cholesterol, good blood pressure, feeling well and physically not restricted. In addition, a few participants expanded the definition of “health” to include mental and emotional dimensions. They referred to the importance of having no stress and being able to “operate” during the day. Moreover, some included behaviors and activities that increase a healthy lifestyle such as: healthy eating, exercising, having a support system, not using drugs, not smoking, and going to the doctor. From a cultural perspective, one person noted that “Health is how we see it”. She stated that what is health for one person is not necessarily health for another. Finally, many participants agreed that health is a “balanced lifestyle”. One person summarized, “Health is the overall mental, spiritual, physical being and how you relate to that”.

2. Who is responsible for the health of a community?

Almost all of the participants agreed that the individual was responsible for his or her own health, especially if the individual is informed. One person said that individuals should be the change that they want to see in the world. In addition, many said that even though people are individually responsible for themselves, they are also responsible to their neighbors. One person said and others agreed, “In our community...we have to be a partnership and we all should be responsible”. Although the majority of participants agreed with individual and civic responsibility, they spent much time talking about the responsibilities and impediments of government, business, schools, and the media. They also brought up personal obstacles such as culture, fear, lack of trust, and lack of safety.

As the participants spoke of collective responsibility, they noted that the government also had a part to play, especially as they, as citizens, pay taxes. They also spoke of the responsibility of business; and in the narrative it was difficult to separate discussions about business and government. The participants put these two entities together for this discussion. Examples of business and government issues were: waste disposal along with water and air pollution.

The lack of trust in government is noteworthy as several participants agreed that the government and businesses do not give the public true information. As an example they noted the pharmaceutical companies which they believed profited from people being sick. There was a somewhat long discussion on how “the government definitely gets its contribution from corporate America. The issue is not prevention, but profit”. However,

they did note that “when government tries to do right [like downsizing drinks and fries] it gets a lot of heat”.

According to many of the focus group participants, other public entities responsible for health are the schools and community leaders. Participants agreed that schools “bare a heavy responsibility because they have our children all day”. They also agreed that children “should have a balanced diet, a decent diet, and they should have exercise”. One participant said that those “in leadership roles, in churches, in corporations, in economic development communities... have a responsibility to keep people healthy, not sick. Along with government, business and community leaders, the media also has a responsibility.

As one participant said, “The difficulty is that we are bombarded every day with all sorts of media outlay – marketing outlay that promotes unhealthy diet unhealthy living and all sorts of things that are not geared toward our health but geared for corporate profits”. The media thrives in the middle of popular culture. According to one participant, “We get McDonald’s commercials, - commercials, all other commercials – alcohol, tobacco, things that are motivating you to live an unhealthy lifestyle and promoted as being sexy and cute and smart; so consciously you know that this is not good for you, but culturally you want to be accepted”.

Not only do the media affect popular culture and health, health is also highly affected by families and ethnicities. “We get information from different sources. We get it from our parents, from our family members, from our friends. It depends on the demographics of the community you’re in.” In fact, several people said that children are taught healthy eating in the home. The majority of the participants from the Hispanic Community focus on individual responsibility for their health, but also on economic issues. They discuss the inability to get affordable insurance. One person in the focus group held in Spanish said, “For our incomes, it is too expensive. If they lowered the cost we would be able to have insurance that would help us to pay for health care”.

Two things that keep many people from being responsible for their health are lack of access to resources such as parks and sidewalks and lack of access to information. Another deterrent to individual health is safety. In several neighborhoods where the participants lived it is not safe to walk on the streets.

3. What do you usually do when you get sick? Where do you go to get help? Who do you usually see? How do you pay for it?

A large percentage of participants said that it depends on the severity of the illness whether they would seek help. Most would self-medicate before going to the doctor, but some said that they would not take any kind of medicine because of side effects. Some

suggested home remedies such as sleep, drink, herbal tea, and rest. Choices to go to the doctor or to take medication may be cultural.

One participant said that it was not in her culture to go to the doctor unless something is “really, really, really wrong”. Another said, “I think, historically, minorities have been somewhat resistant, because of some of the tests that were done in the past, because of some of the recommendations that were not necessarily best for us and things like that”. One participant’s grandmother was an herbalist who gave her herbal medications.

The focus group participants varied in whether they had insurance or not or if it was a financial burden to seek medical treatment. Those who had insurance went to their primary care doctors; those who did not have insurance did not go to the doctor, self-paid or ended up at the hospital ER. It was noted by many that medication was very expensive.

There were pros and cons to having a primary care doctor. Many agreed that the doctor has the “total picture of your health”. However several participants did not like the fact that they are referred to specialists who “don’t have the total picture. Another problem with having a primary care physician is when a person changes jobs, the health system often changes, necessitating a new doctor. A couple of participants said that they had difficulty creating a relationship with their primary care physicians.

4. What keeps you from seeking healthcare services when you need them? How could you prevent that from happening?

Several participants said that they had a lack of trust and confidence in the doctor. One said that she was “afraid to go to the doctor” because she was afraid of what the diagnosis would be. However, more participants commented on the lack of availability and accessibility of medical services that kept them from seeking medical attention. Many said that there was not an urgent care center in their area. Another noted that if you have Medicaid, some doctors won’t take it, so she goes to the ER. Another commented on the lack of accommodations for people who work. It is important to her that the hours are flexible so she can get an appointment and still work.

The matter of affordability of medical services varies by participants who have insurance, have Medicaid, or have no insurance. For those with no way to pay, they may not go to the doctor. Often those with no insurance go to the ER and receive enormous bills. One participant shared, “When I was at the hospital, they did not do anything, just some tests and the bill was more than \$2,000.00 for 3 hours on a stretcher in the hall”. Another participant with no insurance was in the hospital and received a \$10,700 bill. She said, “I got a letter in Spanish that said that they were going to help me pay”. Each focus group had stories on going to the hospital without insurance. Another large topic of conversation was Medicaid.

Most of the participants on Medicaid said that because so few physicians take Medicaid, they go to the ER for illnesses. One participant said, “Normally we start with home remedies, trying to avoid the doctor because of the \$50 or \$60 we need for other things... when we feel really bad, yes, we go to the emergency and there it costs us \$4000 or more, we are unable to pay them. The emergency sends us to a doctor which is where we should have gone first but couldn’t because we had no medical insurance.” Others noted the difficulty in getting Medicaid when they needed it. A participant explained that it was “very hard to get Medicaid; it’s embarrassing, discouraging. It’s an embarrassing feeling and then they put you through the ringer. They’re like, ‘Bring me this. Bring me that’. Well, you know. It’s just...Oh my Gosh. The process is really tedious. It was very hard and very difficult. When you work all your life and then you need it because of the situation and then you have to go and apply for it”. Along with this difficulty, several participants who get Medicaid noted that Medicaid recipients are treated differently by medical providers. An example was given by a participant who lost her insurance and had to go on Medicaid. “ I noticed that there is a difference in care when I worked and had insurance, private insurance. I was treated like a queen, pretty much. When I had, you know I lost my job, had Medicaid. There’s such a difference in the way the staff treats you and everyone. ..., My name is put at the bottom of the list as opposed to someone that had...excellent insurance as opposed to me having Medicaid. So instead of my appointment being the next week, I had to wait two more months, because of all the other people having top precedent...”

Even people with medical insurance have expenses that may keep them from seeking services. There are co-pays. One participant went to the ER and had to pay \$360.00 along with her insurance. One participant was concerned about the different prices charged by the hospitals. She said, “When I look at whatever test and procedures are done, and ... get the statement and you see what the supposed price is and then ... get the statement from the insurance company and there a negotiation where you only pay for some. It really is like a double whammy for those people who don’t have insurance, because for the procedure that the doctor charges \$300 for and my insurance has negotiated to cost 50 bucks”. Several participants were concerned about the complex fragmented billing by the hospitals.

Participants believed that free clinics, improved services at the Health Department, more state government oversight into Medicaid, universal healthcare could prevent some of these obstacles to receiving medical services.

5. Tell me about your experience with getting an annual physical.

This question was asked to four out of six focus groups.

Several participants spoke of the importance of annual check-ups, especially related to early diagnosis and prevention. However, several mentioned that they did not have

health insurance and did not go for check-ups often because of the cost. Many go to the Health Centers located around the county because of the lower cost and the assistance with payment of medication. They did note that these Health Centers were located in different parts of the county such as Marietta and Acworth and were therefore difficult to access. Additionally, they said that each Medical Center offered different services, so it was difficult to know where one should go.

A couple of participants noted other notable points. First, a participant with a chronic disease said that she did not have annual check-ups, because she spent so much time with the doctor. Second, another person noted the importance of having a more comprehensive health assessment instead of just a physical exam.

6. What kind of health services are still needed that we do not currently have in Cobb County?

A major theme that emerged from this question was that there are inequitable health services in Cobb County. The focus group participants gave many examples of how to improve health services in Cobb County, as they focused mainly on their own neighborhoods and areas. Several participants mentioned the need at least an emergency room or urgent care center and/or a convenient hospital in the areas that currently lack the service. They went on to say that there is a real need for affordable, free if possible, healthcare with access to a bus line in each community. Another needed service mentioned by many, especially those in the Hispanic Community, is affordable dental care in each community.

In speaking of affordable care many participants mentioned three affordable health agencies: The Health Department, MUST, and Good Samaritan Clinic. There were discussions about each. There are limitations with the Health Department because of its lack of accessibility and limited services and The Good Samaritan Clinic has very crowded with long lines. Similarly, MUST is now charging and there are limitations on who can access MUST Health Services. Even with these three agencies, it is often difficult to access them and the clinics do not have hours and services to accommodate working folks. A few participants suggested a special affordable bus that ran to the health facilities and back. There were several discussions about the lack of transportation to access the available services.

Some participants noted that many people do not have access to healthy foods. In many lower income areas, there are no grocery stores, only convenience stores. According to one participant and agreed upon by many, "All you've got is convenience stores around here. You don't buy healthy foods there. Just go in and try to get something unsalted. They look at you like you're crazy".

The participants believed that one of the most important things to be done is to educate folks in the county about healthcare issues. Tell people where the clinics are located along with the strengths and limitations of each. Summarize important points about Medicare and Insurance policies that people may not know. Give the names of doctors who accept Medicaid. Expand information to include locations of parks and walking areas. Participants suggested a Website, but then said that a Manual may be better, because so many did not have access to the web. When asked how the Manual would be disseminated, they replied: “Well, I think that someone within the health care system, one of the offices would drop some by. You would get some volunteers, like we’re all volunteering here. That would be obvious. Get the volunteers and drop it off, you know, at the apartment complexes or at homes, put it in the boxes or put it in the front. And if you choose to get, you get it. But the point is you have it.”

It is noteworthy that in one particular focus group there was a long discussion about the futility of research studies and focus groups. These participants previously had given data and information to professionals and had seen no improvement. One comment reflects the feelings of the group. “But you still have people talking, but no one is doing anything. Why are we talking about this?” At the end of the discussion on the futility of it all, a hopeful attitude prevailed as shown in this statement: “But we thank you for doing this again and being candid. Maybe, sometimes there’s a point where we reach that endpoint. We have to keep the faith and keep putting the voice out until it is heard, until it is, until change does occur. And I admire you for staying the course and keeping your, that voice out there to be heard. And I trust that we will see change.”

7. How does weight affect a person’s health?

Participants talked about the general health risks caused by being overweight. Additionally they spoke of the physical problems such as high blood pressure, difficulty breathing and lack of energy. They noted that being overweight also created low self-esteem. There was a conversation about how difficult it was to lose weight. Some said there was a lack of resources for weight loss and exercising and that some neighborhoods in Cobb County were too unsafe to allow places to walk.

8. When you hear the word “overweight”, what does that mean to you? What about the word “obesity”?

The majority of participants agreed that being obese meant that a person was heavier than if they were merely overweight. Some however, especially those in the Hispanic Community, did not see a difference in the two words. The participants spoke about the cultural limitations of the BMI. Another noted the denigrating meaning of obese. She said, “We overweight people do not like being called obese”.

9. How do you decide what to eat?

Participants gave several insightful answers. Some responded that one's culture affected what they ate. Furthermore they said that one usually learns to eat what they are fed at home. Another large topic of conversation was that the cost of food determines what one eats. "Sometimes how much money I have determines what my children will eat." They noted that it is more expensive to eat healthy foods. They would like to know how to eat healthy on a budget. Participants also noted that many people grow up eating fast foods which are not healthy. Some other factors are the lack of time and one person said that age made a difference. "As I get older I am focusing on eating better than when I was young." The main topic of conversation was on the importance of lifestyle. As some participant said, "Everything now is more for convenience, so with the change in our lifestyle, people don't take the time to prepare those meals any more. Heck, they don't even sit down for Sunday dinner anymore."

10. What helps you to "eat healthy"? What makes it difficult to do?

Children Need to Learn Early: I think there is sort of a time thing for parents to plan healthy meals on a budget. I know that one thing that I'm trying to introduce to my family is different styles of cooking. And for kids, it's presentation. I mean, I go overboard, sometimes.

Healthy Choices: It helps having good choices and two, things like children starting early, starting early, making sure they have those options, you know, fruit specials - having healthy choices. One thing I do, like what's mentioned, I try to find food that cost very little but it's also very nutritious

Lack of Resources: The fact that I have to get in my car and drive all the way to the grocery store. There's not a grocery store in the community where I could shop.

Motivation: you have to look towards what you are eating healthy for. Is it to prolong your life? Is it to lose a little weight? Is it to become, you know, so that you can become more active, you know, for whatever reason? Do you have a reunion approaching? Are you tired of going to one too many funerals, you feel like you're too young and you don't want the next one to be your own? So the motivation is different. So, it's about the motivation, maybe not about the choices, but the motivation behind those choices.

Education: So there's the education. Sometimes people think their eating healthy but they're really not because of all of the stuff they add to it. So, it has a lot to do with education. Like today, from my apartment complex, we took twenty kids to the farmer's market on Floyd Road, where they were able to buy fresh fruits and vegetables and they were so excited about that. We had some parents, with us, who have never been to a farmer's market. So, hopefully, they will continue to go to that farmer's market,

buying fresh squash, tomatoes, and things like that and prepare those meals at home. I think it's our introducing ourselves to different things, different healthy things. What I'm hearing is it's not that people don't know what's healthy, it's maybe not accessible or it's a cost affair... You might not know the healthy stuff. You might be afraid to change, you know, and try something new.

Plan. Yeah, personally, I have a whole entire plan. I create my plan for the whole entire week. Each one, breakfast, lunch, dinner, snacks, all in the plan. But, that's what I do. If you see things that are on sale, sometimes you might grab those items because it's in your budget. So, I think as far as looking at your pricing of what you can afford at that time also helps you decide what you're going to, basically, how you're going to prepare your food or what you're going to prepare because of what resources or what funding you have. Buy sale items. I followed a plan and lost 75 pounds in 6 months, eating breakfast.

Weight Watcher's Points: Well, since I've been on Weight Watchers, its how many points is that? I've been on Weight Watchers online for the past year. So I think points, you know, I think about what I'm going to eat,

Opportunity: Sometimes, I think it's a function of opportunity, too. Like in the summer time, you have a little bit more exposure to farm fresh vegetables and even though it's not necessarily cheaper to buy fresh vegetables, it looks so good and they taste so good.

Accessibility: I'm speaking as an advocate, not just for myself, because there are other people that don't have transportation and they go to the places like Dollar General or the Dollar Store and they buy food because they can walk across the street back to where they live, so it could be location of the grocery store for some people. they don't have access to healthy foods. They don't have access, you know, and the bus line we have, it's not as active as inner city or in Marietta, so there's not a bus that comes down Veterans Memorial at all, so some people may have to catch a cab, which may cause them not to go to the grocery store. They have to choose between buying this food or catching this cab. So they would go to the Mom and Pop store and try to get something that's not as healthy. Moms and Pops can't afford to stock the fresh stuff because maybe it doesn't sell so well, so they sell the easy stuff, which isn't necessarily the most healthy stuff.

Don't Like to Cook: I try to find something quick. I try to eat like the salads and stuff; I put the vegetables and stuff in salads. So you try to incorporate what's healthy and what's quick? And the other piece is that you just don't like to cook, so you get whatever is quickest to get. So, self-control, you think, maybe? We're talking about that too as a factor, maybe. It seems like a huge piece.

It seems like the whole thing is like...like what you were saying before, they ask you if you want fries with that for a reason. After dinner, I would never think of going to Dairy Queen on my way home from eating out, but other people do and then I'll tell you, I usually drive, so I take them home and they go back out to Dairy Queen or I go with them.

Sometimes if we allow them, our bodies let us know what they want and we see that our plate is lacking something green. I don't know what's happening with me but I have tried to eat right, before I was eating bread every day and I've stopped doing this. In the mornings we are eating more cereal with apples to lower cholesterol. Now I'm trying to do better but it is a long process. I am trying to introduce vegetables into the house and the kids push them aside. We used to eat bread every day and we have stopped that.

Difficult to Follow a Diet: When we get sick, then we have to take care and pay attention to what the doctor says. I have high cholesterol and I have to pay attention to what I eat. It is very hard to follow a diet and just eat what they tell me to but I understand that if I do not do it I will get sick and my children are still young. Even though, I still have to make an effort not to eat what I am not supposed to. The doctor told me not to eat caffeine, coffee, coke, and chocolate. I was so used to all these that I am having problems doing what he said. I feel bad because what I should eat is what I dislike.

Stress: Also, I eat when I am under stress. My children are away from me and I worry about them and I eat when I am not hungry. I do not eat a lot, but I eat just because I am stressed.

11. What are some things that help you to be active?

The participants spoke often about the importance of exercise and its positive side effects. Some of the things that helped them to be active were making a plan, education about the importance of exercise, role models. "Just like we invest in homes, we might invest in our bank accounts; we have to invest in ourselves." Exercise helped some relax. "I noticed that when I took up walking and was walking for an hour every day this caused me to be energized and I wasn't tired." Some who had children said that the children kept them active. Others talked about having an active lifestyle. One person said that "education and motivation were keys" to an active lifestyle.

12. What keeps you from being active?

Many participants cited a lack of time as the main reason for not being active. One said, "Work, schedule, lack of time. When I get off work and I have worked 10 hours..." Others said that there had a lack of motivation. Another said, "So sometimes I wish I had somebody to partner with me. It makes a big difference. Bottom line is nothing is going to change until you become dissatisfied with your current situation." Many knew

they should exercise, but just did not want to. A lot of the neighborhoods represented in the focus groups did not have the resources to assist in an active lifestyle. There were no affordable gyms or public parks or sidewalks. Some of these people were actually afraid to walk in their neighborhood. Some people preferred sedentary activities such as watching television. For instance, a participant said, “We don’t understand how subjective we are to the advertisement we see on TV or the advertisement of being efficient by being on the computer all the time or not wanting to do certain things.” A few participants mentioned that even though exercise was supposed to help stress, they were too stressed to exercise. Others would like to have role models.

13. Tell me about how money influences what you choose to eat? How does it influence how active you are?

Several participants agreed with one who said, “I don’t have Money to go to the gym and healthy food is expensive, good salads outside the home are very expensive”. Others agreed with this statement, “I think, really, money shouldn’t be an issue as far as being active goes, because there are so many things you can do when sitting at home or sitting at your desk that a least you cans say that you got some physical activity in.” Hispanic Groups spoke directly to this issue. “Having money means that we can buy the best food to cook and be healthy. Money is very important, we have to pay all bills, the rent and whatever is left is what we can use for food. If we had some more money, we would not need to work so much and we would have some free time to exercise or just walk.”

14. What do you think about insurance companies charging higher premiums to people who smoke or are overweight or obese?

Many participants thought that it was probably alright to raise premiums on smokers since smoking is a personal choice. Some were a little more hesitant in regard to weight, because they believed that weight gain could be caused by many things including illness. Several participants agreed with the person who said, “I have mixed emotions about the smokers ... and I have mixed emotions about the obesity unless the person has a metabolic disorder or they taking steroids or something which makes their weight jump up.” Some participants suggested giving people a chance to change their behaviors before increasing their rates. For example, “I think if smoking cessation and obesity, healthy lifestyle programs are provided for one or two years and people have not capitalized on them or taken advantage of them, then your premium goes up but not just like off the bat.” Some said that behavior change should be rewarded. “Instead of punishing people, you would give rewards. Yes, just like with the car insurance now. If you don’t get in an accident, you get it deducted every month.” One participant, an insurance agent, explained the rationale behind the policy to people in his focus group. “The reason is that unhealthy people are costly. They bring the cost up for everybody. That’s why the premiums are set how they are set.”

15. What could we do in Cobb County to increase people's health and healthy behaviors, like eating healthy, not smoking and being more active?

One person suggested transportation or a shuttle that would take people to walking trails and the parks. Others suggested that Cobb needs more resources such as exercise facilities, parks and community centers, sidewalks and a mobile health center. Most all participants agreed that education was the key to increasing healthy living in the county. Many believed that the schools played a major part in educating and feeding children healthy food. Many agreed that the culture of our community needed to be changed with a collaborative community-wide effort. According to one participant, "We need to create a war on changing the culture of our community". Many people think that the county needs a marketing promotion to motivate people to follow healthy lifestyles. One participant explained further, "I would say health promotion, so as far as like these gatherings, it's a focus group, but then you have a health initiative meaning giving those some reason to really get started. You know it's like we have Mableton Community, their celebration, so in different gatherings and to approach it, have speakers, you know, we have like the parish nurses or the congregational nurses. They help people set up programs in their churches, to teach people about health, diets and nutrition and stuff. They have people in the schools, or they should have someone coming out teaching nutrition in the school and different senior health places and stuff like that".

16. What other health issues in your community are a concern to you?

Focus group participants named several health issues of concern to them, some of them personal and more of them relative to the community. Personally, some were afraid to go the doctor either because they did not trust him or because they were scared of knowing the diagnosis. Fear was also an issue when it came to exercising in the neighborhood. Many were afraid to go out. On a broader level, participants mentioned issues related to immigration as being a concern. Some participants believe an important issue is to increase healthy living is to help increase motivation in others. "I think the challenge for the community, as well as healthcare professionals, would also be how do you get the people out there." According to some, affordable and accessible healthcare for low income residents is an issue. A few people referred to drugs, especially methamphetamine, as being a problem. Other issues included domestic violence, loss of jobs and health insurance, and fast food. In the Hispanic community, participants were concerned about roaches and bedbugs. All participants value education. As one person said and others agreed, "The easy way is to educate the next generation so that, in the future, it will be a generation that thinks. We must educate parents so they can educate their children. It would be nice to have more meetings like this, for us to be educated and to make us think".

17. What are some health related policies that if passed could make it easier for people to eat healthier and exercise more?

Many participants agreed that people need to be educated in issues related to healthy living. They all suggest the need for a Resource Manual that would give residents information on resources and health issues. “So, create some type of manual, whether it be small or big...”. The participants talked about ways to disseminate this information. “However you have to get it out, you know, send it through the mail, drop it by the doors. Take those necessary steps in order to help.” Several participants think that mental and physical health should be connected and focused on wellness because they are highly interrelated. “I do think from a policy perspective that we would pursue wellness... mental and physical wellness and make that in some way or form or fashion universal so that they’re pursuing wellness in schools and churches and businesses and companies and communities and so on and so forth.” One person suggested using incentives or points to motivate people to take care of them. Along with suggesting policy, there was much discussion on the difficulty of enforcing policy. Many participants agreed that there should be an ad campaign to increase people’s awareness of healthy living. “I think one thing that would probably work just as good as a policy, is running ads and a campaign that talks about those subliminal ways that companies do things. A lot of people don’t understand what’s happening to them and the company knows that it’s out there. The company people are willing to take advantage of you to try to get you to buy more fries and you know If we just talked about the things that are in these foods and educate the community, then these companies will adjust to that and have more healthy things on the menu.”

APPENDIX I SIGNED CONSENT FORM

Title of Research Study: Cobb County Residents' Perceptions of Healthy Living and Access to Healthcare

Researcher's Contact Information: Anne Hicks-Coolick, 404-234-0880, acoolick@aol.com

Introduction

You are invited to take part in a research study conducted by Dr. Anne Hicks-Coolick and Dr. Janice Long faculty members at Kennesaw State University as representatives of Cobb County MAPP (Mobilizing for Action through Planning and Partnering). MAPP is a group of community members and organizations working together to improve public health. Before you decide to participate in this study, you should read this form and ask questions about anything that you do not understand.

Description of Project

The purpose of the study is to improve public health based upon Cobb County residents' opinions and suggestions about healthy living and current available healthcare.

Explanation of Procedures -

This focus group will consist of 8 to 10 people who will answer several questions about healthy living and healthcare. There will be two leaders of this group. During the focus group, one of the leaders will ask questions to group members and the other leader will take notes on a flip chart. Responses to the questions will be audiotaped so that they can be later transcribed and analyzed for themes, similarities and differences. The responses will be summarized into a report for MAPP.

Time Required

The focus group will last about an hour.

Risks or Discomforts

Risks and discomforts while participating in this focus group are minimal. However, you could feel uncomfortable answering certain questions because of personal reasons. In addition, you could feel uncomfortable with other group members. If for any reason, you become uncomfortable or do not want to continue with the questions and answers, please feel free to excuse yourself.

Benefits

Although there will be no immediate direct benefits of taking part in this focus group, the long term benefits for the community could be far reaching. Your opinion is very important and will be taken into consideration for future planning of public health services.

Compensation

There is no monetary compensation for participating in this focus group; however, dinner will be provided the hour before the group commences.

Confidentiality

The results of this participation will be confidential. The audiotapes will be transcribed by one of the researchers or a transcriber contracted by the researcher. There will be no reference to any participant's name used in the written transcription. The audiotapes will be held by Dr. Hicks-Coolick in a locked file cabinet and will be destroyed in one year. At no time will your name be specifically associated with any of the responses.

Inclusion Criteria for Participation

You have been recruited for this research by a community leader from Cobb County, Georgia, and you are willingly participating in the research.

Signed Consent

I agree and give my consent to participate in this research project. I understand that participation is voluntary and that I may withdraw my consent at any time without penalty.

Signature of Participant or Authorized Representative, Date

Signature of Investigator, Date

PLEASE SIGN BOTH COPIES OF THIS FORM, KEEP ONE AND RETURN THE OTHER TO THE INVESTIGATOR