

STEP 2: Conducting a Community Health Assessment COMMUNITY FOCUS GROUPS

Community Sample Focus Group Questions

Convening focus groups with participants from particular fields such as healthcare providers, students, parents, seniors, and other adults provides an opportunity to explore public opinion, beliefs, and behaviors on the issues of health, overweight and obesity. Beyond increasing the understanding of local sentiment, these focus group discussions can help to identify common themes and possible solutions.

Design a sampling strategy:

- ✓ Include town residents, employees, and healthcare providers of all ages and backgrounds.
- ✓ Recruit focus group participants directly from the community-wide kick-off event and community health events.
- ✓ Engage a network of town residents and service providers to organize peers and clients into small groups.

Design Focus Group Discussion Questions:

Focus group questions can be designed to generate comment on four main issues related to obesity and overweight:

- ✓ perceptions of weight and health
- ✓ access to healthful foods and physical activity opportunities
- ✓ barriers to sensible eating and exercise behaviors
- ✓ local features that facilitate healthy choices and habits.

In addition, questions can also be included to prompt ideas for possible community interventions, such as:

1. What does health or being healthy mean to you?
2. Is weight related to health? How?
3. What do the words overweight and obesity mean to you?
4. Who is responsible for your health?
5. What determines what you eat?
6. Do you think you have healthy eating habits? Why or why not?

7. What helps you to “eat healthy” and what makes it difficult to do so?
8. What determines how active you are?
9. Would you describe yourself as active? Why or why not?
10. What helps you to “eat healthy” and what makes it difficult to do so?
11. What assists you and what hinders you in being active?
12. Does your income or the amount of money you have influence your food or recreation-activity choices? How?
13. Do you think medical costs and insurance rates should be linked to healthy behaviors?
14. What can we do in <Town> to improve how people eat and assist them in being more active?

COMMUNITY HEALTH SURVEY



Healthy Eating Active Living



This survey is anonymous and confidential

We are gathering this information in order to help community partnerships as they develop programs that are meaningful to residents of all ages and from all neighborhoods in {TOWN}.

YOUR INTERESTS

1. What health topics are you interested in learning more about? Check all that apply.

<input type="checkbox"/> Arthritis	<input type="checkbox"/> Depression	<input type="checkbox"/> Stroke
<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Nutrition
<input type="checkbox"/> Blood Pressure	<input type="checkbox"/> Glaucoma	<input type="checkbox"/> Overweight/Obesity
<input type="checkbox"/> Cancer	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Physical Activity
<input type="checkbox"/> Cholesterol		
<input type="checkbox"/> Other, please tell us _____		

2. Where do you get most of your health information? Check one

<input type="checkbox"/> Doctor or Medical Provider	<input type="checkbox"/> School Nurse	<input type="checkbox"/> Friends and Family
<input type="checkbox"/> Library	<input type="checkbox"/> Computer or Internet	<input type="checkbox"/> Medical Insurance Company
<input type="checkbox"/> Newspaper or Magazines	<input type="checkbox"/> Television or Radio	<input type="checkbox"/> Social Services, Headstart, or WIC
<input type="checkbox"/> Other, please tell us _____		

3. What is the very best way for Health & Social Services to notify you of upcoming events? Check one.

<input type="checkbox"/> Church Bulletin	<input type="checkbox"/> School Newsletter	<input type="checkbox"/> {NEWSPAPER TITLE}
<input type="checkbox"/> Notices in the Mail	<input type="checkbox"/> {TOWN} Gazette	<input type="checkbox"/> {NEWSLETTER}
<input type="checkbox"/> {REGIONAL NEWSPAPER}	<input type="checkbox"/> Channel {#}	<input type="checkbox"/> Senior Center
<input type="checkbox"/> Parks & Recreation catalog	<input type="checkbox"/> {TOWN} Adult Education catalog	<input type="checkbox"/> Resident Meetings
<input type="checkbox"/> Other, please tell us _____		

4. What types of support do you need – or which of the following items, if any – would make it easier for you to participate in community activities? Check all that apply.

- Childcare
- Transportation
- Time of Program, (circle best) Before Noon Noon – 5 PM 6 – 9 PM
- Day of Program, (circle best) Monday Tuesday Wednesday Thursday Friday Saturday Sunday
- Specific Location, please tell us _____
- Would you like to participate as a member of a group (not on my own)
- Best if activity is held right where I live or within walking distance
- Need to be inside in hot, cold or wet weather
- Other, please tell us _____

YOUR HABITS & YOUR HEALTH

5. Where (in what store) do you grocery shop often? _____

6. How do you usually get to this store? Check one.

- Drive my own car Taxi City Bus
- Get a ride from neighbor Dial-a-Ride Walk or Bike
- Other, please tell us _____

7. Which, if any, of the following would help you to make changes in the way you eat? Check all that apply.

- Support Groups Cooking Demonstrations
- Food Coupons or Discounts Low-Cost Shopping Classes
- Food Storage Information Nutrition Counseling
- Transportation to Market Gardening Workshops
- Classes on Reading Food Labels Healthy Recipes
- Other, please tell us _____

8. Which, if any, of the following would help you become more active? Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Transportation to the Park or Gym | <input type="checkbox"/> Information on Local Programs and Resources |
| <input type="checkbox"/> Groups to Participate-Be Active With | <input type="checkbox"/> Discounts or Vouchers for Exercise Programs or Gyms |
| <input type="checkbox"/> Workshops on the Value of Exercise | <input type="checkbox"/> Classes on How to Begin Exercising |
| <input type="checkbox"/> Individual Instruction-Personal Trainer | <input type="checkbox"/> Low-cost Sneakers, Sweatpants, or other Equipment |
| <input type="checkbox"/> Other, please tell us _____ | |

9. Which, if any, of the following would you like to do to improve your health? Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Stop Smoking | <input type="checkbox"/> Lower Blood Pressure or Cholesterol |
| <input type="checkbox"/> Get an Eye Exam | <input type="checkbox"/> Get Skin or other Cancer Screenings |
| <input type="checkbox"/> See a Dentist | <input type="checkbox"/> Get a Check-Up |
| <input type="checkbox"/> Get a Flu Shot | <input type="checkbox"/> Learn to Better Manage Stress |
| <input type="checkbox"/> Meet with a Mental Health Professional | |
| <input type="checkbox"/> Other, please tell us _____ | |

10. Do you have health insurance? Yes* No

***If Yes, is this insurance ...**

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> From your (or spouses or parents) work | <input type="checkbox"/> Medicare |
| <input type="checkbox"/> Medicaid (Title 19) | <input type="checkbox"/> HUSKY |
| <input type="checkbox"/> Other, please tell us _____ | |

11. How often do you see a doctor or medical person?

- For a yearly check-up Several times a year Only when I'm sick I Don't

12. How would you describe your overall health?

- Excellent Good Fair Poor

GENERAL INFORMATION

13. Do you live in {TOWN} Yes No

14. Do you work in {TOWN} Yes No

15. How old are you?
 18-24 25-30 31-35 36-44 45-53 55 or older

16. Are you... Male Female

17. What is the highest grade you completed in school? Check one

6th Grade 8th Grade 10th Grade
 High School Graduate (or GED) College, professional, trade school

18. How would you describe your ethnic-racial background? Check all that apply.

African American or Black Hispanic or Latino of any race
 American Indian-Alaska Native Native Hawaiian-Pacific Islander
 Asian White
 Other, please tell us _____