

PCA: _____

Agency/Site: _____

Note Taker: _____

SUN LIFE FAMILY HEALTH CENTER FOCUS GROUP DISCUSSION QUESTIONS

Part I. WARM-UP QUESTIONS

1. How many of you would say that in general your health is:
Note the number of responses for each selection below and any additional comments

_____ Excellent

_____ Very Good

_____ Good

_____ Fair

_____ Poor

2. Do you think you have healthy eating habits? Why or why not?
Record responses and comments

3. Do you have one specific place where you receive all or most of your medical care?
Note the number of responses for each selection and any additional comments.

YES _____

NO _____

4. If YES, is the place where you receive your medical care a:
Note the number of responses for each selection and any additional comments. Write in responses not listed under "Other". When possible indicate frequency for "Other" responses.

Private Practice - Family Practitioner _____

Private Practice – Pediatrician _____

Private Practice – Internist _____

Community Health Center _____

Other (please specify) _____

Part II. MAIN QUESTIONS FOR IN-DEPTH DISCUSSIONS

Q1. What is your vision for a healthy community?

Record discussion and all participants' responses and comments.

- P:1
- P:2
- P:3
- P:4
- P:5
- P:6
- P:7
- P:8
- P:9
- P:10

Q2. Who is responsible for your health?

Record discussion and all participants' responses and comments.

- P:1
- P:2
- P:3
- P:4
- P:5
- P:6
- P:7
- P:8
- P:9
- P:10

Q3. Where do you get information about health resources available in your community?

List all health resources identified by participants and record additional comments.

- P:1
- P:2
- P:3
- P:4
- P:5
- P:6
- P:7
- P:8
- P:9
- P:10

Q4. What concerns you most about health care in Pinal County/your community?

Record discussion and all participants' responses comments.

- P:1
- P:2
- P:3
- P:4
- P:5

P:6
P:7
P:8
P:9
P:10

Q5. What can Sun Life and other health care providers do to improve health and quality of life in the community?

List all activities or strategies identified by participants and record additional comments.

P:1
P:2
P:3
P:4
P:5
P:6
P:7
P:8
P:9
P:10

Q6. What additional health care services would you like in the area?

List all health care services identified by participants and record additional comments.

P:1
P:2
P:3
P:4
P:5
P:6
P:7
P:8
P:9
P:10

Part III. TARGETED QUESTIONS RELATED TO HEALTH CARE ACCESS AND UTILIZATION

Q1. What kinds of things prevent you from accessing health care in the County?

Record discussion and all participants' responses comments.

P:1
P:2
P:3
P:4
P:5
P:6
P:7
P:8
P:9
P:10

Q2. Which town/city do you go to for most of your family's routine health care needs?

Note the number of responses for each selection below and any additional comments. Write in responses not listed under "Other". When possible indicate frequency for "Other" responses.

- Apache Junction
- Casa Grande
- Coolidge
- Eloy
- Florence
- Gold Canyon
- Maricopa
- Oracle
- Saddlebrooke
- San Manuel
- San Tan Valley
- Other City: _____

Q3. Why do you or someone in your household use a medical provider for health care needs outside of Pinal County?

Note the number of responses for each selection below and any additional comments. Write in responses not listed under "Other". When possible indicate frequency for "Other" responses.

- Better quality of providers
- Speed of getting an appointment
- Closer/Convenient location
- Free charity care
- Have used for years/Personal relationship
- Work in another community
- Nicer facilities
- Other (*Specify*) _____

Q4. Do you think there are enough primary care doctors practicing in your community?

Note the number of responses for each selection below and any additional comments.

YES _____

NO _____

Q5. Are you covered by health insurance or any type of health benefit program?

Note the number of responses for each selection below and any additional comments.

YES _____

NO _____

Q6. Have you or someone in your household delayed health care due to lack of money and/or insurance?

Note the number of responses for each selection below and any additional comments.

YES _____

NO _____

Q7. Do you have children under the age of three living or staying in your home?

Note the number of responses for each selection below and any additional comments.

YES _____

NO _____

Q8. If yes, did all children under the age five living or staying in your home, receive all vaccines?

Note the number of responses for each selection below and any additional comments.

YES _____

NO _____

Q9. How often do you use the emergency room for minor medical problems?

Note the number of responses for each selection below and any additional comments.

Never _____

Rarely _____

Occasionally _____

Always _____

Q10. How long has it been since you last visited a dentist or dental clinic for any reason?

Note the number of responses for each selection below and any additional comments.

Within the past 12 months _____

Within the past 2 years _____

Within the past 5 years _____

Five or more years ago _____

Never _____

Record discussion and participants' comments.