


# FOCUS GROUP REPORT:

Closing the Gap with  
Social Determinants of  
Health Accelerator Plans

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## ACKNOWLEDGEMENT



*“Deep appreciation to the community members that participated in the NCCHIR focus groups. Your willingness to share your experience, barriers, and ideas for improvement were instrumental in the development of the NCCHIR SDOH Accelerator Plan.”*

If you would like to learn more about this work, email us at [info@northernmichiganchir.org](mailto:info@northernmichiganchir.org).

# REPORT SUMMARY

The North Central Community Health Innovation Region (NCCHIR) is one of forty entities nationally to receive a CDC Closing the Gap with Social Determinants of Health (SDOH) Accelerator Plans grant in 2023. The purpose of this grant is to collaboratively develop an SDOH Accelerator Plan with the ultimate aim of improving chronic disease outcomes among persons experiencing health disparities and inequities. To achieve this, the NCCHIR developed a cross-sector committee to develop the SDOH Accelerator Plan focused on two critical SDOH strongly tied to chronic disease conditions: community-clinical linkages & social connectedness. The priority population for the SDOH Accelerator Plan are individuals with disabilities and/or individuals who are financially struggling. The catchment area for the SDOH Accelerator Plan includes the following counties: Arenac, Clare, Gladwin, Isabella, Lake, Mason, Mecosta, Newaygo, Oceana, and Osceola.

The committee engaged in multiple data collection efforts, including focus groups, to inform the development of the SDOH Accelerator Plan. The purpose of this report is to summarize and analyze the focus group findings and provide recommendations for next steps.

**Community Clinical Linkages:** Community-clinical linkages are connections made among health care systems and services, public health agencies, and community-based organizations to improve population health.

**Social Connectedness:** Social connectedness is the degree to which individuals or groups of individuals have and perceive a desired number, quality, and diversity of relationships that create a sense of belonging and being cared for, valued, and supported.

# METHODOLOGY

## FOCUS GROUP PLANNING

**Focus Group Population Rationale:** Out of the ten counties, Lake and Clare have the highest percentage of residents in poverty, have the most residents below the ALICE threshold, and most residents under the age of 65 with at least 1 disability<sup>1,2</sup>. In Lake County, 9% of the population is without health insurance, 22% of the population under 65 have a disability, 57% of households are below the ALICE threshold, and 19% of the population is in poverty<sup>1,2</sup>. In Clare County, 9% of the population is without health insurance, 19% of the population under 65 have a disability, 53% of households are below the ALICE threshold, and 19% of the population is in poverty<sup>1,2</sup>. Additionally, Oceana County and Isabella County have the highest percentage of residents without insurance. In Isabella County 10% of the population is without health insurance and in Oceana County 11% do not have insurance, compared to the state which has 6% uninsured. All ten counties have at least 3 out of 4 indicators (% of Individuals in Poverty, % of ALICE Households, % 65 and under with a Disability, % of Uninsured Individuals) higher than the state of Michigan<sup>1,2</sup>. These factors determined the designated populations and counties for the focus groups.

|  | Arenac | Clare  | Gladwin | Isabella | Lake   | Mason  | Mecosta | Newago | Oceana | Osceola |
|--|--------|--------|---------|----------|--------|--------|---------|--------|--------|---------|
| % of households below the ALICE threshold        | 47%    | 53%    | 44%     | 49%      | 57%    | 40%    | 48%     | 39%    | 44%    | 43%     |
| % of individuals 65 and under with a Disability  | 14.60% | 18.60% | 15.00%  | 11.10%   | 22.00% | 11.50% | 13.00%  | 14.50% | 11.70% | 14.10%  |
| % of individuals without Health insurance        | 8.30%  | 9.20%  | 8.40%   | 9.70%    | 8.60%  | 7.70%  | 8.30%   | 7.70%  | 10.60% | 9.00%   |
| % of individuals below the Federal Poverty Level | 14.9%  | 18.90% | 15.90%  | 18.10%   | 18.70% | 13.80% | 17.60%  | 14.50% | 14.40% | 12.90%  |

1 U.S. Census Bureau Quick Facts. (July, 2022) <https://www.census.gov/quickfacts/fact/table/US/PST045222>. Retrieved December 7th, 2023.

2 United for ALICE (2021). <https://www.unitedforalice.org/state-overview/michigan>. Retrieved December 7th, 2023.

**Focus Group Eligibility:** Focus group eligibility included individuals with a disability and/or individuals financially struggling in the following counties: Clare, Isabella, Lake, and Mecosta. For the parent and child focus groups, parents were required to have a child under the age of 5. Additionally, either the parent and/or child had to have a disability and/or be financially struggling. For the senior focus groups, individuals had to be 55 years or older.

**Focus Group Compensation:** Focus group members were compensated for their time and travel with a \$100 gift card and a \$15 gas gift card. The parent child focus groups were child-friendly to eliminate childcare barriers for participation. Food and refreshments were also provided.

**Focus Group Outreach:** Outreach methods used included printed and digital flyers, boosted social media posts, network emails, and onsite venue promotion.

**Focus Group Participation**

| Target Audience   | Location                              | Attendance |
|---|---------------------------------------|------------|
| New Journey Clubhouse members   | New Journey Clubhouse                 | 19         |
| Individuals in Clare County, over 55, and have a disability and/or are financially struggling                 | Clare County Senior Services          | 5          |
| Individuals in Lake County, over 55, and have a disability and/or are financially struggling                  | St. Ann’s Lake County Senior Services | 7          |
| Individuals in Isabella County, over 55, and have a disability and/or are financially struggling              | Isabella Commission on Aging          | 3          |
| Individuals in Lake County, with a disability and/or are financially struggling, and have a child age 0-5     | Baldwin Community Schools             | 4          |
| Individuals in Clare County, with a disability and/or are financially struggling, and have a child age 0-5    | Mid Michigan Community Action         | 2          |
| Individuals in Isabella County, with a disability and/or are financially struggling, and have a child age 0-5 | Strickler Center                      | 4          |
| <b>Total participants</b>   |                                       | <b>44</b>  |

## DATA CLEANING & ANALYSIS PROCESS

After the focus groups concluded, the audio recordings were initially transcribed with Microsoft's Word Dictate function. Then grant staff listened to the audio to correct any errors. Staff cleaned the transcripts, highlighted important quotes, and matched or labeled reoccurring themes.

### 1. Clean Transcripts

- Transcript text was reviewed and edited to ensure accuracy, clarity, and consistency, by correcting errors and formatting issues.
- Staff removed any irrelevant or sensitive information from the transcripts. This included names, street address, etc.

### 2. Highlight Important Quotes

- After the transcripts were cleaned, staff highlighted important quotes that related to the topic areas: social connectedness, access to healthcare, and transportation.
- Any important information outside of the topic areas were also highlighted and included at the end of the section within the final report.

### 3. Match and Label Reoccurring Themes

- Themes, recurring patterns, and concepts within the group's discussions were identified and assigned descriptive labels to these patterns. Under the themes, staff added quotes from the transcript to further describe the participants' concerns and solutions.

# FOCUS GROUP FINDINGS

## SOCIAL CONNECTEDNESS

Social connectedness refers to the degree to which individuals or groups in society feel connected to and engaged with each other. It encompasses the sense of belonging, the quality of relationships, and the extent of social interactions within a community or society. Social Connectedness has various benefits for individuals and society as a whole. It can lead to increased happiness, improved mental and physical health, reduced stress, and a greater sense of purpose and well-being. Conversely, low social connectedness can lead to feelings of isolation, loneliness, and alienation, which can have negative consequences for individuals' mental and physical health.

## BARRIERS IN FORMING OR MAINTAINING SOCIAL CONNECTIONS

Recognizing barriers to social connectedness is crucial because it enables us to address and overcome the factors that hinder meaningful relationships, fostering a more inclusive and supportive society where individuals can thrive together. Focus group participants addressed the following barriers they experience in forming or maintaining social connections.

### Social Connectedness Focus Group Findings

- **Limited Spaces for Gatherings-** these rural counties have fewer community centers, recreational facilities, and gathering places where people can meet and interact. This lack of physical spaces for socializing can hinder connectedness.
- **Economic Challenges-** rural areas may face higher levels of poverty and unemployment, which can limit residents' ability to participate in social activities or access resources that promote connectedness.
- **Limited Access to Technology-** people living in rural communities may have limited access to high-speed internet and digital technology, making it difficult for residents to connect with others online or access information and services.
- **Stigma and Mental Health Challenges-** there is greater stigma surrounding mental health issues, which can discourage individuals from seeking support when needed, leading to social isolation.
- **Transportation Challenges-** limited public transportation options and long travel distances can make it difficult for rural residents to attend social events or visit friends and family.



## **ACCESS TO TRANSPORTATION**

Access to transportation refers to the availability and affordability of means such as public transit, vehicles, or other modes of conveyance, allowing individuals to move from one place to another for various purposes, including work, education, healthcare, and daily activities. Access to transportation is crucial in rural communities because it enables residents to connect with essential services, job opportunities, healthcare facilities, and educational institutions that might be located at a distance. Adequate transportation reduces isolation, promotes economic mobility, and enhances the overall quality of life by ensuring that people can access vital resources and engage in social and economic activities effectively.

## **BARRIERS IN ACCESSING TRANSPORTATION**

Recognizing barriers to accessing transportation is essential as it allows for the development of solutions that can bridge gaps in mobility, ensuring that everyone, regardless of their circumstances, can access vital services, employment opportunities, and community engagement, thereby promoting social equity and inclusivity. Participants identified various barriers to accessing transportation.

### **Access to Transportation Focus Group Findings**

- **Vehicle Ownership Costs-** most individuals are more likely to rely on personal vehicles for transportation. However, the cost of owning and maintaining a car, including fuel, insurance, and repairs, can be a significant burden for low-income residents.
- **Limited Bus Operating Hours-** buses in rural areas may have limited operating hours, making it challenging for people who work non-standard hours or need transportation outside of regular service times.
- **Healthcare Access-** limited transportation options can be a barrier to accessing healthcare services, especially for those who need to travel long distances to reach medical facilities.

## **ACCESS TO HEALTHCARE**

Access to healthcare refers to the ability of individuals to obtain necessary medical services and treatment without financial, geographic, or systemic barriers, ensuring that everyone has the opportunity to maintain and improve their health. Access to healthcare is vital because it not only preserves and enhances individual health but also promotes social equity and well-being by making sure that all members of a society can receive essential medical services and treatments when needed. When looking specifically at rural communities, access to healthcare ensures that residents in these areas can receive timely and quality medical services, reducing health disparities and improving overall well-being despite the challenges of geographic isolation and limited healthcare infrastructure.

### **Access to Healthcare Focus Group Findings**

- **Limited Healthcare Facilities-** these rural counties have fewer healthcare facilities, leading to overcrowding, long wait times, and difficulty in accessing immediate care.
- **Healthcare Provider Shortages-** these rural counties frequently suffer from a shortage of healthcare professionals, including doctors, nurses, and specialists. This shortage limits the availability of healthcare services.
- **Financial Barriers-** residents in these counties may have lower income levels, making it harder to afford healthcare services.
- **Transportation Challenges-** these counties often lack reliable public transportation, and individuals may not have access to private vehicles. This can make it difficult to travel to healthcare facilities, especially for routine check-ups or follow-up appointments.
- **Stigma and Beliefs-** some residents experienced stigma in the healthcare setting, which can discourage them from seeking necessary care or preventive services.
- **Health Literacy-** limited health literacy and awareness can affect residents' ability to understand and navigate the healthcare system, including knowing when and where to seek care.

### **TRENDS BETWEEN COUNTIES**

There have been notable trends regarding access to healthcare, social connectedness, and access to transportation across the following Michigan counties: Clare, Isabella, Lake, and Mecosta. Access to healthcare in many rural areas has been a persistent concern, with limited healthcare facilities and healthcare providers per capita. This has often resulted in longer travel distances for medical services, exacerbating the issue of transportation barriers. Moreover, the lack of public transportation options has made it challenging for residents to access essential services and connect with their communities. On the flip side, social connectedness has seen both positive and negative shifts. While some rural areas have embraced digital connectivity and telehealth to bridge gaps, others have faced social isolation due to the difficulty of navigating digital devices and software as well as the lack of communal spaces. These trends underscore the complex interplay between healthcare, social dynamics, and transportation challenges in rural Michigan, highlighting the need for tailored solutions to address these multifaceted issues.

## COMMON TRENDS BETWEEN PARENT-CHILD GROUPS IN LAKE, ISABELLA, AND CLARE COUNTY

### Access to Healthcare:

- **Access to Specialists-** access to specialized healthcare providers, such as pediatric specialists, can be limited, especially in rural areas. Parents may need to travel long distances to reach these specialists.
- **Affordability-** many parents face challenges related to the affordability of healthcare, including insurance premiums, copayments, and deductibles. High healthcare costs can make it difficult to seek medical care for themselves or their children.
- **Limited After Hour Clinics-** many parents in these rural communities face challenges in finding after hour clinics for themselves or their children.
- **Navigating the Healthcare System-** understanding insurance coverage, finding the right healthcare providers, and dealing with paperwork can be complex and overwhelming for parents.

### Social Connectedness:

- **Support Networks-** building and maintaining a support network of friends and family can be challenging, especially if parents are busy caring for their children and dealing with healthcare and transportation issues.
- **Community Resources-** some parents may not be aware of or have access to community resources and organizations that can provide social support and assistance.
- **Limited Community Events-** parents across the counties explained that there are limited activities for younger children to participate in.
- **Access to Transportation-** many parents indicated that not having access to transportation is a barrier to attending events that increase social connections for themselves or their children.

### Access to Transportation:

- **Access to Reliable Transportation-** many parents across the counties, especially those in low-income households or without access to a car, may struggle to find reliable transportation to healthcare appointments or other essential services.
- **Transportation Costs-** the cost of transportation, including the cost of gas, can be a significant burden for some families, especially if they have to make frequent trips.
- **Wait Times for Bussing-** many parents indicated that wait times for the bus need to be improved upon. They explained that it is very difficult to wait hours for the bus with a young child.

## COMMON TRENDS BETWEEN SENIOR GROUPS IN LAKE, ISABELLA, AND CLARE COUNTY

### Access to Healthcare:

- **Financial Barriers-** many seniors are on fixed incomes, which can make it difficult to afford healthcare services, especially if they do not have adequate insurance coverage. High out-of-pocket costs for medications, treatments, and medical procedures can be a significant barrier.
- **Health Literacy-** some seniors may have lower health literacy, which can affect their ability to understand medical instructions, make informed decisions about their care, and navigate the healthcare system effectively.
- **Technology Challenges-** the increasing reliance on technology for telehealth and electronic health records can be a barrier for seniors who are not tech-savvy or lack access to digital devices and internet connectivity.
- **Access to Specialists-** seniors often require specialized care for age-related conditions such as heart disease, diabetes, and dementia. Access to specialists can be limited, particularly in rural and underserved areas.

### Social Connectedness:

- **Lack of Knowledge of Events Happening in the Community-** the lack of knowledge about events happening in the community can lead to a diminished sense of social connectedness, as seniors may feel isolated and disconnected from their neighbors and local surroundings, resulting in a weakened sense of community and shared experiences.
- **Cost of Events-** the cost of events can significantly impact social connectedness by either facilitating or hindering participation, as higher costs may exclude seniors from attending, leading to reduced opportunities for social interaction and community engagement.
- **Limited Internet Access-** many seniors indicated that limited internet access can hinder social connectedness by restricting people's ability to communicate, share experiences, and engage in online communities, leading to feelings of isolation and disconnection from the broader digital society.
- **Lack of Transportation to Events-** lack of reliable transportation to events often leads to decreased social connectedness, as seniors may find it challenging to attend gatherings, meet with friends, or participate in community activities, hindering their ability to foster and maintain meaningful social relationships.
- **Lack of Disability-Accessible Events-** the absence of disability-accessible events can hinder social connectedness by excluding seniors with disabilities, preventing them from participating fully in community activities and forging meaningful connections with others.

**Access to Transportation:**

- **Cost of Personal Vehicle Maintenance-** the cost of personal vehicle maintenance can significantly impact access to transportation, as high maintenance expenses can create financial barriers for seniors.
- **Cost of Gas-** the cost of gas directly impacts access to transportation as higher gas prices can strain the budgets of seniors.
- **Wait-Time for Public Bus Transportation-** long wait times for bus transportation can significantly impact access to transportation by making it less convenient and reliable for seniors, potentially limiting their ability to reach essential destinations such as healthcare facilities.
- **Fear of Driving During Poor Weather-** many seniors indicated that the fear of driving during poor weather conditions can limit access to transportation, as it often leads them to avoiding trips.
- **Lack of Disability-Accessible Transportation-** the absence of disability-accessible transportation significantly hinders individuals with disabilities from accessing transportation services.
- **Limited or No Bus Transportation on Weekends-** limited or no bus transportation on weekends significantly hinders seniors' access to reliable transportation, making it challenging for them to reach essential destinations and activities during those days.





# TOP RECOMMENDATIONS

## **Stigma Reduction Training for Healthcare Workers as well as Community Members**

Stigma in the public setting can refer to stereotypes of people with mental illness, disabilities, and substance use disorders. Belief in those stereotypes and actions taken in response can affect job prospects, housing decisions, even the quality of healthcare that they receive. Safe, stable, nurturing relationships and environments are essential to health and wellbeing. Stigma in health facilities undermines diagnosis, treatment, and successful health outcomes. Addressing stigma is fundamental to delivering quality healthcare and achieving optimal health outcomes.

It is recommended to hold stigma reduction training sessions that are open to healthcare workers as well as community members to bridge the gap between those providing services and those who receive them, as well as creating a space for open dialog between the two.

## **Addressing Transportation Barriers to Improve Social Connections and Access of Healthcare Services**

It is recommended that partners increase collaboration with the transportation authorities to address transportation barriers, for example ride costs, operating hours, pick-up locations, etc. Non-emergency medical transportation has been shown to be cost-effective by increasing use of preventive and outpatient care and decreasing use of more expensive care. Furthermore, residents mentioned that reliable transportation would allow them to arrive on time to work, which would provide money for healthcare services or social connection opportunities. In addition, the goal of improving social connections would be improved by residents having access to transportation during various hours of the day, especially at night when events such as movies in the park are being hosted.

## **Prioritize Resident, Client, and Patient Voice**

The SDOH Planning Committee made a commitment to prioritize resident voice and engagement in the development of the CDC Accelerator Plan. Outputs of this commitment include conducting a survey, focus groups, and post-focus group questionnaire with residents. The aim of these engagement methods was to ensure accuracy, support transparency, listen deeply when seeking information from and working with community, model to others by acknowledging and applying shared learnings, and prioritize deeper understanding and authentic community involvement. As a result, residents shared that they felt heard in the planning process, were thankful for a safe space to express concerns and voice ideas, and

felt increased buy in. It is recommended to assess where you fall on the community engagement continuum and identify methods for increasing and/or improving how you involve residents, clients, and/or patients into the planning, implementation, and evaluation of your community change efforts.

### **Share This Report with Partners**

This report will be shared with partners that were not present at the creation and distribution of this document. Sharing this document will bring awareness to the social connectedness and community linkage barriers in our region. By integrating SDOH data with clinical and claims data, researchers and healthcare providers will gain a more comprehensive understanding of patient populations, enabling them to develop targeted interventions and allocate resources more effectively. Dedicated awareness-raising efforts are needed to elevate recognition of the risks for, consequences of, and solutions to, social disconnectedness among individuals, organizations, and policy makers. Social isolation and loneliness among individuals with disabilities and those struggling financially are growing concerns in many communities. These issues can have a significant impact on a person's physical and mental health, leading to a decline in overall well-being. To meaningfully combat these problems, communities must recognize collaborative opportunities to address system injustices, transcend sectoral silos, synergize, and leverage efforts for the collective benefit of disenfranchised communities.

Sharing the data briefs with partners is an excellent way to make sure decisions affecting the members of the community are driven by the needs of the specific community, as well as engaging an increased number of community partners moving forward. Awareness is the first step in understanding that a change is needed, on any level. Sharing this information is something we can all do that will have a small but often significant impact on raising community awareness.

This focus group was conducted by the North Central Community Health Innovation Region (NCCHIR). Focus group eligibility included individuals with a disability and/or individuals who are financially struggling. In this focus group, participants were asked questions regarding social connectedness and accessing community resources. Focus group members were compensated for their time and travel with a \$100 gift card and a \$15 gas gift card.

**Focus Group Location:** New Journey Clubhouse in Big Rapids, Michigan.

**Focus Group Attendance:** Nineteen New Journey Clubhouse members participated in the focus group.

### **Social Connectedness**



Social connectedness refers to the degree to which individuals or groups in society feel connected to and engaged with each other. It encompasses the sense of belonging, the quality of relationships, and the extent of social interactions within a community or society. Social connectedness has various benefits for individuals and society as a whole. It can lead to increased happiness, improved mental and physical health, reduced stress, and a greater sense of purpose and well-being. Conversely, low social connectedness can lead to feelings of isolation, loneliness, and alienation, which can have negative consequences for individuals' mental and physical health.

#### **Forming Social Connections**

A majority of participants indicated that they made new friends and acquaintances in their community at community organizations like New Journey Clubhouse and in places like church, work, or their apartment complex. Additionally, some participants utilized the internet and online chatrooms to form new social connections. Participants stated that the clubhouse was the one of the best places to socialize because it provided them with the opportunity to engage in a safe environment with individuals facing similar challenges.

#### **Barriers in Forming or Maintaining Social Connections**

Recognizing barriers to social connectedness is crucial because it enables us to address and overcome the factors that hinder meaningful relationships, fostering a more inclusive and supportive society where individuals can thrive together. Focus group participants addressed the following barriers they experience in forming or maintaining social connections:

##### **Finding Similar Individuals**

- *“It's difficult to find people sometimes. That are on the same wavelength as you and when you have pre-existing issues socializing.”*
- *“I think a big part of the difficulty is in finding people that you know will be good for you.”*



### **Poor Physical or Mental Health Days**

- Due to age, disability, or both, some individuals are not able to leave their house or socialize due to poor health days.
  - *“Getting old of the bad enough but being older and disabled really sucks. There are days because of my disability I just can't participate (in social events) and that's frustrating for me.”*

### **Disability-Friendly and Accessibility of Local Events**

- Wheel-chair accessible events were mentioned as a barrier. This may include transportation that is able to accommodate someone in a wheelchair and the location of the event having ramps.
- Along with physical struggles to attend local events, mental health challenges were also mentioned as barriers to attending and socializing.
  - *“As someone who struggles with intense social anxiety, I find that a lot of events, if they are just held in like a classical style... it's just large crowds of people, it's very difficult to engage with them because the more you engage when you're struggling with social anxiety.”*

### **Cost to participate in local events**

- *“I have some barriers to meeting new people when it comes to actually going out into the community. Things cost so much that I'm just not able to do it.”*

### **Transportation to access community events**

- The bus does not operate on Sundays, so there's no transportation.
  - *“I struggle with stuff to do on Sunday afternoons”*
  - *“It would be nice if they had transportation on Sunday”*
- The bus does not operate after a certain time and individuals can be stuck at community events unless they plan ahead.
  - *“Something is not accessible... is that the concerts in the park are at night”*
  - *“After 6:00 PM, you're pretty much on your own (for transportation home).”*
  - *“When the bus ends, anybody who doesn't have a vehicle of their own, they're not going anywhere after the buses leave.”*
  - *“Either that or they have to leave early. You know, we don't get to finish what we were doing.”*

### **COVID has affected socialization**

- Since the pandemic, many individuals have not been able to socialize as they did prior.
- *“COVID killed all of the businesses that weren't essential, so they've all closed, now there's nothing fun to do”*
- *“Going to see a movie was always a good thing to do. Ever since COVID hit and caused both of the theaters to shut down”*

### **Lack of knowledge about events**

- A few participants said that they were unaware of what events were happening in the community. They felt unsure about what to do within the community to socialize.

#### **Lack of cell phone or limited use**

- A participant explained that they have a hard time keeping a phone bill paid.

#### **Stigma**

- Individuals participating in the New Journey Clubhouse Focus Group mentioned they felt stigma within the community due to their disability or economic status.
  - *“I was in the store and I overheard a couple of people talking and they said yeah, you know, the new journey where the nuts are at, the funny farm”*
  - *“Family judges you, and then you got the community... so you get, like, double whammed and then you get overwhelmed because of you feel like you're hearing it from community and family at the same time.”*
  - *“You must be dumb, you must be an addict, you must be criminal, you must be almost homeless just because you have a mental disorder.”*
  - *“All of us have back histories, whether it be alcohol, whether it be family (trauma), depression or anything. And they just want to label you. Oh, you're mentally not stable. No, that right there is like you're telling us that we're not good enough and this is like a big kick in the face.”*

*“One of the biggest difficulties is the way people assume that if you are seeking mental help that you are mentally incompetent. There's an association where people don't understand that there's a wide range of emotional and psychological disorders that have nothing to do with your developmental capability or your personal cognizance like you can be a very motivated, very intelligent, very driven person and still struggle with a mental illness.”*

#### **Concerns Greater than Social Connections**

- One of the common reoccurring themes when talking about social connections was income challenges. Many individuals had concerns with paying for rent, food, and transportation.
  - *“It's great that we have programs to help us keep socializing and connecting, but the amount of lift upward out of this circumstance the conditions of being on disability, the poverty that comes with it, all of the other associated issues.”*
  - *“There's a huge lag for because when you are working on disability that there's oftentimes an instability in the flow of income because you work when you're able to work and that's often interrupted.”*
  - *“It's very, very, very demoralizing.”*
  - *“You say oh there (are) jobs, but the jobs are outside of the community, and I cannot get to it (when I don't have access to transportation)”*

#### **Regaining Trust with the Community**

- After experiencing impactful instances of financial struggles, disability, and/or a health crisis, some participants felt betrayed by the community and had to regain trust before rebuilding social connections and being able to ask for resources.
  - *“It is very difficult to regain trust in your community when you feel like your community has fundamentally betrayed you. I’m pretty sure everyone here has experienced that moment at some point where it feels like you have been betrayed in some fundamental way by your community. And now you have to get past that well enough to come to the table and go hey, I need to trust you now. How do you rebuild that trust, especially when it’s? That, that it is not even just one instance. Oftentimes I know my personal experience. There have been some very profound, repeated experiences where you have a whole community turn on you over something trivial. And then going from that to now I need to rely on that community. Now. I need to trust in that community, now I need to put myself out there... but a huge part of finally, getting like a more active assistance was getting past that part”*

### **Gatherings or Events Participants Attend & Events Interested In**

A majority of participants indicated that they attended places like the farmers market, the flea market, the video game store and the movie theatre. Participants are interested in the following events that are not currently available in the community:

#### **Sporting events**

- Football games and baseball games

#### **Fitness Center**

- *“In Reed City, there’s only one very small fitness center and it’s like, I have a free membership for (a location in Big Rapids), but then again, you’re talking about the timing and the transportation.”*

#### **Clothing stores**

- A participant explained that it would be nice if they could go from Big Rapids to Grand Rapids to go shopping because there are not many clothing stores in their community, especially for larger-sized clothes.

#### **Concerts in the Park and Farmers Market**

- Participants stated that they’re interested in attending these events that are currently in their community but transportation to them can be challenging.

Some suggestions for types of events are as follows:

#### **Smaller Gatherings**

- *“When we have what we’re engaging with events that are more spread out and are and are more like small group interactions more, it’s less overwhelming and it’s a lot less difficult and a lot less quick to burn you out.”*

## Access to Transportation



Access to transportation refers to the availability and affordability of means such as public transit, vehicles, or other modes of conveyance, allowing individuals to move from one place to another for various purposes, including work, education, healthcare, and daily activities. Access to transportation is crucial in rural communities because it enables residents to connect with essential services, job opportunities, healthcare facilities, and educational institutions that might be located at a distance. It reduces isolation, promotes economic mobility, and enhances the overall quality of life by ensuring that people can access vital resources and engage in social and economic activities effectively.

### Modes of Transportation

Participants indicated that the most common modes of transportation they use in their community include: Dial-A-Ride (DART), Mecosta/Osceloa Transportation Authority (MOTA), rides from friends, driving personal vehicles, and rides from New Journey Clubhouse drivers.

### Barriers in Accessing Transportation

Recognizing barriers to accessing transportation is essential as it allows for the development of solutions that can bridge gaps in mobility, ensuring that everyone, regardless of their circumstances, can access vital services, employment opportunities, and community engagement, thereby promoting social equity and inclusivity. Participants indicated the following as barriers to accessing transportation in their community:

#### Cost of Transportation & Gas Prices

- *“You may have access to a vehicle, but if you are very low income and with gas prices being the way they are, you can't take yourself. You can't afford to do that that. That run to Grand Rapids is going to kill you.”, “Do I eat, or do I go?”, “Yep, I just miss the appointment. (I) don't have a choice.”*
- *“That's why a lot of us have two jobs, you know, we're trying to make extra money to be able to get somewhere.”*
- *“I have a car; my own car and I can't afford insurance to fix it or fuel it.”*

#### Struggling to find affordable assistance to get vehicle fix

- *“Like I'm struggling right now to find assistance with fixing my truck. Even just tires are a barrier; like if there is some assistance program with that, that would be greatly helpful.”*
- *“I feel like more assistance with gas and more assistance with vehicle maintenance, mainly tires or repairs that are needed. That would help greatly with transportation to get to doctor's appointments and other healthcare facilities.”*

### **Transportation accessibility for individuals with a disability or physical ailment**

- *“DHS can't find anybody capable of picking up a wheelchair. Now, everybody here basically can pick up my wheelchair, put it in the back of the van and let me go places.”*
- *“If you need a specific type of vehicle. I know somebody that is having that problem right now. They're a larger person. They don't have strength in their legs to be able to get they can get down into a vehicle... They have to have like an SUV or, and it can't be too high because getting up into it. You know. That's another thing that is an issue.”*

### **Busing MOTA and Dial-Ride Concerns**

- Participants have experienced various problems with busing including; long wait times, service is not 24/7, not arriving on time or missing a pick up.
  - *“There's just not enough buses, not enough drivers.”*
  - *“It's an hour to go 5 minutes.”*
  - *“MOTA is a great way to turn an 8 hour work day into a 10 to 12 hour work day.”*
  - *“I have a hard time finding transportation to go places. If it wasn't for clubhouse. I would have to be riding the bus and I would be on the I'd be riding the bus from the time I got up to the time they closed.”*
- **Scheduling a bus ride**
  - *“You have to call a day in advance. I've been trying to call early in the morning when I can because they book so fast. So I might lose a ride if I don't call her in the morning.”*
  - *“I've been helping (my friend) get to work because he can't rely on MOTA. But you'll see MOTA drive by with one person on their bus. On all their buses. But they can't be there to pick you up to take you to work on Monday, Wednesdays and Fridays makes no sense or you'll see them drive by with one person.”*
  - *“You can't rely on them.”*
  - *“They decided they're going to get up in the morning, don't take you. They call you, I'm not taking you. And next, you know you gotta miss your appointment.”*
  - *“The automated systems like scheduling systems doesn't take into account the conditions you're dealing with.”*
- **Hours of Service**
  - *“MOTA doesn't run on Sunday”*
  - *“I just get tired of calling them because they say, “we don't have any time” or “we can't do this.” I just found another way to get to work, which was my buddy”*
  - *“You don't get something done in by that cutoff point, you're walking anyway.”*
- **University students adding additional bus riders.**
  - *“When kids are in school, there's more kids riding the bus that takes there's more routes that (the bus) takes.”*
  - *“It takes longer to get through a route and if you don't sign up for a dedicated time and say OK every. Week, Monday through Friday. I need to be picked up at*

*6:30 in the morning so I am at work by 7. You know I mean and even then it's a little dicey, and if you have a doctor's appointment and it get's more"*

- **Winter Limits the Number of Drivers**

- *"When it becomes wintertime. I know DHS falls off on their drivers because a lot of it like I said are elderly and they are snowbirds, or they don't want to drive in bad weather which I understand it. I don't want to either, but they don't want to drive, and you can't find other people to take"*

- **Waiting in the Snow/Ice for a Ride**

- *"Everybody here knows the delight of standing in a negative wind chill for 30 some minutes, waiting on the bus and it hurts. You are in physical pain for 1/2 hour plus because there is no call, you can't be somewhere warm and then just get a call and come right out. It's a you have to be out there, when they show up, it's random."*
- *"They could show up 5 minutes after you called or an hour and 10 minutes, and so you just have to go out there, into the cold and you have no clue how long you're going to be freezing."*

- **Ride-Sharing with Other Community Members**

- *"You have to maybe ride with another person that is going to the same area at the same time, so you share that ride. Which, if you have social anxiety that makes it a little, you know"*
- *"They don't communicate... if they're going to have two strangers going the same place, there should be some kind of communication because you can't just like, hey, I'm here and you expect me to (ride with this stranger) that I don't know. Then you're like I'm not going, cause that's your social anxiety kicks in... you missed your appointment. That's another thing is communication on who's going to be in the vehicle."*

**Insurance-covered rides to medical appointments**

- *"I still remember very clearly how difficult it was because with your insurance you can 'supposedly' get a ride to your appointments, but that involves scheduling WEEKS ahead of time and it is such a hassle that it's just not even worth trying to do."*
- *"I don't have Medicaid. I have Medicare and priority health, but because I don't have Medicaid, I don't qualify with DHS to get it ride anyway. And you know, I didn't have a vehicle and I couldn't ride the bus to Grand Rapids, I was screwed... That's not fair."*

**Travel to places out of town**

- *"It would be nice if we had more ways, ... for example, I would like to be able to go from Big Rapids like to Grand Rapids... to shop or something."*

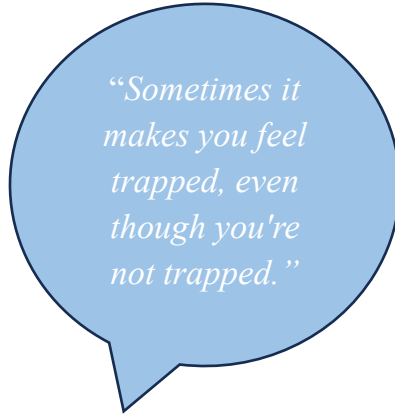
**Stigma**

- *"But if they were to tell those drivers what was wrong with you, we wouldn't get rides at all, you know because they think we would just whack out. We shouldn't even be out in public"*



- *“When somebody pulls up to pick you up for a medical appointment like for mental health, you sit down next to them. You can tell from their body language that they're thinking, hey, is this looney gonna stab me?”... “(Even if I) don't say a .... thing. Their body language is screaming and I think that better training, more respect is important.”*

When talking about not having access to transportation, one participant stated:



### **Solutions or Workarounds to Overcoming Transportation Barriers**

Participants found some solutions or workarounds to overcome transportation barriers. These include:

#### **Walking to destinations**

#### **Planning trips to town ahead of time**

#### **Grouping travel together**

- *“If I need to go to another store, I'll go at the same time and that reduces the gas I use.”*
- *“I think I found more resources that way word of mouth and hey, yeah, I'm going that way, I can drop you off at least. You know, you may have to get a bus to get back but I can get you there.”*

#### **Don't go to medical appointments**

- *“I just didn't go. I didn't go to the appointment. How could I? I didn't have a vehicle. I didn't qualify for a ride with Medicaid. I couldn't go through Commission on Aging cause I wasn't old enough. And because I am a VET, you know and. I didn't qualify with the vets. I was screwed, so a lot of times I didn't get to my appointments.”*

### **Improving Transportation Options**

Participants explained that the community, local organizations, and government can work together to improve transportation options for accessing community and healthcare services by adding another bus option, creating bus stops instead of making calls to the bus for a pickup, having Uber or ride share programs, promoting bike usage, and having tax incentives to do ride-share programs.

*“I think we just need another busing option for the people that are further out because it looks like MOTA is not able to consistently handle going out farther distances.”*

*“What they need is a bus (stops), and I've said this multiple times. They need the bus stops here in town where you push a button, a call button to get picked up, they like one bus that just runs down the main drags.”*

*“Everybody should be entitled to a ride, especially if they don't have the vehicle. I don't give a ... what their insurance is”*

*“(Accessing Healthcare) got a little bit easier when the transportation itself became easier so I didn't have to wake up at the crack of dawn ....to be hopping a ride with some other form of transportation to get some to some specialist or something... because that eased that barrier a little bit because when you're when you're struggling with depression or something, you're having difficulty with your sleep patterns. All with that, you're having difficulty just getting out of bed to get there. Having an extra (x-amount of) hours tacked on to both ends of that. Makes that go from something that's challenging to something that is just completely overwhelming”*

## **Access to Healthcare**



Access to healthcare refers to the ability of individuals to obtain necessary medical services and treatment without financial, geographic, or systemic barriers, ensuring that everyone has the opportunity to maintain and improve their health. Access to healthcare is vital because it not only preserves and enhances individual health but also promotes social equity and well-being by making sure that all members of a society can receive essential medical services and treatments when needed. When looking specifically at rural communities, access to healthcare ensures that residents in these areas can receive timely and quality medical services, reducing health disparities and improving overall well-being despite the challenges of geographic isolation and limited healthcare infrastructure.

### **Challenges or Difficulties in Accessing Healthcare**

Addressing challenges to healthcare is essential for improving individual well-being, promoting social equity, ensuring economic stability, and safeguarding public health. Participants identified various challenges and difficulties in accessing healthcare in their community.

#### **Limited options for doctors and specialists**



- *“This town only has like 2 doctor's offices.”*
- *“Having (more) specialists... while there are specialty clinics where (the doctors) come up from Grand Rapids or Cadillac or wherever, it's few and far in between and so when they do show up they stack their appointments. Maybe we can, as a community get, have more specialty clinics where the specialist will come to you. Where you can say (name), can you take me to the clinic today? And then you can maybe get a ride with that person. And you know to get there. But (name)'s not going to take you to Grand Rapids because of gas price.”*
- *“That's something that can be done to (get people) into their specialty clinics, their specialty doctors. More localized and in (town). You know, so we don't have to say no, I'm not going. I'm not going. So we can get the healthcare that we need.”*

#### **Cost of healthcare and limited health insurance coverage**

- *“They don't understand. It's expensive to when you have to pay. There's no insurance. You have to pay for it.”*
- *“I already have like 8 pullins of teeth out of my mouth like by the time I was 25. Because there is no coverage. I mean you don't get fillings; you don't get none of that.”*

#### **Long waits to see a primary care provider (PCP)**

- *“I'm normally having to call at least like 2 weeks in advance just to get to see my actual primary care doctor.”*
- *“It's normally three months for me.”*
- *(Dental care), “It's like a year waiting period to get to get anything done.”*
- *“It's great that you came in and you taught us all this about dental care. Am I still going to have to wait a year to get the appointment for a cleaning? Because when I need dental care, I need dental care. I don't need a dental care a year, a year and a half from now.”*

#### **Technology challenges**

- A lot of visits are telehealth, would prefer in person visits
  - *“Well, like they're saying you can't usually get into a doctor for like 3 months and then when you do it's usually just over the TV like it's a telehealth and I don't think that's very good for you trying to tell the doctor what your feelings are over telehealth.”*

#### **Navigating the system**

- Easy Access: Participants mentioned having problems accessing information through the computer and having to go through various individuals and organizations.
  - *“it's very overwhelming when you are having to play tag with the computer and not being able to speak to a certain person you know to be it and have that rapport with that person and so they, you know they kind of know your back story, they know what you're dealing with so they're better able to help you. You get somebody different every time you have to start from the beginning and you're already at a heightened frustration level.”*

- *“But the government took everybody out of office and they got to realize a lot of people don't got a good understanding of using the phone or computer”*
- *“When you are struggling emotionally, you're dealing with depression. Paperwork is hard. Even simple paperwork, (when) just getting out of bed is a struggle.”*
- *“It is very, very, very difficult to keep on top of appointments. It's very difficult to go through the paperwork, to do the bureaucratic things required to get that help. It's difficult to even get up for those appointments.”*
- *“Awareness is huge. A lot of people don't know the resources are there if you go... Hey, I need help. Until you hit the very bottom... Information isn't out there. It isn't easily (accessible), it isn't easy to know about, it isn't easy to access.”*
- *“There aren't ads on Facebook like hey are you going through this situation? there isn't.”*
- *“Everybody here should be able to walk into whatever service-based place that they need and say OK, I need this, this and this. Would you please help me? And those people should turn around and say, well, maybe I can't help you, but I can find you somebody that will help.”*

### **Health Literacy**

- Focus Group participants mentioned struggling to understand the documents and information provided by healthcare and other organizations.
  - *“How about reading something that you don't know how to pronounce? You don't know the word.”*
  - *“it's embarrassing. I can't. I can't fill this out because I don't know what it means. What are you asking?”*
  - *“I might have a high IQ in science and math but my reading level is an 8th grade you know.”*

### **Experience stigma from doctors and nurses**

- *“The doctor's offices and healthcare in general treat poor people differently.”*
- *“My mom tried to get herself looked at for some kind of illness and they told her that it was all in her head and that she was crazy.”*
- *“Stigma is a big thing. Like it sucks, but it happens, and they mostly look at people like, people like us, like people with disabilities and that's how they look at it. They look at us like we're a problem or something and we're unnormal or something, and rather than try to do all this, they just want to brush us off.”*
- *“Like I got Medicaid, and they look at it like, why are you on Medicaid?”*
- *“Some of that stigma about not understanding mental health needs while you're receiving services, has created a situation where people with mental health (disability were denied services and now) have had to go to Grand Rapids to get (treatment), which is a huge burden.”*

- *“They find out that you're disabled, especially if you're mentally disabled. You're a piece of shit, you're no good. We're just going to toss you aside, you're not worth helping and that's how they make you.”*
- *“In some of the urgent care doctors, go in there for one thing, and of course, they see your record... And now instead of attending that one thing, they're literally talking to you” “Like you're nuts.”*
- *“They wanted to keep saying there was nothing wrong with me but it felt like somebody was pulling me from my waist down and I could barely move when I used to be very physically fit. But they wanted to keep saying there was nothing wrong... then they (put) me in a psych ward and said I was crazy because I was going to the emergency room, trying to find what's wrong with me.”*
- *“The doctors already judge you. The nurses already judge you.”*
- *“They need to know how to treat mentally ill and disabled people.”*
- *“They look at someone like this and go oh, you got a broken leg... let me help you. But if they look at me saying, oh... you're crazy, I don't know what to do, I need to get away from you. There's no difference, (there needs to be more education out there)... it's the same (they're both health conditions).*

*“When I was 26. I went into urgent care and because... I was experiencing intense chest pain and difficulty lifting my arm and because I had a history of anxiety, they said you're having panic attacks here have some (medication) and go home. A month later still hasn't stopped, still have pain in my chest a month later and I go back. Oh, you're having anxiety attacks? If the (medication) didn't work, we'll try this out and I'm already on anxiety meds. I know what an anxiety attack is, and I'm telling them, hey, this isn't an anxiety attack. I know what my anxiety attacks feel like. This is something else. Six times I was in urgent care over a six-month period until in my home, I finally felt something finish tearing away in my chest, and as I was losing consciousness, I managed to dial 911. They took me in and when they finally X-ray my chest, my collapsed lung had healed in its collapsed position. After walking on it for six months because I had a history of anxiety.”*

*“Like this is my life. I'm not just a number.”*

A participant talking about how a healthcare provider made them feel like a number instead of a human being.

## **Health-Related Programs, Workshops, Seminars, or Screenings Participated or Interested In**

- Nutrition, Cooking and Exercise Programs
- Flu Vaccine and COVID Screening
- First Aid and Mental Health First Aid Trainings
- Weight, Heart, and Blood Pressure Screenings, Heart Age Screening.
  - *“There are programs that can help you quit smoking, weight loss, control your diabetes. So there are things out there and I think that we need to have more programs, seminars, workshops, that sort of thing available to the public to be able to know because... I know for a few of us, (The Heart Age Screening) was a shock... OK well then, yeah...I can, you know, try to work the program to quit smoking. I can, which there's not enough of those (smoking cessation programs) available.”*
  - *“I've taken a financial class, training class so I can help others with budgeting and check out banking, that sort of thing. You have more of that. If you can get into something and learn that and then you can turn out and help somebody else, pay it forward”*
  - *“It's great that you came in and your taught us about nutrition. If only I had the food stamps to buy the nutritious food and not have to burn it on, you know, cheap, easily accessible calories. OK, like I I love the programs that you all do to help educate, but without the resources to actually make use of them. It's like how”*
- Participants mentioned that there needs to be more education on mental and physical health and how it is *“prefer(ed) when the services and offerings are centralized in one place.”*

## **Improving Healthcare Services**

Participants would like to see the following healthcare services or resources improved in their community:

### **Increase access to advocates, case workers, and community health workers**

- *“I was doing really well with my caseworker. Like my life was getting better”*
- *“I know the advocates here at the clubhouse help a lot.”*

### **Primary care provider options that accept Medicaid**

### **Additional nurses in primary care provider offices**

### **More specialists in the area**

### **Rehab for substance misuse**

- *“There's no recovery (programs) for substance abuse.”*

### **Support programs for substance misuse**

### **Local mental health emergency programs**

- *“In order to see a psychologist in Big Rapids, you have to wait like half a year to get diagnosed with something.”*
- *“If you have a mental breakdown here, you have to get shipped to Saginaw or Grand Rapids and they keep you for a week.”*

### **More mental health workers within the jail systems**

### **Education and Trainings**

The participants of the focus group mentioned how important it is to educate and train healthcare staff and the community on stigma, mental health, and disabilities.

- *“I'm big pusher of education and understanding, and I think that while we've come up with a lot of different ideas here today it's going to take a long time and it's going to take a lot of change, change and invest in education of people.”*
- *“They need to be a lot more sensitive to people with mental disabilities.”, “They need to understand that people have issues.”, “Everyone has issues, you know everyone. No one is perfect”*
- *“Until we can start to see them as allies and part of our network as a community, there's not going to be the improvements we're looking for. And I think that requires a lot of trust, though, because everybody, almost everybody who is in this situation has in some way felt a deep sense of betrayal by the larger community.”*
- *“One last thing. I'm going to say they just need to be a lot more sensitive and accommodating for disabled people, especially mentally ill, disabled people, that's the bottom line.”*

### **Personal Touch in the Healthcare System**

Personal touch in healthcare goes beyond medical expertise and technical skills. It encompasses empathy, compassion, effective communication, and individualized care. It not only improves the patient experience but also contributes to better health outcomes and a more positive healthcare environment for both patients and providers. Participants explained that personal touch in the healthcare system is lacking in their community.

*“I feel like a lot of it that we're missing is we're missing that personal touch. Where people really show you they care about you.”*

When asked what recommendations could be given to healthcare providers about personal touch, one participant said,

*“To show they care about people. To let that person feel that, hey, I care about you. I may not have all your answers, but you're important to me. And if I don't have the answer right now, I'm going to be willing to work on it, you know, but that's what people want. They don't want to be treated like a number you know, we're people.”*

### **Staying Informed About Healthcare Services and Community Resources**

Being informed about healthcare services empowers individuals to take control of their health, make informed decisions, access quality care, and contribute to the overall well-being of themselves and their communities. Participants identified various ways they stay informed about healthcare resources and services in their community, especially those that are affordable or cater to individuals with low income or disabilities. These include New Journey Clubhouse, looking up events online, receiving information in the mail, asking their doctor, bulletin boards at Laundromats, Facebook Community Groups ie: “Let’s Talk Reed City”, the library, Community Mental Health, and word of mouth.

- *“I didn't understand the value of having a network of people that cares ....Other club members who are struggling themselves but having somebody go, hey, I heard about this thing going on there, you know, that that might help you... I think that is a huge part of the secret sauce... connecting and being and building and knowing the value of networking with other people. Learn what it's like to make connections with people who can count on them.”*
- Participants stated that Clubhouse connects them to community resources that out on their own, they would not be able to find.
  - *“Clubhouse helps us more, I think, than the community could ever think about helping.”*
- *(What’s missing from the community?) “The ability to connect better. The people in places who have access to resources, actually making them part of the network. Like if we had someone from DHS who just showed up at club once a month and hey, these things are going on and hey, I'm a resource, I'm an ally, I'm here. That kind of connection.”*
- *“A lot of people like to perceive the people who know where the resources are, how to, as those who guard the gates... If you can't get past those gate guards? You're not getting help. But when that shifts and those people become hey, these are friends who are looking out to help you connect and help other people connect and it becomes this whole... we're all helping each other function as a community together.”*

### **Comments From the Participants**



*“I'm really glad to see you guys and just being heard”*



*“It’s nice to know that you guys are listening to us. You guys are really listening to what we have to say, we are people, you know, our voice does count, so thank you for coming here today.”*





This focus group was conducted by the North Central Community Health Innovation Region (NCCHIR). Focus group eligibility included individuals with a disability and/or individuals who are financially struggling. In this focus group, participants were asked questions regarding social connectedness and accessing community resources. Focus group members were compensated for their time and travel with a \$100 gift card and a \$15 gas gift card.

**Focus Group Location:** Mid Michigan Community Action in Farwell, Michigan

**Focus Group Attendance:** Two Clare County parents participated in the focus group.

### Social Connectedness



Social connectedness refers to the degree to which individuals or groups in society feel connected to and engaged with each other. It encompasses the sense of belonging, the quality of relationships, and the extent of social interactions within a community or society. Social connectedness has various benefits for individuals and society as a whole. It can lead to increased happiness, improved mental and physical health, reduced stress, and a greater sense of purpose and well-being. Conversely, low social connectedness can lead to feelings of isolation, loneliness, and alienation, which can have negative consequences for individuals' mental and physical health.

#### Forming Social Connections for Children

Participants indicated that their child participates in activities at Mid-Michigan Early Start. Mid-Michigan Early Start activities provide opportunities for social interaction and connection for the child.

- *“When there's something that I don't know (I ask) my son's in-home teacher from the Head Start. (The teacher) usually finds stuff for me that I didn't know about.”*

#### Forming Social Connections for Parents

Participants did not seem aware of social connection opportunities in the community for themselves as parents. One of the parents mentioned meeting individuals in their apartment complex but have not been able to meet friends outside of that one interaction. The following are some examples of the struggles the parents have had with social connections;

- *“I mean the only other support person I really have is my mom but she's 2 1/2 hours away.”*
- *“I really haven't found any friends, mom friends that are my age that I like... yeah, I really haven't found any friends since (I've been) here.”*

#### Barriers in Forming or Maintaining Social Connections



Recognizing barriers to social connectedness is crucial because it enables us to address and overcome the factors that hinder meaningful relationships, fostering a more inclusive and supportive society where individuals can thrive together. Focus group participants addressed the following barriers they experience in forming or maintaining social connections for themselves or for their child:

**No access to transportation**

- *“I don't have a car, so I have to walk everywhere, and I don't have my license, so it kind of makes it hard to... find Moms off of Facebook because a lot of them... want you to travel to them or me halfway and ... I'm not able to do that..”*
- *“Transportation would be a big barrier.”*

**Stress of being a new parent**

- *“Especially being a new mom... this is my first kid, so I don't know anything... It was stressful”*

**Access to Transportation**



Access to transportation refers to the availability and affordability of means such as public transit, vehicles, or other modes of conveyance, allowing individuals to move from one place to another for various purposes, including work, education, healthcare, and daily activities. Access to transportation is crucial in rural communities because it enables residents to connect with essential services, job opportunities, healthcare facilities, and educational institutions that might be located at a distance. It reduces isolation, promotes economic mobility, and enhances the overall quality of life by ensuring that people can access vital resources and engage in social and economic activities effectively.

**Modes of Transportation**

Participants indicated that the most common modes of transportation they use in their community include walking, insurance-covered healthcare transportation, the bus or personal vehicle.

*“I usually just walk...or use my Medicaid ride or I had to use the bus to go to the food pantry.”*

**Barriers in Accessing Transportation**

Recognizing barriers to accessing transportation is essential as it allows for the development of solutions that can bridge gaps in mobility, ensuring that everyone, regardless of their circumstances, can access vital services, employment opportunities, and community engagement, thereby promoting social equity and inclusivity. Participants indicated the following as barriers to accessing transportation in their community:

### **Scheduling for Ride Programs**

- *“Yeah, as long as I have like... at least a week's notice, I can be able to (request transportation) because the Medicaid rides you have to do it three days in advance. So, unless it's like an absolute emergency, then you can do it like... a day before. But still... the whole ride thing is a little hard.”*
- *“You have to make sure they're able to come pick you up, and then you have to call them when you're ready...if they're not there or they show up early, or sometimes they show up late and it's like well, if they show up late what am I supposed to do.”*

### **Cost of Gas**

- *“Neither of us are working right now and my dad has been paying for all my gas.”*
- *“Gas is an issue”*
- *“Yeah, it's not going to be worth it to like work at McDonald's, because I'm not barely probably make enough for gas.”*

### **Solutions or Workarounds to Overcoming Transportation Barriers**

Participants found some solutions or workarounds to overcome transportation barriers. These include:

#### **Walking**

- *“A lot of our stuff is in with walk within walking distance like our grocery stores within walking distance, the pharmacy's within walking distance. His doctor's office is in walking distance. Yeah, so we have a lot of stuff that's within walking distance. I mean, some of the stuff is a little further down the road, but it's still within walking distance.”*

#### **Health Insurance Ride Assistance**

- *“I do get free rides for my Medicaid. But you know, I'd rather travel within my city limits rather than having to travel outside.”*

### **Improving Transportation Options**

Participants explained that the community, local organizations, and government can work together to improve transportation options for accessing community and healthcare services by providing gas cards and assistance with transportation cost.

## Access to Healthcare



Access to healthcare refers to the ability of individuals to obtain necessary medical services and treatment without financial, geographic, or systemic barriers, ensuring that everyone has the opportunity to maintain and improve their health. Access to healthcare is vital because it not only preserves and enhances individual health but also promotes social equity and well-being by making sure that all members of a society can receive essential medical services and treatments when needed. When looking specifically at rural communities, access to healthcare ensures that residents in these areas can receive timely and quality medical services, reducing health disparities and improving overall well-being despite the challenges of geographic isolation and limited healthcare infrastructure.

### Healthcare Services Available for Children

Participants explained that there is no pediatric care available in the community.

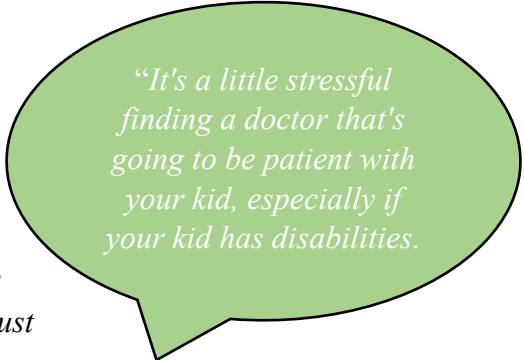
*“It's not really a pediatrician, it's more like a family doctor because they don't have pediatricians in Clare, but they have to go like to Mount Pleasant... and I already went to Mount Pleasant when he was a baby for his pediatrician appointment... because of the transportation issue, we decided to switch doctors over where it was only walking distance.”*

### Challenges or Difficulties in Accessing Healthcare

Addressing challenges to healthcare is essential for improving individual well-being, promoting social equity, ensuring economic stability, and safeguarding public health. Participants identified various challenges and difficulties in accessing healthcare in their community.

#### Health Insurance Coverage

- *“We have dentists around, but I don't think they accept our insurance.”*
- *My problem is just like finding a good doctor that accepts my health insurance’*
- *“I have a choice to switch my Medicaid because it's reenrollment season, but I'm not going to. Because that's a whole hassle that I don't want to deal with, I'd rather just stick with what I got.”*
- *“My daughter can't go to the same dentist as my son because her dental coverage is different than his and they don't accept hers”*



*“It's a little stressful finding a doctor that's going to be patient with your kid, especially if your kid has disabilities.”*

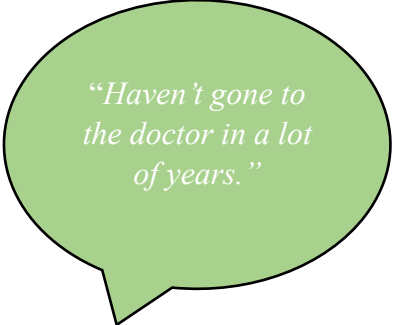
- *“You can't make an appointment until your insurance is confirmed. So then your wait time is even longer because they wouldn't let me make appointments until they had my insurance.”*

### **Retention of Healthcare Service Providers**

- *“(My child) had a doctor. He's only seen her like twice then she took some time off so we had to see a different doctor. That was a replacement of that doctor and then she determined from a simple questionnaire that my child has autism with no (observation), just automatically assumes from a questionnaire that he's autistic... Then we found out that our doctor that we had originally is now moving, so we're getting a whole new doctor, so now he has a whole new doctor that's going to do another autism test on the 20th to find out if he truly has it or if they just misdiagnose him or ... if he's just developmentally delayed... It's a little stressful, because I keep having to switch doctors and this is going to be like the 4th doctor he's gone through in the last two years”*

### **Poor Children Healthcare Experiences**

- *“(My main problem is) finding a doctor that's good with kids who don't like the doctors because my kid is not fond of going to the doctor and he freaks out of every time he's at the doctors. The most important thing for me is to have a patient Doctor who is willing to work with parents who have a high risk kid in the doctor's office because my son was born with a hole in him or ... has a heart murmur.”*
- *“(The) doctor was really rude. The nurses were really rude... because my son doesn't like the doctor and he was freaking out and we were trying to calm him down and the nurse...wouldn't let us. She was shoving her fingers in his face, like snapping at him, like yelling at him.”*
- *“The doctor got angry because he couldn't... hear his heart, because he's freaking out. And so he's like, well, just bring him back when he's a little bit more mature”*
- *“It's a little stressful finding a doctor that's going to be patient with your kid, especially if your kid has disabilities and... if your kid's not comfortable with new people.”*



*“Haven't gone to the doctor in a lot of years.”*

### **Poor Adult Healthcare Experiences**

- *“My son just turned 8 in July and after I had him, I went to my family doctor for postpartum visits and they gave me like, medicine and I didn't go to my follow up. And they just sent me a bill instead of calling to see if I was even OK for that kind of a checkup, so I've never gone back since.”*
- *“I haven't seen a doctor since I broke my foot in 2018. I just really don't personally like doctors. I have been in and out of them as a teenager for like depression and anxiety and so going to the doctor gives me anxiety. So, you know, it's kind of hard to go to a place*

*that gives you anxiety because you don't know what they're going to say or what they're going to do.”*

- *“If I'm like I have no other choice but to go to the doctor, I will go to the doctor. If I'm dying, I will go to the doctor, but other than that if I'm healthy and I know I'm healthy.”*
- *“I am terrified of the dentist because they're always rude. Everywhere I've gone they make me feel bad.”*
- *“Well, as a child, we weren't like, taught proper hygiene things. If you aren't taught, you don't know. So, all of my siblings and myself, our teeth is super bad and they make us, they make me feel very uncomfortable going.”*
- *“They were really rude about the whole like me not brushing my teeth and stuff... then like the whole like wisdom teeth thing, I was supposed to go back to and have my other one removed and I haven't got it. So now I have... mouth problems.”*
- *“I had an epidural... and they messed up my back with that. I have severe back problems from that because they had to take the needle out and reinsert it and then take it out and reinsert it.”*

## **Stigma**

- *“I know I had a lot of judgment when I first moved up here after I found out I was pregnant... I had a lot of judgment for not getting prenatal care until I was past 20 weeks... I had a really rude OBGYN”*
- *“I had to have my gallbladder removed a month after I had my son. (the doctor was rude about me being pregnant and said I wasn't suppose to eat peanut butter) ... (I asked him) what do you want me to do? And (he said) well, you can do this and this and this for protein but I don't have all the money in the world to do this and this for protein. So, if peanut butter is the cheapest thing I can do, I'm going to do it because... my child needs (protein)... and he was kind of rude about this because I didn't know that pregnancy can cause gall bladder issues and he's like, well, you should have researched that before you got pregnant.”*
- *“Especially when you're a young person and like you're a young mom, it's kind of hard to not have that judgment when it comes to doctors because it's like, oh... you have nothing better to do with your life than get pregnant... it wasn't my choice to get pregnant like this is an unexpected plan for us to get pregnant but it happened and I wouldn't take my son back or anything.”*

## **Wait-Times for Healthcare Services**

- *“Last month I made a dentist appointment for my daughter. She'll be four tomorrow, her appointment isn't available until July of next year.”*
- *“When we had to switch doctors from Mount Pleasant to Clare... we had to wait a few months before you actually saw that doctor.”*

### **Distance to Providers**

- *“Our doctors are in Mount Pleasant so it's a drive.”*
- *“The miles that you have to travel to get to certain places... (Not every) city has a specialist that your child needs so sometimes you have to travel to a whole another city like my son had to travel all the way to Saginaw and that's an hour away, just for his heart doctor... it's a little difficult.”*
- *“My nephew was born with a double cleft lip and a cleft palate. So my sister lived in Harrison, which is where I live and she had to deliver in Saginaw and all of his appointments, even still, are in Ann Arbor... She has to go there at least once a month.”*

### **Transportation Causing Time Delays and Appointment Cancellations**

- *“I was 12 minutes late and they only allow ten... they made me reschedule... 10 minutes is enough time for us to have a window of opportunity to get there, because... sometimes it takes people longer, especially if they have multiple kids or if they have to leave from a different city to come to that city.”*

### **Improving Healthcare Services**

Participants would like to see the following healthcare services or resources improved in their community:

#### **Making Offices Kid-Friendly**

- *“I would really like prefer like doctor's offices to be more like kid friendly”*
- *“There's nothing there for your kid to be calmed down. There's nothing there for your kid to be preoccupied with something else... Most doctor's offices have toys or, you know, colorful stuff on the wall. His doctor's office doesn't have that.”*
- *“Especially with kids who have disabilities like it's they're not comfortable going to new places or going to doctor's office because they can be overstimulating for them.”*

#### **Understanding of Cancellations**

- *“They should be more open... if somebody cancels their appointment and somebody shows up like or like having a better system of, like walking in”*
- *“My husband's appointments from his accident have been in Traverse City and one of his first appointment after one of his surgeries... We were an hour late, because there was construction”*

#### **Appointment Reminders**

- *“They don't do a very good job with (reminding people of their appointments) because phone calls can only go so far. It'd be nice to have a letter sent... just better communication with appointment times and that like appointment reminders.”*



- *“Some parents are on the go constantly, so they don't always have time to remember, oh my child's got this appointment or they don't always remember the time that their child has this appointment.”*

### **Additional Comments**



#### **Staying Informed About Healthcare Services and Community Resources**

Being informed about healthcare services empowers individuals to take control of their health, make informed decisions, access quality care, and contribute to the overall well-being of themselves and their communities. Participants identified that they typically receive healthcare resources from their child's doctor.

*“I don't really know where else I would get (information about healthcare resources).”*

#### **Social Determinants of Health**

Many of the participants mentioned that they had underlying struggles with the cost of living and economic instability. Some of these instances can be contributed to health conditions and needing to take time off of their job to care for their families. Michigan Works was mentioned as a resource that help individuals access education to provide their job outlook.

- **Economic Instability & Increasing Cost of Living**
  - *“The prices of food and clothes and everything that you need to survive, it's a little hard, especially because I'm living off of just my fiancée's SSI and he'll he gets paid once a month. We have to make everything that we have stretched for that entire month... I'm trying to personally trying to find a job that's going to be enough to be able to support myself and my child and my fiancé at the same time so he doesn't have to do everything but unfortunately nowadays they want so many qualifications... I don't have my high school diploma because I never graduated high school. I'm trying to go back to get my GED, but that's a whole process in itself and then being able to find a job after you get your GED”*
  - *“I was going through Michigan Works and they were going to pay for schooling.”*
  - *“One of us need a job and my husband has a lot of problems from his accident. He's been working until just like two months ago. So I figured I would just get a job instead of going to school because I've done both (school and work) before and I can't do both (with) three kids again. It's a lot.”*



- *“I had a job and then I had ..leave that job for my child and I was going through a lot of of issues. I found another job (and then) I had to leave that job because of my child and going through a lot of other issues.”*



This focus group was conducted by the North Central Community Health Innovation Region (NCCHIR). Focus group eligibility included individuals with a disability and/or individuals who are financially struggling. In this focus group, participants were asked questions regarding social connectedness and accessing community resources. Focus group members were compensated for their time and travel with a \$100 gift card and a \$15 gas gift card.

**Focus Group Location:** Clare County Senior Services in Harrison, Michigan.

**Focus Group Attendance:** Five Clare County seniors participated in the focus group.

### Social Connectedness



Social connectedness refers to the degree to which individuals or groups in society feel connected to and engaged with each other. It encompasses the sense of belonging, the quality of relationships, and the extent of social interactions within a community or society. Social connectedness has various benefits for individuals and society as a whole. It can lead to increased happiness, improved mental and physical health, reduced stress, and a greater sense of purpose and well-being. Conversely, low social connectedness can lead to feelings of isolation, loneliness, and alienation, which can have negative consequences for individuals' mental and physical health.

#### Forming Social Connections

A majority of participants indicated that they made new friends and acquaintances in their community at community organizations like the Clare Senior Services, and through activities such as work, church, and the Moose Lodge. Additionally, some residents have made friends at the local marketplace.

*“I kind of just sit back away from everyone and... I'm there, but officially I can't participate.”*

#### Barriers in Forming or Maintaining Social Connections

Recognizing barriers to social connectedness is crucial because it enables us to address and overcome the factors that hinder meaningful relationships, fostering a more inclusive and supportive society where individuals can thrive together. Focus group participants addressed the following barriers they experience in forming or maintaining social connections:

##### Disability-Limits Mobility

- *“I've had some (challenges) with my disability and with my leg issues going on now. So, I've had some challenges for the last couple of years.”*

- *“A lot of times I just don't go because it's hard for me, a lot of days to walk and just get around.”*
- *“I pretty much had the same issue getting around and the pain in my legs... then I kind of just sit back away from everyone and... I'm there, but officially I can't participate.”*
- *“That's another one of my ailments and I'm fine if I'm sitting down, but if I have to stand up for a while it hurts and I start to panic, like, where am I going to be able sit down... so just they need to be able to have somewhere for me to sit if you need to, because not everybody (can) stand up the whole time for things”*

#### **Shy or Enjoy Being at Home**

- *“I'm not really outgoing.”*
- *“It's my own fault if I don't go because it's not that they don't ask me. I just would rather stay home.”*
- *“Like I said I'm a home body and as soon as the sun comes up, depending on the weather, we're getting my cup of coffee and bowl and sitting outside.”*

#### **Health Concerns Require Individual to be Home**

- *“I got not feeling so good and I've got kidney trouble and so I've stayed home the last couple of years, so I've like removed myself from the world.”*
- *“I have chronic pain.”*

#### **Not aware of what events are happening in the community**

- *“I'm not real familiar with everything that is here”*

#### **Cost of Gas**

- *“We don't have a lot of money for gas, I know there's (an exercise facility) in Clare, but I can't afford to go back and forth.”*

#### **Virtual Social Connections**

- Seniors in this group stated that they connect to family and friends through Facebook and Instagram.
- Additionally, they stated that they regularly text, call, and use facetime for family members that live far away.

#### **Gatherings or Events Participants Attend & Events Interested In**

Some of the participants indicated that they attend places like the bible study, Moose Lodge, and county fairs. Previously, participants mentioned going to the medical center to use the physical therapy gym for exercise. They have also taken cooking classes in other counties. Participants are interested in the following events that are not currently available in the community:

##### **Planet Fitness**

- Participants mentioned wanting a place to use exercise equipment to improve their health. These facilities need to be easy to access and low cost.

##### **Gardening Classes**

## **Cooking Classes**

### **Library**

- *“I’m hoping with the new library that they’ll have a lot more things going on there. I think they just moved in... I could spend all day there.”*

## **Access to Transportation**



Access to transportation refers to the availability and affordability of means such as public transit, vehicles, or other modes of conveyance, allowing individuals to move from one place to another for various purposes, including work, education, healthcare, and daily activities. Access to transportation is crucial in rural communities because it enables residents to connect with essential services, job opportunities, healthcare facilities, and educational institutions that might be located at a distance. It reduces isolation, promotes economic mobility, and enhances the overall quality of life by ensuring that people can access vital resources and engage in social and economic activities effectively.

### **Modes of Transportation**

Participants indicated that the most common modes of transportation they use in their community are personal vehicles.

### **Barriers in Accessing Transportation**

Recognizing barriers to accessing transportation is essential as it allows for the development of solutions that can bridge gaps in mobility, ensuring that everyone, regardless of their circumstances, can access vital services, employment opportunities, and community engagement, thereby promoting social equity and inclusivity. Participants indicated the following as barriers to accessing transportation in their community:

#### **Fear of driving and driving during poor weather**

- *“I have to leave early. I pray that I’m not going to have like a panic attack or something when I’m driving. It’s just terrible. And once I get here, once I get here, I just have to chill out for a while”*
- *“When you get a siren that comes up behind you, whether it’s emergency vehicle or... That can throw you right into (a panic attack).”*
- *“I’ll make up an excuse if it’s bad weather outside and I’m not going, I’ll say sorry.”*

#### **Cost of Gas**

- *“One thing I find is the gas prices are challenging”*

#### **Wait-time for the Bus**

- *“I know several people that it drops them off at their doctor's appointment and then telephone call when your appointment's over, but they always have to wait beyond the call. An hour 1, one gentleman 2 hours”*

#### **Weather and Waiting for the Bus**

- *“One lady stood outside in the snow because (transportation) told her (that) she had to be outside waiting for them and it was right after that really heavy snow we got and she's like, ‘it's too cold out here’. ‘Look you're not out front we won't stop’. So, she stood out there in the snow and cold and then he was 30 minutes late.”*

#### **Solutions or Workarounds to Overcoming Transportation Barriers**

Participants found some solutions or workarounds to overcome transportation barriers. These include:

##### **Use bus service and senior pass when car is broken down**

- *“I've used the bus before few times over the years when my car broke down (and I) had a medical appointment or something”*
- *“With the transit bus here... you can get a senior pass. (It is free)”*
- *“If you're disabled or on disability you can get it for like a dollar or something like that each way, so they do have it reduced.”*

##### **Friends and Family**

- *“I just asked my sons if I have to have a ride.”*
- *“That's us, our friends, family.”*

### **Access to Healthcare**



Access to healthcare refers to the ability of individuals to obtain necessary medical services and treatment without financial, geographic, or systemic barriers, ensuring that everyone has the opportunity to maintain and improve their health. Access to healthcare is vital because it not only preserves and enhances individual health but also promotes social equity and well-being by making sure that all members of a society can receive essential medical services and treatments when needed. When looking specifically at rural communities, access to healthcare ensures that residents in these areas can receive timely and quality medical services, reducing health disparities and improving overall well-being despite the challenges of geographic isolation and limited healthcare infrastructure.

#### **Challenges or Difficulties in Accessing Healthcare**



Addressing challenges to healthcare is essential for improving individual well-being, promoting social equity, ensuring economic stability, and safeguarding public health. Participants identified various challenges and difficulties in accessing healthcare in their community.

### **Wait-times and Retention of Healthcare Service Providers**

- *“It's really difficult if you have to go see a specialist you can't get in anytime soon. It's two or three months out.”*
- *“Now in Mount Pleasant there was one, but they left... there was (another) one but she was done accepting any more new patients.”*
- *“They gave him a doctor in Gladwin and he called out there to make an appointment, and the receptionist said he moved to Hawaii last year and there was no other, no other one available.”*
- *“(The doctors) leave suddenly, but they don't say anything to their patients... that they're going to be leaving.”*
- *(When transferring doctors if your current physician leaves) “new patient (evaluation)... more money.”*

### **Long Distance to Providers**

- *“So that left me with having to drive to Lansing, which is tough, especially if I have like 4 different appointments in one week. So the gas and the distance and everything... there is a shortage of doctors.”*
- *“Our appointments are Ann Arbor, Saginaw, Grand Rapids because there's nobody in the (general area). Well, nobody within an hour, or hour and a half away that you can go to.”*
- *“Nobody wants to come put a practice in Harrison.”*

### **Navigating Services and Self-advocating**

- *“Now what I do is when they tell me what we're going to send you, we're giving you a referral to an immunologist. I get on my phone on Google and I start going through immunologists and calling.”*
- *“There's some (healthcare facilities) that do take our insurance but, in this instance, it wouldn't matter if we had to pay out of pocket. I just want her to be able to breathe.”*

### **Cost of Services**

- *“So now I'm out of visits and now I have to pay so much each time. So, then I'm thinking am I going to be a lot worse not going to the chiropractor, but I'm I don't have an income”*
- *“I wish I could go, and I wouldn't have to worry about the money”*

## **Improving Healthcare Services**

Participants would like to see the following healthcare services or resources improved in their community:

### **Dental Services**

- *“Dental. When I called to get my teeth cleaned there was a year wait... Because I'm new patient (it's a year wait).”*

### **Cost Assistance**

- *“We have to go to Ann Arbor for (a surgery) and helping hands is helping pay for (us) to stay down there for the five to seven days... They're gonna pay for a portion of that cost. So that's been wonderful.”*
- *“If there was more access to get (medical supplies that) would be wonderful... I went through bandages and tape. You name it... It's expensive.”*

### **Telehealth and Virtual Healthcare Services**

- *“I had to find out from my insurance if Medicare accept telehealth, then I won't have to make that drive to Lansing.”*
- *“(My doctor's) main office is in Ohio, so they have a little room. You go (in to) Mount Pleasant and have little room set up, you go in and she comes on the virtual... That was weird the first time. The doctor was on the computer and then was two nurses there with me. It was just really weird but now I'm used to it because it he does it all times.”*
- *“My pain management doctor. We do virtual. It's always 7:00 in the morning. Oh, he's got appointments as early as 5:20 so we do virtual.”*
- *(Doctor asked if I wanted to use Telehealth) “this summer... I'll come in but when this first snow hits, we're going to virtual... I'd much rather, when the snow is on the ground, do virtual.”*
- *“It makes you feel more relaxed”*
- *“I love the virtual. Especially during the winter.”*
- *“I like that too, because I think sick people go to doctors' offices. When you go on there you risk getting sick.”*

### **Programs That Provide Healthcare Support or Education**

Healthcare programs that provide support and education for seniors are crucial because they empower older individuals to manage their health effectively, make informed decisions, and enhance their overall well-being, ultimately leading to better health outcomes and a higher quality of life.

*“Before I became fully disabled, (I used) disability network and Michigan work and they help with my education.”*

### **Staying Informed About Healthcare Services**

Being informed about healthcare services empowers individuals to take control of their health, make informed decisions, access quality care, and contribute to the overall well-being of themselves and their communities. Participants identified various ways they stay informed about healthcare resources and services in their community, especially those that are affordable or cater



to individuals with low income or disabilities. These included health fairs, social media, newspapers, and word of mouth.

*“They had like, resources that was at the fairgrounds. Different resources and information available.”*

*“That's where I see everything is social media.”*

### **Additional Comments**



*“I've stayed home the last couple of years, so I've like removed myself from the world. So, I'm so glad you guys. I came here today because it's like I never go out anywhere. This is a big deal to me.”*

*“This is the first time I've gone to something like this... I like it so maybe I'll start doing more things you know.”*





This focus group was conducted by the North Central Community Health Innovation Region (NCCHIR). Focus group eligibility included individuals with a disability and/or individuals who are financially struggling. In this focus group, participants were asked questions regarding social connectedness and accessing community resources. Focus group members were compensated for their time and travel with a \$100 gift card and a \$15 gas gift card.

**Focus Group Location:** Strickler Center in Mount Pleasant, Michigan

**Focus Group Attendance:** Four Isabella County parents participated in the focus group.

### Social Connectedness



Social connectedness refers to the degree to which individuals or groups in society feel connected to and engaged with each other. It encompasses the sense of belonging, the quality of relationships, and the extent of social interactions within a community or society. Social connectedness has various benefits for individuals and society as a whole. It can lead to increased happiness, improved mental and physical health, reduced stress, and a greater sense of purpose and well-being. Conversely, low social connectedness can lead to feelings of isolation, loneliness, and alienation, which can have negative consequences for individuals' mental and physical health.

#### Forming Social Connections for Children

Participants indicated that their child participates in activities at the Early Childhood Special Education program which includes physical therapy and occupational therapy and the Autistic Community Activity Program. Additionally, some kids participated in daycare, playdates with friends, and Great Start. Some organizations that provide activities for kids include Jump Station Morning Toddlers, Mini City, kid's museum, and Taekwondo. These activities provide social interaction and connection for the child.

*“My son goes to school daily, so it operates on the public-school calendar. Every day for 1/2 a day he gets interaction with other children who (are also) nonverbal... the building itself has a lot of preschools, so he gets to interact with... regular kids but we don't have a ton of playdates because I have six kids at home”*

*“When the COVID restrictions were lifted, they offered those playgroups again and so she started going to the playgroups, and she made a couple of friends (in) the playgroups”*

#### Forming Social Connections for Parents

Participants indicated that they have attended Great Start meetings that provide daycare and reimburse mileage for attendance. Other parents have attended 8CAP through Rosebush

Elementary which provides them with the opportunity to connect with other parents who have children with special needs. Otherwise parents have meet some acquaintances in their neighborhood and be-friended the parents of their child's friends. For some of the parents, they mentioned struggling with their social connections:

- *"We don't have many friends up here so... it's just not many things we do"*
- *"We make friends with their friends' parents because they want to hang out"*
- *"A couple of parents where we see them enough from different events, community things that we go to... can set up play dates, but we don't have always have a chance to do it very often."*
- *"Working and different shifts... like that, all the little challenges"*

### **Barriers in Forming or Maintaining Social Connections**

Recognizing barriers to social connectedness is crucial because it enables us to address and overcome the factors that hinder meaningful relationships, fostering a more inclusive and supportive society where individuals can thrive together. Focus group participants addressed the following barriers they experience in forming or maintaining social connections for themselves or for their child:

#### **Not many activities available for younger children**

- *"There's not too much stuff around here for her age."*
- *"We struggle finding anything her age because like in the previous city that we lived in, she was in swim classes, we had play dates all the time, She was in dance classes, it was so much fun. We don't do those things anymore."*

#### **Lack of knowledge of activities going on**

- Participants explained that they found out about activities for their children from local Facebook groups and the city newsletter that comes through the mail but wished there was more information shared on what activities are available for young children.
- *"There's not like a hub of things where you're like if you have small people take them here!"*

#### **Transportation**

- *"We moved out of town so the bus (IRide) will only come and go like four times a day"*
- *"If you want to do anything outside of (the bus schedule), you have to have a car so when (you have)... less than two cars with two employed people that has been a challenge... We can't really work social stuff in you're trying to keep a schedule with one car."*

#### **Lack of social opportunities for children with disabilities**

- *"My son has special needs, so there's not a lot of things in the area for that type, if that makes sense... He has four kids in his class so it's not like there's a lot opportunity with others."*

### **Improving Social Connections for Children**

Participants explained that they would like to see more awareness of events and activities for children in Isabella County and they would also like to see more gymnastic, dance, and educational programs for young children. Parents would love to see activities that are available in the winter for small children.

## **Access to Transportation**



Access to transportation refers to the availability and affordability of means such as public transit, vehicles, or other modes of conveyance, allowing individuals to move from one place to another for various purposes, including work, education, healthcare, and daily activities. Access to transportation is crucial in rural communities because it enables residents to connect with essential services, job opportunities, healthcare facilities, and educational institutions that might be located at a distance. It reduces isolation, promotes economic mobility, and enhances the overall quality of life by ensuring that people can access vital resources and engage in social and economic activities effectively.

### **Modes of Transportation**

Participants indicated that the most common modes of transportation they use in their community include personal vehicles and I Ride.

### **Barriers in Accessing Transportation**

Recognizing barriers to accessing transportation is essential as it allows for the development of solutions that can bridge gaps in mobility, ensuring that everyone, regardless of their circumstances, can access vital services, employment opportunities, and community engagement, thereby promoting social equity and inclusivity. Participants indicated the following as barriers to accessing transportation in their community:

#### **Rural Access to Transportation**

- *“(It’s) very difficult... I think if we lived in town, it would be different because we could bike, to the bus. The bus will come get you anytime you want and pick you up anytime you want in town but if you don’t live in town and a lot of the county is pretty rural. So, if you don’t live (in town) basically your options are kind of limited”*

#### **Winter Driving**

- *“The roads aren’t very good in the winter. (That can be a) challenge, safely navigating, especially if you live outside of town and back roads, can be pretty interesting.”*
- *“We get plowed in”*

#### **Vehicle Reliability**

- *“The biggest barrier is like car reliability.”*

- *“Yeah, like paying for repairs and... the standard maintenance like oil changes”*
- *“Where we live... if you don't use your car and you don't maintain it, you're not allowed to have it there, or they'll have it towed. They're really picky about that and (they) will drive around looking for cars that do not work.”*

### **Bus Reliability and Scheduling**

- *“The first time I called the bus to see about like going back and forth to work. The (individual working for bus transportation) said if you work out (a certain distance in the county) don't count on us to be to take you on time to your job, even if you like leave lots of time and this is the time we agree on. She (said) don't rely on us (and) I appreciate that honesty.”*
- *“(The individual working for bus transportation said) we just we cannot guarantee you'll get (to work) on time, even though we should be able to... we can't guarantee it and we've had people lose their jobs because they have too many tardies.”*
- *“Even if you call in advance...they're limited on what their schedule looks like.”*
- *“I can also vouch for them being late... I know I've come home multiple times, and the neighbor girl was out in her driveway bawling her eyes out because her bus wasn't there (so I had to drive her to work).”*
- *“There's a shortage of bus drivers. (The school is using the buses for transportation). They want to pick up (my child) at 2 and a half years old, like 3 hours before school starts.”*

### **Solutions or Workarounds to Overcoming Transportation Barriers**

Participants found some solutions or workarounds to overcome transportation barriers. These include:

#### **Self-Advocating**

- *(Child was unable to participate in special education school program because they would have to be on the bus for multiple hours) “(The school) refigured the route to pick (my child) up later. So that was nice, but I definitely had to call multiple entities that are involved in this.” ... “When I said (my child's) not coming in until you get it figured out”*

#### **Forgoing on Necessary Services**

- *“No, we're not (letting our young child ride on the bus for hours), (my child) just won't go to that program then but (my child) needs (this special education) program.”*
- *“There's not really a work around that you found with transportation. It just either gets postponed or put off until a time that's more convenient.”*
- *“Otherwise... yeah just don't go.”*

### **Improving Transportation Options**

Participants explained that the community, local organizations, and government can work together to improve transportation options for accessing community and healthcare services by improving the bus routes and adding more drivers.

### **Improving the Bus Routes and Scheduling**

- *“The school here hasn't offered busing in a couple of years, if you live in town, you cannot ride the school bus, you have to live outside of town. But if you live too far outside of town, you also can't get a school bus... And if you live inside or outside that ring, you don't have the bus so you have to use the county bus, which is the bus I'm talking about, that's so unreliable... A lot of people are (relying on) the county bus, and I don't think (the transportation system) can manage. (They need to) put a new system in (because) they were never meant to supply an entire school half of the school districts bussing.”*
- *“There's a shortage of drivers for the county bus...and the schools have shortages, so they can't provide busing (incentives) because they don't have resources. It's a vicious cycle.”*
- *“Have more of (Transportation options)”, or “More availability”, or “Hire more bus drivers.”*

### **Access to Healthcare**



Access to healthcare refers to the ability of individuals to obtain necessary medical services and treatment without financial, geographic, or systemic barriers, ensuring that everyone has the opportunity to maintain and improve their health. Access to healthcare is vital because it not only preserves and enhances individual health but also promotes social equity and well-being by making sure that all members of a society can receive essential medical services and treatments when needed. When looking specifically at rural communities, access to healthcare ensures that residents in these areas can receive timely and quality medical services, reducing health disparities and improving overall well-being despite the challenges of geographic isolation and limited healthcare infrastructure.

### **Healthcare Services Available for Children**

Participants explained that they knew the health department offered programs for children including vaccinations and WIC if you qualify. One of the parents mentioned health screenings conducted by 8CAP. Otherwise, a majority of parents agreed that they utilize Isabella Citizens for Health services.

*“8CAP does some basic screening like hearing screens and vision screenings (etc)”*

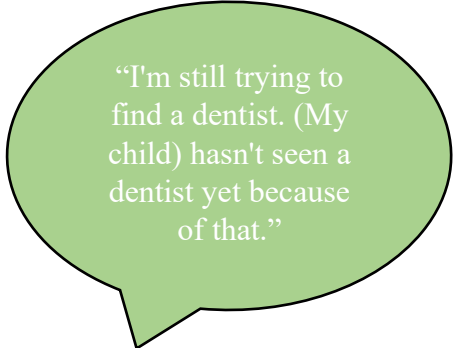
*“My (child) qualifies for children's special health services. That's a super big relief, because if they're like you need to see another specialist instead of being like, Oh my God... how are we ever going to pay for this? That helps a lot.”*

### **Challenges or Difficulties in Accessing Healthcare**

Addressing challenges to healthcare is essential for improving individual well-being, promoting social equity, ensuring economic stability, and safeguarding public health. Participants identified various challenges and difficulties in accessing healthcare in their community.

#### **Dental Care**

- *“Trying to find a dentist was awful... They are booked out like for new patients a year or more.”*
- *“I'm still trying to find a dentist. (My child) hasn't seen a dentist yet because of that.”*
- *“We traveled for over a year and a half for back home for dentist appointments. Finally, got them in.”*
- *“Forget specialty dentistry for kids, that's Grand Rapids”*
- *“Pediatric dentistry is NOT here.”*
- *“If it's more than a cleaning you got to go to like Bay City or something so it's very so frustrating.”*
- *“They'll say they're family dentist, but then (they) don't actually do fillings on children.”*
- *“(My foster child has) insurance supplied by the state, but they can only be seen at my community dental and it's a year out... I'm required to have (my child's dental cleaning) twice a year. (My child's) caseworker drove him to Greenville to get a cleaning because it was required for him to have it by a certain date and Mom just couldn't get him in. That's just for cleaning.”*



#### **Poor Dental Care Experiences**

- *“(The Dental Office Staff) are just awful. Like not one nice person in the whole joint and (it's your) only choice. I have to put up with your ... because I can't go anywhere (else).”*
- *“The upfront staff is not kind, but people who clean your teeth... I don't know if they're just like everyone's overworked and under paid.”*
- *“When you know the doctors on a personal basis and (it) makes you want to avoid the hospital at all cost.”*

#### **Health Insurance Limitations**

- *“They're so boked because they there's a Lot of people on Medicaid in the county... and they all have to go there.”*
- *“In this area you can find healthcare, you just can't find healthcare that is compatible with your insurance”*

#### **Navigating the System and Neglecting Self-care**



- *“I'm busy navigating the healthcare system for my little people, really... When's the last time I went to the doctors? You know, because it's fighting the good fight for everyone else.”*
- *“I don't even want to try and find a GP for myself.”*
- *“I don't think I've seen like a GP since I've been here.”*

#### **Availability of Primary Care and Specialist**

- *“Trying to find ENT is a nine month wait. It's weird how I'm from a rural area and even there, like it's not that bad as it is here. I've never been anywhere the Healthcare is so insufficient. It's crazy. I just don't get it.”*
- *“We have a pediatrician here but outside of an ear infection or a head cold, we are at DeVoss.”*
- *“We are (in Grand Rapids) for, we see a GI doctor there, a Neuro doctor, and an ophthalmologist there because there is nothing here for that.”*
- *“If you have any more than an ear infection or strep throat... you gotta go somewhere else, like there's no support here in that healthcare access.”*
- *“(Any) specialty too is a huge wait or you have to go out of town.”*
- *“I have a GP, and you can't get into her!”*
- *“I don't go to the doctor.”*
- *“You (cannot) access(health services) in like a reasonable timeframe.”*

#### **Transportation**

- *“Having to go out of town if you don't have a vehicle, definitely a barrier! If you gotta go to Bay city, yeah you can probably hop a few county buses. You know, but it's going to be a real test.”*
- *“We've never had any problems except for having to drive out of town which is a pain if we don't have a reliable car!”*
- *“OR if we don't have an available vehicle because someone is at work.”*

#### **Improving Healthcare Services**

Participants would like to see the following healthcare services or resources improved in their community:

##### **Availability of Primary Care and Specialist**

- *“I'm pretty sure I've strep throat. (Doctor says) can you come in next week? (I say) No, that's not gonna work, never mind, I'll figure it out.”*
  - *“Yeah, this town very heavily relies on urgent care and walk in”*
- *“Our pediatrician is located in Alma because they had some bad experiences with the ones at Mount. Pleasant so I found one in Alma, and he is wonderful, so I have taken every child there.”*
  - *“Sometimes... I have to pick him up at the school at this time, drive to Alma, drive back to the school, drive back to Mt Pleasant. But it's what needs to be done.”*



### **Availability of Dental Care**

- *“With Medicaid...I tried so many places. I had a whole list that I called... 8 answered and this many were not taking any new patients and three were taking new patients with their book like 6, 9, 12 months out... You can't get your teeth cleaned here.”*

### **Staying Informed About Healthcare Services and Community Resources**

Being informed about healthcare services empowers individuals to take control of their health, make informed decisions, access quality care, and contribute to the overall well-being of themselves and their communities. Participants identified various ways they stay informed about healthcare resources and services in their community, especially those that are affordable or cater to individuals with low income or disabilities. These include Facebook.

*“Facebook has everything, events, doctors' recommendations, good reviews, bad reviews. You want to know who's a good pediatrician that's taking new clients? (Facebook is) going to be your... best resource before anything else... If you don't have Facebook, you probably don't know what's going on in this town.”*

*“That's truly where everything at... the library puts all their events on Facebook. The museum puts all their events on Facebook and the Tribe puts their events on Facebook. You know, anything that's community activity.”*

### **Additional Comments**



### **Telehealth**

Telehealth is particularly helpful in rural communities as it enables residents to access medical expertise and consultations remotely, overcoming geographical barriers and ensuring timely healthcare services that might otherwise be limited or distant. The following were parent's comments about Telehealth:

*“There's someone in there (who takes) your blood pressure and actually doing those things, but then it connects you to the video(chat) (for the) registered nurse... I'm going there because they're open. And it doesn't cost me anything...I don't know if I'd choose telehealth necessarily, but I've had to make a decision.”*

*“There's no swabbing (for strep throat) when you're telehealth at home. (They ask what's wrong and I say) I have strep throat. She's like alright I'll call you in some antibiotics. (It does not seem right, but I'll take it! I don't know how you know that I have strep throat without me showing you, other than me saying that (I have strep throat).”*



This focus group was conducted by the North Central Community Health Innovation Region (NCCHIR). Focus group eligibility included individuals with a disability and/or individuals who are financially struggling. In this focus group, participants were asked questions regarding social connectedness and accessing community resources. Focus group members were compensated for their time and travel with a \$100 gift card and a \$15 gas gift card.

**Focus Group Location:** Isabella Commission on Aging in Mount Pleasant, Michigan.

**Focus Group Attendance:** Three Isabella County seniors participated in the focus group.

### Social Connectedness



Social connectedness refers to the degree to which individuals or groups in society feel connected to and engaged with each other. It encompasses the sense of belonging, the quality of relationships, and the extent of social interactions within a community or society. Social connectedness has various benefits for individuals and society as a whole. It can lead to increased happiness, improved mental and physical health, reduced stress, and a greater sense of purpose and well-being. Conversely, low social connectedness can lead to feelings of isolation, loneliness, and alienation, which can have negative consequences for individuals' mental and physical health.

### Forming Social Connections

A majority of participants indicated that they made new friends and acquaintances in their community at their apartment complex and on the sidewalks by their house when they're outside gardening or walking their dogs.

### Barriers in Forming or Maintaining Social Connections

Recognizing barriers to social connectedness is crucial because it enables us to address and overcome the factors that hinder meaningful relationships, fostering a more inclusive and supportive society where individuals can thrive together. Focus group participants addressed the following barriers they experience in forming or maintaining social connections:

#### Internet Access

- *"In the apartment complex where I'm at, the only thing you can have is Spectrum and when and when it's not working."*
- *"We rely a lot on that (Internet Access)."*
- *(If the internet is out) "You're disconnected."*
- *"It's been admitted that Mount Pleasant doesn't have enough cell towers because when CMU has home games, they actually bring in a mobile unit to help buffer the overload from people who are in town, but literally there are times and it's certain plans too. So if you have prepaid, you might be kicked off if you don't have where someone with another"*

*plan won't be. But so there's not enough cell towers here in town to help broadcasting and then even with like Spectrum with the Internet and stuff like that, there are times like for example, college kids are back.”*

#### **Knowledge of Events and Activities**

- *“If there is, we don't know too much about them...That's one thing that needs to be out there. If there's something going on for the seniors, there's a need to be more advertising for it.”*
- *“There used to be more advertisement pre COVID ...Whether it's budgets cut, or they've just gotten out of the habit of advertising... You probably see it online actually instead of like hearing about it, word of mouth or anything like that.”*
- *“You see billboards all over this town, you would think that they would be able to do an advertisement ... I don't care about (Real Estate Award Advertisement). I don't care. You know, I want to know what's going on in my community. I want to know what that and what I can get involved with.”*

#### **Cost of Events and Activities**

- *“There's literally nothing, you know, free to the public or even something that you could pay a small fee to that is available to us.”*

#### **COVID-19**

- *“With COVID, it changed so much of a lot of stuff ... A lot of stuff that used to be out there isn't there anymore. Either that or if they cut back so far on it.”*

#### **Gatherings or Events Participants Attend & Events Interested In**

The participants indicated that they attended places like Zumba classes, Michigan Work's resume building, career center, and activities at the community center. Participants are interested in the following events that are not currently available in the community:

##### **Free College Classes**

- Participants mentioned certain colleges like Central Michigan University allow adults over a specific age to take classes for free and audit college classes.

##### **Commuter Classes**

- *“I would like to take a computer class and be able to learn more on the computers. I get tired of not knowing this computer stuff.”*

##### **Free or Low-Cost Swimming Pool**

- *“I'm still waiting for them to build a pool... People used to be able to use CMU to swim but at a cost... I know a lady who uses one of the hotels, she does her physical therapy there because there is like for water, physical therapy”*
- *“I had therapy on my on my legs before I had the surgery. They offered me water therapy, so I went to mid Midland Hospital to use their pool for the therapy. And they said, well, you can come back and use the pool, but it'll cost you so much a month. And I'm like, I don't have that kind of money.”*

### **Library Programming**

- The local library has program, but they're limited to how many people they can accept.
- *“Unless you go there like you said on a regular basis, you have no idea what's going on and you would think they would advertise better”*

### **Access to Transportation**



Access to transportation refers to the availability and affordability of means such as public transit, vehicles, or other modes of conveyance, allowing individuals to move from one place to another for various purposes, including work, education, healthcare, and daily activities. Access to transportation is crucial in rural communities because it enables residents to connect with essential services, job opportunities, healthcare facilities, and educational institutions that might be located at a distance. It reduces isolation, promotes economic mobility, and enhances the overall quality of life by ensuring that people can access vital resources and engage in social and economic activities effectively.

### **Modes of Transportation**

Participants indicated that the most common modes of transportation they use in their community include mainly their personal vehicles and sometimes use IRide or rides from friends and family members.

### **Barriers in Accessing Transportation**

Recognizing barriers to accessing transportation is essential as it allows for the development of solutions that can bridge gaps in mobility, ensuring that everyone, regardless of their circumstances, can access vital services, employment opportunities, and community engagement, thereby promoting social equity and inclusivity. Participants indicated the following as barriers to accessing transportation in their community:

#### **IRide Scheduling, Limited Hours, and Short Staff**

- *“I had to use IRide to go back and forth to physical therapy. Well, there was a few times, IRide forgot to pick me up.. They're short staffed. They got signs blinking on their buses saying that they need drivers.”*
- *“I've been on the bus where they've gone past my house a couple of times... they're following how they're supposed to drop people off, and I'm like you just passed my house.”*
- *“If your schedule doesn't work around their schedule, then you're screwed. You have no way to use the public transportation... You could literally get stuck”*

- *“They can come into town in the morning and if they missed that connection at night, you're stuck in town overnight. And if you don't have a friend where you can stay.”*
- *“If there's a storm, they don't go out”*
- *“One day, I waited 45 minutes, which I thought wasn't bad because there's been times when I've waited over an hour.”*
- *“You need to schedule it like a couple days ahead if not sooner. So that you're like the first on the list.”*
- *“(When IRide is unable to pick you up for an appointment with) your doctor, you have to pay for the visit, whether you show up or not. You're stuck with that bill.”*

### **Transportation Cancellations**

- If IRide cancels a ride, then you'll have to pay the doctor's bill or fee even if you weren't able to show up for the appointment. Additionally, with the long wait times to receive services, if you miss an appointment then you'll have to wait additional time to reschedule.

### **Transportation after medical procedures**

- *“I know I'm going to have a procedure that I'm going to have to have done and I'm still trying to figure out how I'm going to get there and how I'm going to get home because of the fact that I'm going to be put under and like they're like they don't want you to drive for 8 hours afterwards... And after surgical procedure, I'm like, do I really want to be on that bus?”*

### **Weather**

- *“it's really hard even if you do IRide in the winter time.”*

### **Stigma of walking or using IRide**

- *“I actually have asthma too, so you know I can get winded. I'll stop somewhere I know it's OK if I sit for a little bit, so no one's going to yell at me. Be like are you a panhandler? (Are you) asking for handouts? ... You're probably going to get the stigma attached to IRide and walking and stuff like that.”*
- *“If you're a certain age and you're young and you're walking down the sidewalk, it's fine. But if you're older person, they kind of start looking at you like, “Don't you have a vehicle? Can't you afford it?”*
- *“I kind of think that sometimes people think that if you are riding, IRide, that there's obviously something wrong with you that you can't ride, use a car or something like that”*

### **Cost of Owning a Vehicle**

- *“Not everybody can afford a vehicle. Not everybody can afford the insurance. It's expensive. I know people who have said, oh, I wish I had a vehicle, and I looked at them and said, no, you don't wish you had a vehicle. I said because by the time you buy the vehicle. By the time you put insurance on it, and the and the maintenance on it alone.”*
- *“Just price the of gas.”*

- *“I'm about ready to rip a dashboard out myself by watching YouTube so I can put one little nut on the windshield wipers because that's the only thing that's wrong with it. But yeah, to get it fixed by a mechanic, it's going to be 750 bucks.”*

#### **Less access to public transportation in rural areas**

- *“That's what the public transportation is there for if you need to use it. But when you live out in the middle of nowhere, they have a certain time that they go out to those locations, and if you're not in their time slot, you're screwed.”*

### **Solutions or Workarounds to Overcoming Transportation Barriers**

Participants found some solutions or workarounds to overcome transportation barriers. These include:

#### **Walk or Scooter**

- *“I have my own vehicle, but there's times when it's been broken down that I'll walk if I have to... I just allow myself plenty of time and lots of breaks in between.”*
- *“They're kind of moving in the right direction because they're trying to offer more options (for transportation). But ... they need to tell people about it, like the scooters just appeared”*

#### **Sharing Rides with Friends or Family**

- *“(I'll) ask one of my kids for a ride.”*
- *“They got to take their own time off in order to help me. And I said that's not fair to them because, you know, they need to provide for their families... It's just not fair to them.”*

#### **Car Repairs**

- *“DHS will help you fix your car and DHS will pay for your gas mileage to take your child back and forth to doctor's appointments. Because somebody put on Facebook that he got a \$4000 check from DHS for a car... As long as you had that child at home, they would help you fix your vehicle. They don't do that anymore.”*

#### **Standard Bus Route**

*“That's what I don't understand. I grew up in Bay City and when you got when you got on the bus, there was a bus route.”*

*“But if I know I'm on an established route, I can plan my day... if you have a bus like every half hour or every hour and they rotate through but still have your other buses that do other things”*



## Access to Healthcare



Access to healthcare refers to the ability of individuals to obtain necessary medical services and treatment without financial, geographic, or systemic barriers, ensuring that everyone has the opportunity to maintain and improve their health. Access to healthcare is vital because it not only preserves and enhances individual health but also promotes social equity and well-being by making sure that all members of a society can receive essential medical services and treatments when needed. When looking specifically at rural communities, access to healthcare ensures that residents in these areas can receive timely and quality medical services, reducing health disparities and improving overall well-being despite the challenges of geographic isolation and limited healthcare infrastructure.

### Challenges or Difficulties in Accessing Healthcare

Addressing challenges to healthcare is essential for improving individual well-being, promoting social equity, ensuring economic stability, and safeguarding public health. Participants identified various challenges and difficulties in accessing healthcare in their community.

#### Virtual Support Groups

- *(After surgery, attended a virtual support group) “Because of COVID, we had to have zoom, which I hate with a passion. I'd rather do it in person”*

#### Knowledge of Resources and Services

- *“If you go to the doctors... you can see different advertisements and different things going on but unless you go there, you have no idea what's going on”*
- *“When they do the food giveaways from the hospital, the only way you know about it, if you don't go there, is if you have social media. If you have social media, then you can find out about it. But other than that, nobody knows”*

#### Technology Challenges

- *“Basically, a lot of it is just through social media because they don't advertise the way they used to.”*
- *“(Seniors) weren't brought up in the generation of electronics and all that to learn all of these computer doodads and all that, you know. So, unless someone's there to help them or know what they're doing, they have no idea.”*

#### Cost of Healthcare Services

- *“I just got a CAT scan... The total cost of it (was) \$1200 right off the top, you pay 15% of that \$1200 and you are responsible for paying that. And then you also have your copay. And then they pay the rest of it. But I was not expecting that 15%. It ends up being a \$380.00 bill when you usually in the previous years I would be paying 40 bucks”*
- *“I'm being charged for every single blood draw like a 15% fee on that. And I'm like, this hurts.”*



- *“The average person on disability or Social Security does not have that kind of money sitting around to pay out that extra to do that.”*
- *“This is another one of my many discussions with (other seniors), (To travel to) a doctor's appointment for a lot of them. It's challenging because they need the extra money and they're going OK, so what do I do? Do I pay for, do I keep my doctor's appointment so I can get my medicine renewed and pay for my medicine? Or do I go without food for the month, you know, or do or do, do or do I go without gas for the month?”*
- *“Am I paying this bill or am I not having gas?”*

### **Transportation Cost**

- *“I know there's other food there's food resources, so I don't worry so much about food, but the gas is an issue.”*
- *“Gas is always an issue because it because like towards the end of the month, if you're on disability or Social Security and you get it at one time of the month. You got to somehow figure out to make that stretch plus pay your regular bills.”*
- *“My wife has lupus and her doctor's in Lansing. So, it's like, got to figure out if we're going to have enough money for gas to go to Lansing”*

### **Stigma**

- *“The doctor kept saying on the notes (that my son) has autistic-like symptoms....At that particular time when he was younger. (The doctor) said the insurance companies did not treat autism as a disorder so it could not be written that he had autism... Eventually the insurance companies came (around) but... in the meantime, I'm trying to deal with this, trying to figure out how to treat the child and what to do, what to do with them and his education... I couldn't do nothing with his education because, they can't, they couldn't identify autism as a disorder.”*
- *“I went to an emergency room for something and I told them I have Blue Cross Blue Shield and you should have it on record but they kept insisting I had Medicaid and the care I got because they kept insisting, I had Medicaid... I'll tell you (the service) was substandard. I was kind of shuttled aside... In the meantime, the doctor barely saw me. He saw me off for a minute, and he's like, no, your condition is that you are going through menopause. Well, no. My condition was that I actually had an aneurysm that had leaked... Just because they were sitting there telling me I have Medicaid. They didn't want to do the testing.”*

### **Health Insurance**

- *“There's certain offices you can't even get into without the right insurance.”*
- *“You can go to a doctor ... with good insurance and be denied because oh well we don't accept that.”*

- *“It's amazing because as big as this town is, as many professional professionals they have in all areas. There's a lot of them. It's either they don't take the insurance or they're not taking new clients at that time”*

#### **Lack of Specialist and Providers**

- *“(Referred to an) orthopedic specialist, the closest one I get is Ann Arbor or Brighton and that's two and a half hours one way”*
- *(Lacking) “Dental especially.”*
- *“I got a trip coming up for Brighton at the near the end of September and I got to be there at 7:00 AM in the morning for heavens sake.”*

#### **Non-patient Centered Services**

- *“The only one I could find that would accept my insurance was Aspen Dental and I went in there and I felt like a cow going through a farm being milked.”*
- *“I got in there. They rushed me through their little reception. They rushed me into this room. They rushed me into the did an X-ray... I'm thinking, OK, I'm getting my free teeth cleaning... And this dentist coming in... then they're rushed me out into this billing area and they're telling me you're going to need \$6000... and I'm like I came here to get my teeth cleaned.”*

#### **Programs That Provide Healthcare Support or Education**

Healthcare programs that provide support and education for seniors are crucial because they empower older individuals to manage their health effectively, make informed decisions, and enhance their overall well-being, ultimately leading to better health outcomes and a higher quality of life.

- A participant attended a mental health crisis intervention and prevention training which they found very valuable.
- One of the participants mentioned using a traveler's clinic previously that helps provide vaccines for when you travel overseas.
- Participants mentioned various focus groups for specific health conditions such as a gastric sleeve and cancer support groups that are advertised within the hospital and doctors' offices.
- Overall, participants explained they don't have many health-related programs and would like to see more.

#### **Overcoming Healthcare Barriers**

Participants have overcome healthcare services or resources by using the following techniques:

- **Talk with Provider about multiple issues in one visit**
  - *“Trying to consolidate doctor's visits, but they limit you to like three things at a time that you get to discuss with them.”*
- **Mileage Reimbursement through Insurance**

- *“Now I find out through my insurance I can get gas mileage reimbursement so of course I use it, I do I use it on my doctor's appointments.”*
- *“It takes 30 days, sometimes 30 days, but at least you know it's coming.”*
- **Gas Assistance**
  - *“Salvation Army sometimes helps with gas cards.”*
  - *“I got the gas mileage reimbursement through DHS... it's a lot of loopholes to get through just to get that stuff”*
- **Telehealth for Appointment**
  - *“I use it for a psychiatrist, my therapy appointments.”*
  - *“I tried using it with my doctor during COVID, didn't work very well. So I have a steel frame house and it interfered with the reception so they ended up just calling me.”*
  - *“It's kind of rough at times because if you need to have your vitals done or something comes up in the appointment and your vitals need to be done, then all of a sudden you're making another appointment to go in.”*
  - *“My son, actually he does zoom with his people that he works with at mental health on a regular basis, and that's great because then he doesn't have to leave the house and he can just do you know his talk right there and stuff and then he sees them once a month.”*

### **Staying Informed About Healthcare Services**

Being informed about healthcare services empowers individuals to take control of their health, make informed decisions, access quality care, and contribute to the overall well-being of themselves and their communities. Participants identified various ways they stay informed about healthcare resources and services in their community, especially those that are affordable or cater to individuals with low income or disabilities. These include snail mail, newsletter mailed to the house, billboards and bulletin boards in public places.

- *“Other than not having it on social media 24/7... if they have classes or support groups...they need to advertise it on their great big billboards, they got out front, don't just put ‘this is the new Doctor and they're accepting. New patients.’ That's great. That's important, but there's other stuff you do that needs to be advertised that people need to know about, and then they wonder why there's nobody at the support groups”*
- *“There's still a lot of older people who don't understand computers. They might have a smartphone, but they have no idea how to get on the Internet”*
- *“I think one of the more valuable things that I've seen that helps out is they used to have like at the high school and stuff. They used to have a get together, where they would show a movie. And then you would have all the services come. And that's a, you know, that was well advertised. It was spread throughout the schools. And you know, you got to see public service safety. You got to see health services. The health department was there and stuff like that. If they would have more of those”*
- *“All these groups need to work together and they need to get the information out there.”*

## Comments From the Participants



*“First of all, they need to get together and talk to one another. Don't just zoom on the phone or on a computer. Get together and actually talk about what's going on in the community and let people have their say as to, you know, what's important to the community and what needs to be done in the community. Because a lot of them are not out in the community a lot, they sit behind a desk all day. They have no idea what's going on.”*

*“Send surveys out.. via mail, you know you know, because look like I said a lot of people don't have access to computers and that to do a survey online or do a survey on the phone or some of them don't know how to even operate the phone to do a survey, you know to, to do that kind of stuff. So if they send it out in the mail, they, they might be surprised at how much response.”*

*“Survey your residents... (And do) focus groups like this.*



This focus group was conducted by the North Central Community Health Innovation Region (NCCHIR). Focus group eligibility included individuals with a disability and/or individuals who are financially struggling. In this focus group, participants were asked questions regarding social connectedness and accessing community resources. Focus group members were compensated for their time and travel with a \$100 gift card and a \$15 gas gift card.

**Focus Group Location:** Baldwin Community Schools in Baldwin, Michigan.

**Focus Group Attendance:** Four Lake County community parents participated in the focus group.

### Social Connectedness



Social connectedness refers to the degree to which individuals or groups in society feel connected to and engaged with each other. It encompasses the sense of belonging, the quality of relationships, and the extent of social interactions within a community or society. Social connectedness has various benefits for individuals and society as a whole. It can lead to increased happiness, improved mental and physical health, reduced stress, and a greater sense of purpose and well-being. Conversely, low social connectedness can lead to feelings of isolation, loneliness, and alienation, which can have negative consequences for individuals' mental and physical health.

#### Forming Social Connections for Children

Participants indicated that their child participates in activities at Great Start Collaborative, Pathfinder Library, and play groups at Weber Park. These activities provide social interaction and connections for children.

#### Forming Social Connections for Parents

Participants indicated that they had seen advertising for a parent coffee group in Ludington, but they had not attended. They explained that there are limited opportunities for social interactions and connections as a parent in Lake County.

- *“I don't think there really is anything in this county. The bar, that's about the only way a parent is going to get any type of interaction.”*
- *“As far as anything in the community you can go to, there's nothing.”*

#### Barriers in Forming or Maintaining Social Connections

Recognizing barriers to social connectedness is crucial because it enables us to address and overcome the factors that hinder meaningful relationships, fostering a more inclusive and supportive society where individuals can thrive together. Focus group participants addressed the



following barriers they experience in forming or maintaining social connections for themselves or for their child:

**No access to transportation**

- *“I don't have a vehicle, so I'm usually at home with the kids 24/7.”*

**Not knowing other people in the community**

- *“We just don't know enough people around to make those connections to go out and do stuff.”*

**Cost of gas to get to playgroups**

- *“Money is an issue. I never have enough gas to get anywhere like, that's why I miss half the playgroups.”*

**Improving Social Connections for Children**

Participants explained that they would like to see more play groups in Lake County, and they would also like to see more education programs for young children.

**Improving Social Connections for Adults**

Participants explained that they would like to see the drive-in movie theatre brought back. They would also like to have the opportunity to go to concerts. These would contribute to improving social connections.

**Access to Transportation**



Access to transportation refers to the availability and affordability of means such as public transit, vehicles, or other modes of conveyance, allowing individuals to move from one place to another for various purposes, including work, education, healthcare, and daily activities. Access to transportation is crucial in rural communities because it enables residents to connect with essential services, job opportunities, healthcare facilities, and educational institutions that might be located at a distance. It reduces isolation, promotes economic mobility, and enhances the overall quality of life by ensuring that people can access vital resources and engage in social and economic activities effectively.

**Modes of Transportation**

Participants indicated that the most common modes of transportation they use in their community include personal vehicles, Dial-A-Ride, walking, and rides from friends.

**Barriers in Accessing Transportation**



Recognizing barriers to accessing transportation is essential as it allows for the development of solutions that can bridge gaps in mobility, ensuring that everyone, regardless of their circumstances, can access vital services, employment opportunities, and community engagement, thereby promoting social equity and inclusivity. Participants indicated the following as barriers to accessing transportation in their community:

### **Wait time for Dial-A-Ride**

- *“All year my car was down and I don't do the whole dial-a-ride thing because like she said they take forever.”*
- *“I'm not sitting with a kid waiting that long like, yeah, it's too much.”*
- *“Having to wait for two hours is rough.”*

### **Dial-A-Ride is unreliable**

- *“He got ready for the appointment and then the ride never showed up. That would really irritate me because there's a lot of appointments that have that happen, and you're stuck and you can't get another one [appointment] for like a year.”*

### **Finding transportation for both the parent and children**

- *“Anywhere I go, they [children] go. That transportation won't allow me to take my kids.”*

### **Solutions or Workarounds to Overcoming Transportation Barriers**

Participants found some solutions or workarounds to overcome transportation barriers. These include:

#### **Walking**

- *“You walk yourself! I can't depend on nobody.”*

### **Improving Transportation Options**

Participants explained that the community, local organizations, and government can work together to improve transportation options for accessing community and healthcare services by offering gas cards and improving Dial-A-Ride.

### **Access to Healthcare**



Access to healthcare refers to the ability of individuals to obtain necessary medical services and treatment without financial, geographic, or systemic barriers, ensuring that everyone has the opportunity to maintain and improve their health. Access to healthcare is vital because it not only preserves and enhances individual health but also promotes social equity and well-being



by making sure that all members of a society can receive essential medical services and treatments when needed. When looking specifically at rural communities, access to healthcare ensures that residents in these areas can receive timely and quality medical services, reducing health disparities and improving overall well-being despite the challenges of geographic isolation and limited healthcare infrastructure.

### **Healthcare Services Available for Children**

Participants explained that there is no pediatric care available in the community.

*“I don't have actual pediatric care here in Lake County, you have the team health, but you have to be, I think 3 to start there.”*

*“You have to go to Ludington or Big Rapids, but because we don't have a vehicle, we switched.”*

### **Challenges or Difficulties in Accessing Healthcare**

Addressing challenges to healthcare is essential for improving individual well-being, promoting social equity, ensuring economic stability, and safeguarding public health. Participants identified various challenges and difficulties in accessing healthcare in their community.

#### **Navigating online charts**

- *“I don't like online log ins. I think you get one time or it'll say wrong password. It's frustrating.”*

#### **Finding healthcare-related resources and services**

- *“My main difficulty as well is just knowing what you're looking for and where to start looking for it.”*
- *“It's hard to navigate resources and find information.”*
- *“If you don't know what you're looking for to start with, you won't find anything.”*

#### **Always needing a referral**

- *“Whoever I call is like, nope. You need a referral from your primary care provider, no matter what.”*

#### **Not being able to get in to see a provider for months**

#### **Limited number of providers**

- *“There's not a lot of doctors around here too. That makes it slightly difficult.”*



### **Improving Healthcare Services**

Participants would like to see the following healthcare services or resources improved in their community:

### **Specialty care**

- One participant explained that they and their partner are autistic, and they would like to have their child evaluated for it. They explained that there is no one in the area who specializes in doing this.

### **Urgent care**

- *“The other thing I'm missing is like an urgent care to go to.”*
- *“We have the urgent care in Reed City, but they don't have anything really for pediatrics.”*

### **After hour clinics**

- *“We hope for a more readily available services to healthcare, like especially after hours.”*

### **Stigma in the Healthcare System**

Stigma in healthcare refers to the negative stereotypes, discrimination, or social disapproval that individuals with certain medical conditions or characteristics may face, often leading to their marginalization, reduced access to care, and increased psychological distress.

*“I think there's a lot of prejudice from doctors. Well, the pediatrician, we've gotten treated as just, oh, just two kids got pregnant.”*

### **Telehealth**

Telehealth is particularly helpful in rural communities as it enables residents to access medical expertise and consultations remotely, overcoming geographical barriers and ensuring timely healthcare services that might otherwise be limited or distant. Participants explained that they enjoy using telehealth for appointments.

*“Yeah, it's made it a lot easier for me because I only have a permit, a learners permit. I'd have to have someone come with me, and it's a lot more exposure, you know to get baby sick. So that's how telehealth option has definitely been very helpful for me.”*



## Additional Comments



### Accessing Fresh Fruits and Vegetables

Access to fresh fruits and vegetables is vital because they provide essential nutrients, vitamins, and antioxidants that promote overall health and reduce the risk of chronic diseases, helping individuals maintain a balanced and nutritious diet.

*“When I go shopping in Lake County, there's never good like fresh veggies at the stores.”*

### WIC Program

WIC, which stands for Women, Infants, and Children, is a federal assistance program in the United States that provides nutritional support, education, and access to healthy food for low-income pregnant women, new mothers, and young children. Participants explained that the WIC approved items in Lake County could be improved. They do not have many options for stores to purchase food in.

*“I get \$94.00 a month that I'm missing out on because I have such a hard time with the two places here in town.”*

*“My partner wasn't with me in the beginning of the pregnancy and I just wasn't using my WIC card because I was so frustrated that it just was not worth the frustration to try to use my WIC card.”*

### Way to Provide Support for Parents

Participants explained that they would like to have a Facebook group for Lake County parents. They would also like to see a ride-share program implemented. One participant explained that they would like to have a parent-led support line for parents to utilize when they have questions about children.

*“We're both disabled, and so whoever's watching our child is going to have questions. You know, we can try to prepare things as much as we can, but there's always going to be questions and there's always going to be something we didn't cover, so having that not only for parents, but for*



*people who are watching your child would be such an amazing resource. And like I said, I'm sure so many parents would be willing to just step up."*

*"It is important for that to be led by parents as well, instead of just some organization, because you know, with our disabilities, what we do to deal with those...what works for us might work for you."*

*"It's nice to know that you guys us. You guys are really listening to what we have to say, we are people, you know, our voice does count, so thank you for coming here today."*

This focus group was conducted by the North Central Community Health Innovation Region (NCCHIR). Focus group eligibility included individuals with a disability and/or individuals who are financially struggling. In this focus group, participants were asked questions regarding social connectedness and accessing community resources. Focus group members were compensated for their time and travel with a \$100 gift card and a \$15 gas gift card.

**Focus Group Location:** St. Ann's Lake County Senior Services in Bladwin, Michigan.

**Focus Group Attendance:** Seven Lake County seniors participated in the focus group.

## Social Connectedness



Social connectedness refers to the degree to which individuals or groups in society feel connected to and engaged with each other. It encompasses the sense of belonging, the quality of relationships, and the extent of social interactions within a community or society. Social connectedness has various benefits for individuals and society as a whole. It can lead to increased happiness, improved mental and physical health, reduced stress, and a greater sense of purpose and well-being. Conversely, low social connectedness can lead to feelings of isolation, loneliness, and alienation, which can have negative consequences for individuals' mental and physical health.

### Forming Social Connections

A majority of participants indicated that they made new friends and acquaintances in their community at community organizations like the St. Ann's Lake County Senior Services Center and at places like church, specifically St. Ann's Catholic Church.

*"I think socializing with seniors is a big thing. You need to leave your four walls and get out of the house even if it's only one day a week."*

### Barriers in Forming or Maintaining Social Connections

Recognizing barriers to social connectedness is crucial because it enables us to address and overcome the factors that hinder meaningful relationships, fostering a more inclusive and supportive society where individuals can thrive together. Focus group participants addressed the following barriers they experience in forming or maintaining social connections:

#### Not aware of what events are happening in the community

- One participant explained that they had not been to a social event since the pandemic because they did not know what events were happening in their community.
- *"We need the outreach areas to get information on what's going on here in Baldwin."*

- *“It needs to be more publicized because we’re from Irons. We don't get all that information except through you guys [District Health Department #10] and that's how I found out on Facebook.”*

### **Cost or Free Events**

- The cost of attendance is a barrier to the participants in this focus group. When they mentioned activities, they’d be interested in many of them stated ‘free’ painting or “free” music events.
- *“There are many times where somebody will want to go here or there, whether it be camping or any other place up north across the Mackinaw Bridge. You just don't have the money and it seems like there's times where you're treated different, where everybody's riding the ATVs and you can't go on the ATVs because you don't have one because you don't have the money.”*

### **Gatherings or Events Participants Attend & Events Interested In**

A majority of participants indicated that they attend places like the Baldwin community pavilion, the St. Ann’s Lake County Senior Services Center, and the Hollister Senior Center. Participants have previously attended activities such as Spanish class, crafts and ceramics class, turkey dinners, concerts, music at the museum, MSU Extension classes, Alzheimer’s class, card or board game night, etc. Participants are interested in the following events that are not currently available in the community:

#### **Events that offer forms of exercise**

- Pickleball
- Exercise classes for seniors

#### **Adult painting classes**

#### **Adult cooking classes**

#### **Concerts at the Park or Museum**

- Available but participants were unaware of this event.

#### **Community Center**

- Brand-new, participants have not used yet

### **Access to Transportation**



Access to transportation refers to the availability and affordability of means such as public transit, vehicles, or other modes of conveyance, allowing individuals to move from one place to another for various purposes, including work, education, healthcare, and daily activities. Access to transportation is crucial in rural communities because it enables residents to connect with essential services, job opportunities, healthcare facilities, and educational institutions that might be located at a distance. It reduces isolation, promotes economic mobility, and enhances

the overall quality of life by ensuring that people can access vital resources and engage in social and economic activities effectively.

### **Modes of Transportation**

Participants indicated that the most common modes of transportation they use in their community include personal scooters, personal vehicles, Dial-A-Ride, and rides from friends.

### **Barriers in Accessing Transportation**

Recognizing barriers to accessing transportation is essential as it allows for the development of solutions that can bridge gaps in mobility, ensuring that everyone, regardless of their circumstances, can access vital services, employment opportunities, and community engagement, thereby promoting social equity and inclusivity. Participants indicated the following as barriers to accessing transportation in their community:

#### **Cost of gas**

- *“That's another reason I take the dial ride even when the car's running at times.”*

#### **Transportation is not readily available on the weekends**

- *“If it's during the week, it's a lot easier than if you've got an event, let's say church or something else on the weekends, it's much, much harder.”*

### **Solutions or Workarounds to Overcoming Transportation Barriers**

Participants found some solutions or workarounds to overcome transportation barriers. These include:

#### **Rescheduling**

- *“A lot of time, you gotta do it at a different time.”*

#### **Sharing rides with friends**

- *“If you're lucky enough to have a friend that has to do the same thing, a friend.”*

### **Improving Transportation Options**

Participants explained that the community, local organizations, and government can work together to improve transportation options for accessing community and healthcare services by offering gas cards for seniors, creating “sign up” lists for busses, and turning in mileage for gas reimbursement when traveling to and from healthcare appointments.

One participant elaborated on the idea of turning in mileage for gas reimbursement when traveling to and from healthcare appointments:



*“You know a sign off on an appointment that you had the appointment. For my infusion, each way, I believe it's 30 miles. That's 60 miles. I mean, that's a quarter to a half a tank of gas depending on what kind of car you're riding each month. Gas has come down a little bit, but last week it was quite a bit higher. That adds up quick.”*

## Access to Healthcare



Access to healthcare refers to the ability of individuals to obtain necessary medical services and treatment without financial, geographic, or systemic barriers, ensuring that everyone has the opportunity to maintain and improve their health. Access to healthcare is vital because it not only preserves and enhances individual health but also promotes social equity and well-being by making sure that all members of a society can receive essential medical services and treatments when needed. When looking specifically at rural communities, access to healthcare ensures that residents in these areas can receive timely and quality medical services, reducing health disparities and improving overall well-being despite the challenges of geographic isolation and limited healthcare infrastructure.

### Challenges or Difficulties in Accessing Healthcare

Addressing challenges to healthcare is essential for improving individual well-being, promoting social equity, ensuring economic stability, and safeguarding public health. Participants identified various challenges and difficulties in accessing healthcare in their community.

#### Transportation

##### Personal vehicle troubles

- *“In my case if my car goes down, then I have to cancel my appointments.”*

##### Cost of gas

- *“I think they should offer seniors gas cards and sign up on the list where you know they pay the fare for the busses.”*

##### Understanding and using technology in healthcare

- *“It's even like when you go into the hospital, they no longer have a person there. They have a kiosk, and you have to register at the kiosk to go into the emergency room. You know you're hurting and you gotta start punching in your name and address and all this stuff.”*
- *“If you're walking in to get an x-ray, you got to go to a kiosk. You no longer get attended to by people until you go to see a doctor, which usually isn't a doctor- it's a physician's assistant.”*

#### Improving Healthcare Services

Participants would like to see the following healthcare services or resources improved in their community:

#### **Eye exams**

- *“Right now, you have to go to Big Rapids to get eye exams.”*

#### **Dental exams**

- *“It's very hard to get in because they only, at least the last time I checked, they only had one dentist and so it was very difficult to go get in. If we could get some other provider for the dentist or increase the dentistry because I know other people here that say the same thing.”*

#### **Adding more healthcare providers**

- *“You know when you have other health issues, it's very difficult to get in there. If you could get more than one provider, it'd be wonderful.”*

### **Programs That Provide Healthcare Support or Education**

Healthcare programs that provide support and education for seniors are crucial because they empower older individuals to manage their health effectively, make informed decisions, and enhance their overall well-being, ultimately leading to better health outcomes and a higher quality of life. Participants explained that Hollister Senior Center offered diabetic education classes and Family Healthcare provides education. They would like to have more free healthcare education classes offered in their community.

*“I took a pain management class in Reed City, and it was free and everything else and now they're making us pay for books and stuff like that and I'm like, I'm not going through it again because I can't afford it, you know? 20 bucks is a meal for us.”*

### **Offering Support Groups**

Support groups for seniors with illnesses are essential as they offer a safe and empathetic environment for individuals facing similar health challenges to share experiences, gain emotional support, and access valuable information, ultimately promoting a sense of belonging and improving mental and emotional well-being. Seniors in the focus group would like to see support groups organized in their community.

*“People can come together, and you can talk about your illnesses or what you've been through or something like that, and share.”*

*“There's no support for my epilepsy.”*

### **Staying Informed About Healthcare Services**

Being informed about healthcare services empowers individuals to take control of their health, make informed decisions, access quality care, and contribute to the overall well-being of themselves and their communities. Participants identified various ways they stay informed about healthcare resources and services in their community, especially those that are affordable or cater to individuals with low income or disabilities. These include bulletin boards at apartment complexes and the St. Ann's Lake County Senior Services Center. Participants explained that newsletters in the mail would help them stay informed about healthcare resources and services in their community. They prefer to have physical copies of information.

*"I would like to have it right here in my hand to look at it when I want to."*

*"You have it right there in front of you and you can look at it anytime you want. I do not like to do stuff online."*

*"I read two or three things two or three times sometimes before I'm able to fully understand something. I know a lot of people don't understand that and you know they laugh or scoff at me, but it takes me two or three times reading something a lot of times to understand something."*

#### **Other**



#### **Educating Seniors About Technology Use**

Seniors often struggle with using technology due to a combination of limited prior exposure and the challenges posed by age-related physical and cognitive factors, making it more difficult to adapt to rapidly evolving digital devices and interfaces. We can help seniors better understand how to use technology by providing one-on-one or group training classes that cater to their individual needs and pace of learning.

*"Get us on board with technical issues as well, so we can access the information for the Community, for Baldwin, for Lake County, for, you know, the whole state of Michigan."*

## Focus Group Protocol

### Materials Checklist:

- |  |                                   |
|--|-----------------------------------|
| – Printed Sign-in sheet x1                             | – Printed Tango Email Example x10 |
| – Printed Registration/Consent Forms x10               | – Name tags                       |
| – Printed Focus Group Questions Note Sheet x1          | – Laptop & Charger                |
| – Printed Focus Group Protocol (Includes Questions) x1 | – Pens                            |
| – Signage x2   | – Recorder                        |
| – Tape   | – Gas Gift Cards                  |
|  | – Food/Drinks/Cutlery             |

### Roles:

#### Facilitator

- Welcomes participants
- Facilitates focus group questions

#### Recorder

- Signs participants in
- Collect any missing registration/consent forms
- Records session
- Takes digital notes

#### Interchangeable

- Picks up food
- Hands out gas cards
- Sends gift card email

### Sequencing & Timing Guidance:

| Activity   | Time Allotted   |
|--|---|
| Room Set Up  | At least 30 minutes before the focus group start time |
| Participant Check-In   | 15 minutes  |
| Facilitator Introductions & Welcome/Guidelines   | 5 minutes   |
| Opening Question   | 10 minutes  |
| Focus Group Questions  | 90 minutes  |
| Wrap-Up & Incentive Distribution   | 10 minutes  |
| Room Clean-Up  | 30 minutes post focus group                           |
| Upload Focus Group Notes, Recording, and Sign-In Sheet into “Notes and Recordings” folder. | Up to 3 days after the focus group                    |

## Overview:

- An average focus group has 5 to 7 people per group. If you have more than 10 participants, then split your group into two. You may proceed with the focus group as long as you have 2 or more participants.
- Find a comfortable environment to host focus group. The room should have circle seating or a position where the members can face each other and are close enough to talk without raising their voice.
- Please determine who will take notes and who will ask questions prior to the meeting. Assign one individual to turn on the recorder as soon as the meeting starts.
- In the first 10 minutes allow individuals to grab refreshments, find a place to sit, and fill out name tag.
- Read the Welcome/Guidelines section then Ice-breaker section before starting to establish a friendly environment.
- Then read the pre-determined questions word for word. Encourage discussion and provide everyone.
- Allow approximately 9 mins per question. If individuals are giving good responses, you can allow an extra minute or two to finish their thoughts. If a question is not getting a lot of response, move to the next question or use a prompt question. If you finish the questions early, use the extra optional questions.

### **How to properly use the prompting questions:**

When facilitating a focus group, ask the first question listed. The following question in blue is a prompt question. A prompt question is a question that is asked after your first question to direct the group's conversation. A prompt question can also be used to encourage the group to talk more if the first question did not resonate with the group. If the prompt question was answered from the responses given in the initial question, then skip the prompt question. If your group is spending too much time on the initial question, skip the prompt question unless the prompt question is highlighted.

### Welcome/ Guidelines **\*\*Must Read Before Starting\*\***

"Good evening (or morning) and welcome to our session. Thanks for taking the time to join us to talk about social connectedness and accessing community resources in the county. My name is **\*\*Introduce all present staff members (name and position at DHD#10)\*\***

"This focus group is being conducted by the North Central Community Health Innovation Region (NCCHIR). In the focus group, you will be asked questions regarding social connectedness and accessing community resources related to disabilities and/or individuals who are financially struggling that live in one of the following Michigan counties, Clare, Isabella, Lake, Mecosta, and Oceana.

"There are no wrong answers but rather differing points of view. Please feel free to share your point of view even if it differs from what others have said. Keep in mind that we're just as interested in negative comments as positive comments, and at times the negative comments are the most helpful. Your participation is completely voluntary and any questions that you do not feel comfortable answering, feel free to skip.

“We're tape recording the session because we don't want to miss any of your comments. People often say very helpful things in these discussions, and we can't write fast enough to get them all down. We will be on a first name basis tonight; however, we won't use any names in our reports. You may be assured of complete confidentiality. The information collected today will go back to the NCCHIR staff to help them plan future programs.

“Three additional reminders. 1) since we are recording, please try to speak one at a time. 2) please allow everyone the chance to speak if they wish to. 3) We ask that you turn off your phones or pagers. If you cannot and if you must respond to a call, please do so as quietly as possible and rejoin us as quickly as you can.

### Opening Question

“Well, let's begin. We are wearing name tags today to help us remember each other's names. Let's find out some more about each other by going around the table. Tell us your name and one thing that you like to do for fun.”

### Questions:

\* Asterisk =Must Ask, Blue=Prompt Question

Learn more about the correct way to use prompt questions on the protocol page

### **Senior Questions:**

**Here are some questions you can ask seniors to learn about their social connections and networks:**

- 1) Have you made new friends or acquaintances in your community or neighborhood in recent years?
  - a. How did you meet them?
  - b. Have you faced any challenges or barriers in forming or maintaining social connections? If yes, could you please share those experiences?
- 2) \*\*Are there any community events or gatherings specifically organized for seniors that you attend?
  - a. What is your experience like at these events?
  - b. \*\*Are there any community events that you would be interested in that aren't currently available?
- 3) What are some specific instances or examples of stigma that you or others you know have encountered while participating in your community?

**Here are some questions you can ask seniors to learn about healthcare services or facilities available in your community:**

- 4) Have you ever participated in any health-related programs, workshops, seminars, or screenings organized by your community that provide healthcare support or education?
  - a. Some examples could include community connections, Tobacco cessation, maternal care, etc
  - b. How valuable were those experiences for you? Did you learn anything new, or did you enjoy your experience?
- 5) Are there any community organizations or support groups in your area that provide information or assistance related to healthcare?

- a. For example: clubhouses, michigan works, disability network of michigan
- 6) How do you stay informed about healthcare resources and services in your community?
  - a. What would help you to be more informed?
- 7) \*\*Have you faced any challenges or difficulties when trying to access healthcare services in your community? If yes, could you please share those experiences?
  - a. Some examples could include knowledge of available services, navigating the healthcare system, transportation, cost of services, etc
  - b. \*\*How have you overcome any of the barriers you've faced when accessing healthcare services?
- 8) What are some specific instances or examples of stigma that you or others you know have encountered while seeking healthcare?
- 9) \*\*Are there any specific healthcare services or resources that you feel are lacking or could be improved in your community?

#### Transportation specific questions:

- 10) \*\*What modes of transportation do you typically use to access community resources (like the grocery store, library, etc)?
  - a. \*\*If different, what modes of transportation do you typically use to access transportation to healthcare facilities or appointments?
- 11) \*\*What barriers or challenges do you experience getting from one place to another?
  - a. \*\*Is transportation readily available and convenient for you? (For example: Have you had problems accessing services, difficulty navigating services, affording services, or ever had any poor experiences when accessing services?
  - b. \*\*Have you personally found any solutions or workarounds to overcome transportation barriers?
- 12) How can the community, local organizations, and government work together to improve transportation options for accessing community and healthcare services?
  - a. For example: dial ride to health appointment or bus to community event, etc

#### Extra time Questions

- 1) Tell me about the activities or hobbies that you enjoy participating in with others.
  - a. Are there any clubs, groups, or organizations you belong to that provide social interaction and connections?
  - b. How often do you engage in social activities or gatherings with your friends or acquaintances?
- 2) Do you have a primary care physician or healthcare provider in your community? How satisfied are you with their services? (Please don't name specific doctors or clinics, provide a general description of services received)
- 3) Are there any financial assistance programs or resources in your community that help individuals with low income or disabilities access healthcare services?
- 4) Are there any online platforms or social media groups you are a part of that help you connect with others or stay engaged in social discussions?
- 5) What do you think about telehealth services?
  - a. What experiences have you had with virtual health services?



- 6) How do you maintain contact with family members, such as children, grandchildren, or extended relatives?
  - a. Do you have regular get-togethers or use technology to stay connected?
- 7) Within the past 5 years, have you participated in volunteering or community service activities?
  - a. How did those experiences contribute to your social connections?

### Parents and Child Focus Groups:

Here are some questions you can ask parents to learn about their child's social connections and networks:

#### Child

- 1) Are there any activities your child participates in that provide social interaction and connections? Day-care, playdates, or educational programs?
  - a. How often does your child engage in social activities or playdates with their friends or acquaintances?
- 2) Are there any community organizations or groups focused on children's activities or interests that your child is involved in?
  - a. Example: Great Start Collaborative, Youth swimming classes, etc
- 3) Has your child made new friends or acquaintances in your community or neighborhood in recent years?
  - a. How did you meet them?

#### Parent & Child

- 4) Are there any community organizations, support groups, or networks that you are a part of that provide opportunities for social interaction and connections as a parent?
  - a. Are there any resources or support systems in place to assist you as a parent or individual?
- 5) Have you faced any challenges or barriers in forming or maintaining social connections for you or your child?
  - a. If yes, could you please share those experiences?
- 6) As a parent, have you made new friends or acquaintances in your community or neighborhood in recent years?
  - a. How did you meet them?

Here are some questions you can ask parents to learn about their child's community linkages and access to healthcare services:

- 7) Can you tell me about the healthcare services available in your community for children?
  - a. Are they easily accessible to you and your child?
  - b. How do you stay informed about healthcare resources and services specifically for children in your community?
- 8) Are there any community organizations, support groups, or parent networks in your area that provide information or assistance related to children's healthcare?
  - a. Have you ever participated in any community-based programs or initiatives that provide healthcare support, education, or screenings for children?

- 9) \*\*Have you faced any challenges or difficulties when trying to access healthcare services for your child in your community? If yes, could you please share those experiences?
  - a. Are there any barriers or limitations you have encountered when trying to navigate the healthcare system for your child in your community? How have you overcome them?
  - b. \*\*Are there any specific healthcare services or resources for children that you feel are lacking or could be improved in your community?
- 10) \*\*Are there any barriers or limitations that you have encountered when trying to navigate the healthcare system for yourself? How have you overcome them?

#### **Transportation specific questions:**

- 11) \*\*What modes of transportation do you typically use to access community resources (like the grocery store, library, etc)?
  - a. \*\*If different, what modes of transportation do you typically use to access transportation to healthcare facilities or appointments?
- 12) \*\*What barriers or challenges do you experience getting from one place to another?
  - a. \*\*Is transportation readily available and convenient for you? (For example: Have you had problems accessing services, difficulty navigating services, affording services, or ever had any poor experiences when accessing services?
  - b. \*\*Have you personally found any solutions or workarounds to overcome transportation barriers?
- 13) How can the community, local organizations, and government work together to improve transportation options for accessing community and healthcare services?
  - a. For example: dial ride to health appointment or bus to community event, etc

#### **Extra time Questions**

- 1) Have you noticed any changes or developments in your child's social relationships over time?
- 2) Are there any financial assistance programs or resources in your community that help individuals with low income or disabilities access healthcare services?
- 3) Are there any online platforms or social media groups that your child is a part of that help them connect with others or explore their interests?
- 4) Does your child have any siblings or close cousins they interact with regularly? How does their family dynamic contribute to their social connections?
- 5) As a parent, how do you stay connected with family members, friends, or other individuals who are important to you? Do you have regular meetups or use technology to stay in touch?
- 6) As a parent, are there any online platforms or social media groups that you are a part of that provide a sense of community and support?
- 7) What do you think about telehealth services?
  - a. What experiences have you had with virtual health services?
- 8) Do you have a regular pediatrician or healthcare provider for your child in your community? How satisfied are you with their services? (Please don't name specific doctors or clinics, provide a general description of services received)

#### **Low-Income/Disability (Mecosta New Journey Clubhouse, Oceana Hispanic/ Latino/a/x, & Virtual Focus Groups)**

**Here are some questions you can ask individuals to learn about their social connections and networks:**

- 1) Have you made new friends or acquaintances in your community or neighborhood in recent years?
  - a. How did you meet them?
  - b. Have you faced any challenges or barriers in forming or maintaining social connections? If yes, could you please share those experiences?
- 2) \*\*Are there any community events or gatherings that you attend? Especially those that are free or low-cost, and disability friendly.
  - a. For example: Farmer's markets, concerts in the park, wellness fairs, festivals, etc
  - b. What is your experience like at these events?
  - c. \*\*Are there any community events that you would be interested in that aren't currently available?
- 3) What are some specific instances or examples of stigma that you or others you know have encountered while seeking healthcare or participating in your community?

**Here are some questions you can ask individuals to learn about their community linkages and access to healthcare services:**

- 4) Have you ever participated in any health-related programs, workshops, seminars, or screenings organized by your community that provide healthcare support or education?
  - a. Some examples could include community connections, Tobacco cessation, maternal care, etc
  - b. How valuable were those experiences for you? Did you learn anything new, or did you enjoy your experience?
- 5) Have you used any community organizations, support groups, clinics, or healthcare programs specifically focused on serving individuals with low income or disabilities in your area?
  - a. For example: clubhouses, michigan works, disability network of michigan
- 6) How do you stay informed about healthcare resources and services in your community, especially those that are affordable or cater to individuals with low income or disabilities?
  - a. What would help you to be more informed?
- 7) \*\*Have you faced any challenges or difficulties when trying to access healthcare services in your community? If yes, could you please share those experiences?
  - a. Some examples could include knowledge of available services, navigating the healthcare system, transportation, cost of services, etc
  - b. \*\*How have you overcome any of the barriers you've faced when accessing healthcare services?
  - c. \*\*(Hispanic) Are there any language barriers or cultural factors that affect your access to healthcare services? How do you navigate these challenges?
- 8) \*\*Are there any specific healthcare services or resources that you feel are lacking or could be improved in your community?
- 9) What would help you access healthcare services in your community?

**Transportation specific questions:**

- 10) \*\*What modes of transportation do you typically use to access community resources (like the grocery store, library, etc)?

- a. \*\*If different, what modes of transportation do you typically use to access transportation to healthcare facilities or appointments?
- 11) \*\*What barriers or challenges do you experience getting from one place to another?
- a. \*\*Is transportation readily available and convenient for you? (For example: Have you had problems accessing services, difficulty navigating services, affording services, or ever had any poor experiences when accessing services?
  - b. \*\*Have you personally found any solutions or workarounds to overcome transportation barriers?
- 12) How can the community, local organizations, and government work together to improve transportation options for accessing community and healthcare services?
- a. For example: dial ride to health appointment or bus to community event, etc

### Extra time Questions

- 1) Tell me about the activities or hobbies that you enjoy participating in with others.
  - a. Are there any clubs, groups, or organizations you belong to that provide social interaction and connections?
  - b. How often do you engage in social activities or gatherings with your friends or acquaintances?
- 2) Do you have a primary care physician or healthcare provider in your community? How satisfied are you with their services? (Please don't name specific doctors or clinics, provide a general description of services received)
- 3) Have you explored opportunities for inclusive recreational activities, events, or workshops that promote social interaction and inclusion?
- 4) Are there any online platforms or social media groups that you are a part of that provide a sense of community and support?
- 5) What do you think about telehealth services?
  - a. What experiences have you had with virtual health services?
- 6) Are there any financial assistance programs or resources in your community that help individuals with low income or disabilities access healthcare services?
- 7) Within the past 5 years, have you participated in volunteering or community service activities?
  - a. How did those experiences contribute to your social connections?

### \*\*\*\*\* Oceana Hispanic/ Latino/a/x Extra Time Questions\*\*\*\*\*

- 1) \*\*Do you have a regular healthcare provider or clinic that understands and respects your cultural background? How satisfied are you with the care you receive? (Please don't name specific doctors or clinics, provide a general description of services received)
- 2) How do you maintain contact with family members, such as extended relatives or those living in other countries? Do you have regular gatherings or use technology to stay connected?
- 3) Are there any cultural celebrations, events, or festivals that you participate in which allow you to connect with other individuals within the Hispanic community?



- 4) Are there any financial assistance programs or resources in your community that help individuals with low income or disabilities access healthcare services?
- 5) Are there any community organizations, clinics, or healthcare programs specifically focused on serving the Hispanic population in your area?

#### Tango Instructions:

- We are using the Tango platform to distribute the \$100 gift cards to focus group participants.
- Tango allows you, the participant, to choose from over 100 gift cards.
- You can use your gift card immediately or you can opt to receive a plastic gift card.
- Additionally, you can split your gift card across stores and restaurants.
- Within **1-2 business days**, you will receive an email that looks like this [hand out Tango Card example email].
- This email will include instructions on how to access and use your gift card.

# Join the Conversation!

Share your experience accessing community resources and connecting with community by signing up for a 2-hour in-person focus group.

Are you a New Journey Clubhouse member AND

- Have a disability AND/OR are struggling financially?

Earn a  
**\$100**  
gift card\*

**\$100 GIFT CARD, GAS  
GIFT CARD, &  
REFRESHMENTS**

If so, you may be eligible to participate in this focus group & earn a \$100 gift card.

## QUESTIONS?



231-902-8545



[info@northernmichiganchir.org](mailto:info@northernmichiganchir.org)

## DATE-TIME-LOCATION

August 22nd, 10:00-12:00 pm  
New Journey Clubhouse  
405 S 3rd Ave  
Big Rapids, MI

## CLICK LINK OR SCAN



<https://survey.alchemer.com/s3/7441290/Focus-Group-Pre-Screening-Questionnaire>

\*Eligible individuals must be able to participate for the full 2 hours. Space is limited. Completing the pre-screening form does not guarantee a spot in the focus group.

# Join the Conversation!

Share your experience accessing community resources and connecting with community by signing up for a 2-hour in-person focus group.

Do you live in one of the following counties?  
Clare, Isabella, or Lake AND

- Have a disability AND/OR are struggling financially?
- 55 or older?

Earn a  
**\$100**  
gift card\*

**\$100 GIFT CARD, GAS  
GIFT CARD, &  
REFRESHMENTS**

If so, you may be eligible to participate in this focus group & earn a \$100 gift card.

## QUESTIONS?



231-902-8545



[info@northernmichiganchir.org](mailto:info@northernmichiganchir.org)

## CLICK LINK OR SCAN



[https://survey.alchemer.com/s3/7441290/  
Focus-Group-Pre-Screening-Questionnaire](https://survey.alchemer.com/s3/7441290/Focus-Group-Pre-Screening-Questionnaire)

## DATES-TIMES-LOCATIONS

**August 29th, 1:00-3:00 pm**

Clare County Senior Services  
212 S Broad St, Harrison, MI

**August 30th, 1:00-3:00 pm**

St. Ann's Lake County Senior Services  
690 9th St. Baldwin, MI

**August 31st, 10:00-12:00 pm**

Isabella Commission on Aging  
2200 S Lincoln Rd, Mt. Pleasant, MI

Interested, but not available on this date? Complete the pre-screening and we will follow-up with you.



# Join the Conversation!

Share your experience accessing community resources and connecting with community by signing up for a 2-hour in-person focus group.

Do you live in one of the following counties?  
Clare, Isabella, or Lake AND

- Have a disability AND/OR are struggling financially?
- Are you a parent to a child 0-5 years old?

Earn a  
**\$100**  
gift card\*

**\$100 GIFT CARD, GAS  
GIFT CARD,  
REFRESHMENTS &  
CHILD-FRIENDLY**

If so, you may be eligible to participate in this focus group & earn a \$100 gift card.

## QUESTIONS?



231-902-8545



[info@northernmichiganchir.org](mailto:info@northernmichiganchir.org)

## CLICK LINK OR SCAN



[https://survey.alchemer.com/s3/7441290/  
Focus-Group-Pre-Screening-Questionnaire](https://survey.alchemer.com/s3/7441290/Focus-Group-Pre-Screening-Questionnaire)

## DATES-TIMES-LOCATIONS

**September 6th, 10:00-12:00 pm**

Baldwin Community Schools  
525 4th St, Baldwin, MI

*In collaboration with Great Start  
Collaborative*

**September 6th, 1:30-3:30 pm**

Mid Michigan Community Action  
1574 E Washington Rd, Farwell, MI

**September 7th, 10:00-12:00 pm**

Strickler Center  
1114 W High St, Mt. Pleasant, MI

Interested, but not available?  
Complete the pre-screening and  
we will follow-up with you.

# Focus Group Pre-Screening Questionnaire

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## Registrant Information

This focus group is being conducted by the North Central Community Health Innovation Region (NCCHIR). Information gathered will be managed by NCCHIR staff.

In the focus group, you will be asked questions regarding social connectedness and accessing community resources. This discussion aims to target individuals with a disability and/or individuals who are financially struggling that live in one of the following Michigan counties; Clare, Isabella, Lake, Mecosta, and Oceana.

Eligible individuals must be able to participate for the full two hours. Space is limited. Completing this screening form does not guarantee a spot in the focus group.

Your participation is completely voluntary, and your responses will be confidential. The information you provide will not be used for a discriminatory purpose.

A member of the NCCHIR team will follow-up with you after completing this form.

If you have any questions about this focus group, please email [info@northernmichiganchir.org](mailto:info@northernmichiganchir.org).

The Date/Times/Locations of the focus groups are listed below:

- Mecosta County New Journey Clubhouse Focus Group (August 22nd, 10:00-12:00 pm at New Journey Clubhouse)
- Clare County Senior Focus Group (August 29th, 1:00-3:00 pm at Clare County Senior Services)
- Lake County Senior Focus Group (August 30th, 1:00-3:00 pm at St. Ann's Lake County Senior Services)
- Isabella County Senior Focus Group (August 31st, 10:00-12:00 pm at Isabella Commission on Aging)
- Lake County Parent/Child Focus Group (September 6th, 10:00-12:00pm at Baldwin Community Schools) (In collaboration with Great Start Collaborative)
- Clare County Parent/Child Focus Group (September 6th, 1:30-3:30 pm at Mid-Michigan Community Action Agency)
- Isabella County Parent/Child Focus Group (September 7th, 10:00-12:00pm at Strickler Center)
- Oceana County Hispanic or Latino/a/x Focus Group (September 7th, 3:00-5:00 pm at Peterson Farms) (Conducted in Spanish)
- Virtual Focus Group (September 11th, 10:00-12:00 pm, Microsoft Teams) - Invite Only

**1) Please enter your contact information:\***

Email Address\*: \_\_\_\_\_

First Name\*: \_\_\_\_\_

Last Name\*: \_\_\_\_\_

Phone Number\*: \_\_\_\_\_

---

**Qualifying Focus Group Questions**

**2) How old are you?\***

Under 17

18-25

26-35

36-45

46-55

56-65

66+

**3) Are you a parent to a child under 5 years of age?\***

Yes

No

**4) Does your child under the age of 5 have a disability?\***

Yes

No

Prefer not to answer

**5) If you are selected to attend the focus group, do you have any childcare needs? (\*\*For the Parent/Child Focus Group Only\*\*)\***

- No childcare needs.
- I would like to bring my child(ren) with me and do not need additional supervision.
- I would like to bring my child(ren) with me and would like additional supervision, if available.
- Other - Write In (Required): \_\_\_\_\_ \*

**6) Do you have a disability?\***

- Yes
- No
- Prefer not to answer

**7) Are you financially struggling?\***

- Yes
- No
- Prefer not to answer

**8) What county do you reside in?\***

- Isabella
  - Clare
  - Lake
  - Mecosta
  - Oceana
  - Other - Write In (Required): \_\_\_\_\_ \*
-

**Thank You!**

**Thank you for completing this pre-screening questionnaire.**

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# Focus Group Registration Form

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## Registrant Information

This focus group is being conducted by the North Central Community Health Innovation Region (NCCHIR). Information gathered will be managed by NCCHIR staff.

In the focus group, you will be asked questions regarding social connectedness and accessing community resources. This discussion aims to target individuals with a disability and/or individuals who are financially struggling that live in one of the following Michigan counties; Clare, Isabella, Lake, Mecosta, and Oceana.

Eligible individuals must be able to participate for the full two hours. Space is limited.

Your participation is completely voluntary, and your responses will be confidential. The information you provide will not be used for a discriminatory purpose.

A member of the NCCHIR team will follow-up with you after completing this form.

**Registration will close 5 business days before the focus group date.**

If you have any questions about this survey, please email [info@northernmichiganchir.org](mailto:info@northernmichiganchir.org).

The Date/Times/Locations of the focus groups are listed below:

- Mecosta County New Journey Clubhouse Focus Group (August 22nd, 10:00-12:00 pm at New Journey Clubhouse)
- Clare County Senior Focus Group (August 29th, 1:00-3:00 pm at Clare County Senior Services)
- Lake County Senior Focus Group (August 30th, 1:00-3:00 pm at St. Ann's Lake County Senior Services)
- Isabella County Senior Focus Group (August 31st, 10:00-12:00 pm at Isabella Commission on Aging)
- Lake County Parent/Child Focus Group (September 6th, 10:00-12:00pm at Baldwin Community Schools) (In collaboration with Great Start Collaborative)
- Clare County Parent/Child Focus Group (September 6th, 1:30-3:30 pm at Mid-Michigan Community Action Agency)
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- Virtual Focus Group (September 11th, 10:00-12:00 pm, Microsoft Teams) - Invite Only

**1) Please enter your contact information:\***

Email Address\*: \_\_\_\_\_

First Name\*: \_\_\_\_\_

Last Name\*: \_\_\_\_\_

Phone Number\*: \_\_\_\_\_

**Address (Street, City, ZIP Code, State)\***

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

## **Qualifying Focus Group Questions**

**2) How old are you?\***

Under 17

18-25

26-35

36-45

46-55

56-65

66+

**3) Are you a parent to a child under 5 years of age?\***

Yes

No



**4) Does your child under the age of 5 have a disability?\***

Yes

No

Prefer not to answer

**5) Do you have a disability?\***

Yes

No

Prefer not to answer

**6) Are you financially struggling?\***

Yes

No

Prefer not to answer

---

## **Event Information**

**For the Isabella, Clare, and Lake senior focus groups; you must be 60 years and older.**

**For the Isabella, Clare, and Lake parent focus group; you must have a child under the age of 5 years old.**

**For the Mecosta County focus group; you must be a member of the New Journey Clubhouse.**

**For the Oceana County focus group; you must be of Hispanic or Latino/a/x descent. This focus group will be conducted in Spanish.**

**If you do fit into one of these groups but you're unable to attend during the in-person focus group, please register for the virtual focus group.**

**If you do not fit into one of the above groups, please register for the virtual focus group.**

**If you have any questions about this survey, please email [info@northernmichiganchir.org](mailto:info@northernmichiganchir.org).**

### **7) Which event are you planning on attending?\***

Mecosta County New Journey Clubhouse Focus Group (August 22nd, 10:00-12:00 pm at New Journey Clubhouse)

Clare County Senior Focus Group (August 29th, 1:00-3:00 pm at Clare County Senior Services)

Lake County Senior Focus Group (August 30th, 1:00-3:00 pm at St. Ann's Lake County Senior Services)

Isabella County Senior Focus Group (August 31st, 10:00-12:00 pm at Isabella Commission on Aging)

Clare County Parent/Child Focus Group (September 6th, 1:30-3:30 pm at Mid-Michigan Community Action Agency)

Oceana County Hispanic or Latino/a/x Focus Group (September 7th, 3:00-5:00 pm at Peterson Farms)(Conducted in Spanish)

Isabella County Parent/Child Focus Group (September 7th, 10:00-12:00pm at Strickler Center)

Lake County Parent/Child Focus Group (September 6th, 10:00-12:00pm at Baldwin Community Schools) (In collaboration with Great Start Collaborative)

Virtual Focus Group (September 11th, 10:00-12:00 pm, Microsoft Teams) - Invite Only

**8) Do you have any dietary restrictions that the staff should know about? Please describe below**

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**9) Do you have any accessibility needs that the staff should know about? Please describe below**

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**10) Would you like to receive more information about the project?\***

- Yes please!
- No thanks!

**11) Would you like to participate in future activities related to this project?\***

- Yes please!
- No thanks!

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# Consent Form

You are being asked to participate in a survey research project entitled “Social Determinations of Health Focus Group on Social Connectedness and Community Linkages,” which is being conducted by Erin Barrett, Anna Reetz, Donna Norkoli, Chandra Gunjak, & Emily Pokorski, staff members at North Central Community Health Innovation Region (CHIR).

The purpose of this focus group is to gather information regarding social connectedness and accessing community resources. This discussion aims to target individuals with a disability and/or individuals who are financially struggling that live in one of the following Michigan counties; Clare, Isabella, Lake, Mecosta, and Oceana.

Although you may find some of the questions *embarrassing/briefly upsetting*, there are no anticipated long-term risks to you related to your participation in this study.

Your participation in this focus group is voluntary. You may choose not to participate in the focus group, to stop responding, or to skip any questions that you do not want to answer. You must be at least 18 years of age to participate in this study. Your completion of the registration serves as your voluntary agreement to participate in this research project and your certification that you are 18 or older.

Questions regarding the purpose or procedures of the research should be directed to [info@northernmichiganchir.org](mailto:info@northernmichiganchir.org).

## 13) Signature\*

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## 14) Date\*

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## 15) Please read and select all of the following boxes to consent for the focus group\*

I agree that I'm able to be present at time and location of the focus group that I selected.

I agree to participating in the full 2 hour focus group.

I accept the \$10 gas gift card, \$100 digital gift card, food & refreshments being provided for my time and travel.

I agree that I will not use the incentives I have received for participating in this focus group on alcohol or other substances.

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**Thank You!**

**Thank you for completing your registration.**

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