Lighthouse – (Community Name): Resident Focus Group Questions
Date:

Name	Email	Phone (Specify Y/N to text capabilities)	Best Method of Contact	Preferred Language

Welcome (5 MINS)

Thank you for coming! We want to use this meeting to understand your experiences of living here at **(Community Name)** and how we can best introduce technology to the community that will enrich your life.

We are planning to bring technology and the internet to all residents at **(Community Name)**. This program will provide internet access, technology devices, and classes to help you find and use health information and services, stay socially connected, and stay well.

Please speak freely, respect other peoples' contributions, and give everyone else a chance to speak. To start I'd like to just get a bit more familiar with your lives today, and also want to let you know that we'll be audio recording this to capture your feedback.

Social Connectedness (10 MINS)

1. What are your general thoughts about the activities offered here at the community?
   a) Tell us about the last time you participated in a community activity.
   b) What more do you wish there were?
2. What is your favorite thing about living at (Community Name)r? (i.e. friends, sense of community, the RSCs, etc)
3. Who do you interact with most throughout the week, and for what purpose? (staff, neighbor, friend, family, etc)
4. Do you have a close relationship with your neighbors? Do you think it's important to be close with them?
5. Have you ever attended a technology class or workshop? Where? (i.e. Learning to use your smartphone, Computer Literacy, health information or education.)

a) Tell us about it!
b) What did you get out of this class? What did you learn? Was it helpful?
6. Do you attend a senior serving program outside of your community like senior center, adult day, church, PACE program?
   a) Have you been attending any of these places since COVID?

Environment (10 MINS)

1. Are you concerned about falling?
   a. Have you fallen before?
   b. Any specific areas or environments that you tend to avoid?
   c. Why? What can be done to make you feel safer?
   d. Does this fear prohibit your access to certain places?
   e. Have your visits outside the community changed at all because of COVID?
      i. If your outside visits have decreased, how are you satisfying them? (i.e. computer screen (virtual) appointments, Zoom calls, etc.)
2. Do you feel safe in your home? Why or why not?
3. Do you feel safe outside your home?
   a. If not, what can improve your feelings of safety and security?

Healthcare Access and Wellbeing (15 MINS)

Healthcare Access and Wellbeing Part A: COVID-19
1. How has COVID impacted your daily routine?
   a) Can you tell me about your typical day-to-day routine? How was this routine changed pre and post-COVID?
2. What has been your biggest struggle during this pandemic? (i.e. not getting enough fresh air, not being able to do group exercises, not being able to see friends everyday, etc.)
   a) What would make your life easier at this time?

Healthcare Access and Wellbeing Part B: Access to Healthcare Professionals and Resources
1. How often do you typically visit the doctor? (both on computer screen [virtually] and in person)
   a) Did this change during COVID?
2. When was the last time you visited your doc? (in-person and on computer screen [virtually])
3. Have you visited your doctor virtually (on computer) before?   Yes   /   No
   i) If yes, are there any difficulties that you experience with a computer screen (virtual) doctor visits?
   ii) What would make these computer screen (virtual) visits better?
   iii) When would you prefer to visit your doctor in-person vs virtually?
   i) What did you think about this visit?
   ii) Did the visit meet your needs?
   iii) Did you need translation? How was this translation done? (i.e. RSC was on the call to provide live translation, medical provider offered translation, etc.)
4. How do you get the information and resources you need to stay healthy/well?
5. Do you use technology to find information on your health concerns?

6. Overall, how satisfied are you with the quality of care that you are receiving? What can make it better?
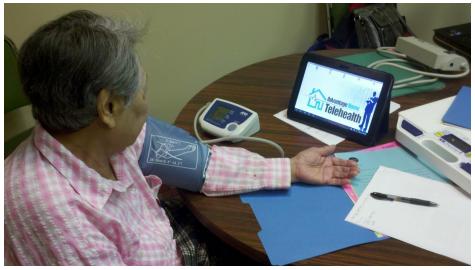
Healthcare Access and Wellbeing Part C: Sharing Information
1. If you don't do so already, would you be open to the idea of using technology to stay connected to doctor? (i.e. monitoring vitals, urgent care video call, etc)
2. In between checkups, have you ever felt like talking with your doctor or sending them a message?
   a) How did you go about it?
   b) What was the response?
   c) Did it meet your needs?
   d) What could have been improved?
3. Do you receive assistance from a home health worker or caregiver (family member or formal caregiver)? (How often, what sort of assistance)
4. If yes, does this Caregiver help with the purchase and assistance of tech use?

Healthcare Access and Wellbeing Part D: Emotional Health
1. What are your concerns about using technology to help you feel emotionally better? (i.e. concerns with privacy, translation issues, too difficult to read screen, etc.)

2) Now, I'd like to show you a "telewellness session". Think of it as an online (like a virtual) visit to the doctor's office. People oftentimes use this type of service to talk to a mental health provider such as a therapist from the privacy of their own home on a computer (virtual) video conferencing platform like Zoom, which is what we're using now. How do you feel about this service?

Technology (20 MINS)

Technology Part A: Use Case Scenario

For this first set of questions, we'll be talking specifically about your most frequently used piece of technology.

1. What is your most frequently used piece of technology? (i.e. smartphone, tablet, Voice First device, etc)
   a) When did you purchase or receive this device? (Note to moderator: find out if this was something purchased or received during COVID)
   b) Did someone purchase this device for you? Or did you purchase it yourself?
   c) How do you use it to communicate in your daily life?
2. Have you learned any new tech skills, apps, or programs during quarantine?
   a) What skills?

b) What do you use these [skills/apps/programs] for?
3. What do you use it for? (frequently used apps, programs, websites frequented, etc)
   a) How often do you use it?
   b) Do you use this device in your native language?
   c) How did you learn to use your technology, and how easy or difficult was it to learn to use it?
4. What are some of the things you struggle with in using your technology?
5. How has this technology changed your life? (Helps manage time better, helps me understand the world around me better, helps me connect with friends/family members easily, etc.)

IF NO TECH USED
1. If you don't use any tech or you use it less than you would like, what are the reasons?
2. When was the last time you used technology?
   a. What was the purpose?
   b. Did you experience any challenges or frustrations?
   c. If these challenges could be fixed, would you be more open to using technology for this or other purposes?

Now we'll be talking about your technology use in general – so consider all of the technology that you use, whether that be technology that you own or technology that you borrow/use elsewhere (computer café, computer at library, borrowed tablet, etc.)

Technology Use Part B: Issues and Challenges
2. What other types of tech products do you currently own/have in your home (i.e., personal computers, smartphones, tablets, streaming media players, etc.)
   a) What do you use this technology for?
3. Do you have any challenges that make using technology more difficult? (Vision, hearing, mobility, cognitive, language barriers)
   a) How do you get around these challenges? Are there any special accessibility features that you use to make technology work for you?
   b) Can you think of any improvements to make technology easier for you to use?
4. Tell us about the last time you had an issue with a technology device.
   a) How did you resolve this issue?
5. If you could wave your magic wand and have technology do anything for you to help you live well, what would you like it to do?

Technology Part C: Internet and Wi-fi
1. Do you have wi-fi?
   a) Where - in home, in common area, cellular plan, etc.
   b) Do you pay for this wi-fi? Who pays for it?
2. How frequently do you use the internet, and what do you use it for? (i.e. YouTube, catch up on news, check email, etc)
3. Tell us about the last time you used the internet (what did you do? How long did you use it for? Is this typical?)
4. Have you ever used video to communicate with friends and family members (i.e., FaceTime, Zoom, etc.)?
   a) How often do you do this?

    b)   Do you have any challenges in using video to communicate?

Technology Part D: Attitude
1) How comfortable do you feel with using new technology?

2) How willing are you to try new forms of technology?