

Theme definitions, quotes, and citation count

Barrier/ Facilitator	Representative Quote	Number of pts (% of pts)	Number of citations
Convenience/ Access: Barrier- Far away clinic, inconvenient timing, not easily physically accessible, coming back for follow-up appointments Facilitator - Time, scheduling, proximity to clinic, ease of getting to clinic. (If patient asks for a certain time then we are able to accommodate for that request, so code it as a facilitator)		22 (73)	63
Barrier	<p><i>“He lives in Louisiana, in a small town. And the VA doesn’t really have the resources there because they just have a clinic. And they either have to go, you know two hours either way, to the facility.”</i></p> <p><i>“By the time I get off at 5:30, the doctor’s offices are closed.”</i></p> <p><i>“You’re 10 minutes behind or the bus 10 minutes behind. Bam, I have got to wait a whole another two, three months, you know, to get help.”</i></p> <p><i>“Everybody wants a 4:00 appointment because they don’t want to leave work, they don’t want to leave school, they don’t want to take the kids early. So, I’m scheduling 4:00 appointments out until June to accommodate 4:00s”</i></p>	16 (53)	31
Facilitator	<p><i>“Especially if they can dovetail it with an appointment they’re already here for, that would be awesome.”</i></p> <p><i>“So, when I’m making an appointment, I make sure that the first thing in the receptionist’s mouth isn’t what’s convenient for her to throw at me and she’ll give me that. And if it is convenient for me, then yeah, I will take it.”</i></p>	17 (57)	31
Cost: Barrier - Lack of insurance, high out of pocket cost, bad insurance coverage, transportation cost, anything cost related Facilitator - Alternative methods of care, donations, programs, assistance, good insurance coverage		23 (77)	60
Barrier	<p><i>“So, you’re going to give me a medication, and then am I going to have to pay for that medication? Some of them can be very expensive and some of them especially those who have gone to Kellogg know this already.”</i></p>	15 (50)	28

	<p><i>"[Medications are] super expensive and the first generation is not you might have to take it twice a day. It might be a generic version, it might be. But that's where we have to go because we have to go, you're not getting a Cadillac, you're getting a Volkswagen."</i></p> <p><i>"People don't have insurance, and I haven't met a doctor for, a doctor for two years. Because I didn't have any vision insurance. "</i></p> <p><i>"I don't trust that it's going to actually be free and I can't afford to pay for it and I don't want another bill or another bill collector."</i></p>		
Facilitator	<p><i>"I think the fact that [the research program is] free is a big plus"</i></p> <p><i>"I think a lot of our patients definitely - would definitely use this and take advantage of it because of that extra cost that you do have to spend even if your health insurance covers an eye exam"</i></p> <p><i>"So, well, because a lot of people don't have the vision coverage. And they'd want to get it, you know, they can get it free and low cost."</i></p>	19 (63)	32
Fear: Barrier - Fear of knowing progression or severity of disease (denial) Facilitator - Fear of vision loss		25 (83)	49
Barrier	<p><i>"Well, a lot of it is, you know, people fear coming to the doctor and that kind of stuff."</i></p> <p><i>"Because most people that's in, who consider themselves in good health when they find out something like this is going on, it just can be very devastating. And a lot of people don't want that. They don't want to know that. So, they'll avoid it as long as possible until they're walking into walls. That's what I found."</i></p> <p><i>"But that's another thing too. When you, when you go to, so many doctors appointments and you're like, please don't find one more thing wrong with me and then people will avoid going"</i></p>	12 (40)	14
Facilitator	<p><i>"It doesn't stop, it doesn't slow down, nothing's going to make it better, you have to get it taken care of or that will happen"</i></p> <p><i>"You're running scared now and you're frightened [...] So, you're going to ask what can I do? Is this reversible? How can you help me? Do you need to refer me to somebody else who can help me?"</i></p>	15 (50)	24

Knowledge: Barrier - Eye disease: Not knowing about glaucoma, not understanding the disease, not understanding the consequences, not understanding demographics of disease; Resources: not having knowledge of available screening/resources Facilitator - Eye disease: Knowledge of glaucoma, personal experience of self or others with eye disease; Resources: having knowledge of available resources and screening. Knowledge of glaucoma: 22 people, 49 total Knowledge of Resources: 11 people, 24 total		26 (87)	73
Barrier	Eye disease: <i>"Big barrier here is trying to educate these people. And this research thing can help us find those people and try to educate them, try to make them aware that this is a problem."</i> <i>"People tend to think of glaucoma as just being something that 60, 70, 80-year-old people have, too."</i> Resources: <i>"I didn't even realize that you had an eye center here."</i> <i>"They don't really take advantage of what's here, you know, because if the information doesn't come directly to them. They don't seek it out."</i> <i>"Yeah. So I think there are couple of things like that within our existing network that would just be good. We'll make sure that our partners know that this is something we're offering now. They can be referring people over here for that."</i>	17 (57)	30
Facilitator	Eye disease: <i>"So, we are trying to help in any way that we can. But sometimes, actually the education of our patients with the important of knowing that this is your help, you can go blind."</i> Resources: <i>"We certainly are much busier today than we were when we first started. Public knows about it and the word has gotten out. So, this program can certainly help with that also."</i> <i>"I hear about a lot of people that are in need of that but then when they come to Hope, we let them know, guess what, we have somewhere that you can go. And then they will take us up on anything that we can offer them."</i>	21 (70)	41
Language: Barrier- difficulty accessing screening due to language difficulty and trouble with translation		5 (17)	7

Barrier	<p><i>"A lot of them you'll have to have bring translators with them, someone within the family or relative or a friend. We have so many people that come to Hope that have to bring a translator with them."</i></p> <p><i>"Well, there is always a language. You know so we typically tell patients here just because we don't have a full range of interpreter services that they need to bring somebody with them"</i></p>	5 (17)	7
Facilitator	None		
Loss of contact: Loss to follow-up, loss of contact information due to changing number or etc		7 (23)	12
Barrier	<p><i>"There's a huge no show up patients broken, broken appointments."</i></p> <p><i>"But the only thing you run into them is that a lot of people's addresses change or they move on and don't have a forwarding address and things like that"</i></p> <p><i>"I don't see too many barriers except for phone numbers changing. Really, I do. People's phone numbers change frequently."</i></p> <p><i>"I would say that probably, the number of glaucoma patients that I've seen down through the years, I'm just snatching a number out of the sky because I can see the faces of different individuals. I don't see those patients anymore. What happened? What happened to them? It should be at least 75% maybe more."</i></p>	7 (23)	12
Facilitator	None		
Perceived Need/ Benefit; Barrier - Lack of symptoms Facilitator - Perception that their vision or symptoms can benefit from an intervention thus asking for help		22 (73)	45
Barrier	<i>"And though it's been on my mind, I hadn't done anything about it, but when I started getting blurry vision, I went and got checked out and they said, "You've now become diabetic." I said, "Oh, okay, maybe that's the reason I'm having problems."</i>	8 (27)	9
Facilitator	<i>"[Patients] love free glasses. If they know they have a vision problem and they think they might get free glasses out of it, they will be more motivated, I think."</i>	20 (67)	35

	<i>"I see good at that time. And as soon and then all of a sudden, and it takes a long period of time for it to happen like three months ago, it just happened to start getting darker and darker and I'm saying to myself, I should have went to that appointment. This wouldn't happen to me"</i>		
Priorities: Barrier - Examples of when there are competing priorities, eyesight is not a priority Facilitator - Vision and health as a priority		30 (100)	98
Barrier	<p><i>"And many of our own patients you know when you look at their medical history, you know, they you know get a bad diabetes, hypertension, kidney problems, dealing with a family member who's incarcerated and unruly kids, three to four kids, if you do that a juggle schedule to complete the day, just a number of things."</i></p> <p><i>"So, they've got their minds on a lot of different things. And eyesight as important as it is, I think is overlooked so much."</i></p> <p><i>"Only people who are conscious about their overall health. I don't see people who are 20 something even concerned about their eyes. I'm listening to people all the time and people that age don't seem to have an idea about what good health is. "</i></p>	23 (77)	49
Facilitator	<p><i>"I've already been [to health screenings], you know, I keep a track of my health because of my age."</i></p> <p><i>"Because the way I look at it, like you only go around once, so you better take care of yourself the first time around."</i></p> <p><i>"Oh yeah, but when it comes to my vision that's important so I have to use those two hours at work and I may get back of a vacation but..."</i></p> <p><i>"I'd like to, take care of my eyes. Competitive, good care and find out if I can hope, I hope, there's nothing wrong with them."</i></p> <p><i>"my sight is very very important to me, I value my sight."</i></p>	22 (73)	49
Policy: Barrier: All things to do with regulations, rules and bureaucracy that impede patients getting the appropriate screening and time. Facilitator: Policies that encourage patients to make it to screening/appointments		7 (23)	10

Barrier	<p><i>" I think the biggest fear is like medical bureaucracy and that sort of thing that scares people away that it's just too difficult and so it's not worth it. But having maybe something that simple on site, immediate, understandable, I think that's a huge benefit."</i></p> <p><i>"Because sometimes with insurance, the rides, a month are limited. And some people have to keep seeing a specialist, they've like serious appointments, and they've like real severe, illnesses and they can't miss or they, they're seeing different specialists but they ran out of the amount of rides."</i></p>	6 (20)	9
Facilitator	<p><i>"...So then they tried something else where there was some automated calling system that that they had instituted you know, through you know, admin to notifying patients. So, they've tried different things and they've also instituted policies and if you have so many no shows for your appointments that you could not make an appointment here just because I guess people were just abusive"</i></p>	1 (3)	1
Social Support: Barrier - Lack of community resources or social support Facilitator - Having good social network, good community support and resources,		22 (73)	41
Barrier	<p><i>"Because they usually depend on their adult children to bring them. And a lot of times if the adult children have to pick up somebody from school, it's like "I have to leave by 3:30"</i></p>	5 (17)	5
Facilitator	<p><i>"I have no problems with [making to my appointments]. I'm here at least one day a week because of the laundry facility, so. And sometimes, on Saturdays with the food pantry and so, I'm here an awful lot."</i></p> <p><i>"Just so I think that it's one thing to let folks like we have extensive network of churches who work with us. And a lot of how we'll frame that is people go to churches when they're in need and churches aren't equipped to handle a lot of the things that people have. So we try to be a partner with them that they feel very comfortable referring those people to who are looking for services"</i></p> <p><i>" So I think a lot of times clients will first enter for food, because it's a very low barrier program, no requirements of any kind, you can just show up for a meal or you can show up and get emergency bag of food and that sort of thing. And so we end up referring a lot of clients do there. They'll come in for something simple like food and then become aware of other services at Hope."</i></p> <p><i>"We don't have a car. Our car, our transportation, so right now, we try to just make them to where, we make all our appointments on our daughter's car. Because we know we can use her car"</i></p> <p><i>"Yes, I have a neighbor that can get my child from the bus."</i></p>	20 (67)	34

	<i>"If I had the time and I had the right supervisor where I could call and say, hey, I got wanted to really – I needed to come to this appointment, I'll use my lunch hour, I'm going to be 30 minutes late, I've really have to do this"</i>		
Transportation Barrier: Not having transportation to make it to screening or appointments Facilitator: Having access to adequate transportation		26 (3)	63
Barrier	<i>" But those aren't the people who generally have the trouble getting here so much, it's people from Detroit that there's not a bus that goes from Detroit to Ypsi, you know, there ain't anybody from outside the immediate area that lets you that's the biggest barrier for getting"</i> <i>"They might have transportation but I've had patients that have to get up and leave because the person who agreed to bring them here for their medical appointment has to leave. "</i> <i>"And transportation, lot of people don't have cars, so lot of our people rely on public transportation."</i> <i>"An eight and not a 10, because I do take public transportation and things are out of my control."</i>	24 (80)	43
Facilitator	<i>"You know, if I didn't have transportation, but I do. I'm fortunate enough to have it, but a lot of people don't."</i> <i>"Just call them up, make an appointment. Call them up, set up let them know what time you have to be there and what time, you know, you want to when you're leaving. And I think the rule is about like 20 minutes prior, 20 minutes after, something like that "</i> <i>"I've already worked it out the night before to double check that my mode of transportation is either going to come pick me up, friends, family. Some people will use Uber."</i>	10 (33)	20
Trust: Barrier - Lacking trust in faculty, staff, or clinic Facilitator - Trusting clinic, reputation of UM, prior good experiences with providers/ site,		18 (60)	30
Barrier	<i>"And you know, it's just not worth the effort it takes to get there unless truly it's free. [... not] worth it to take a day off work or to bother figuring out how to get here. And then to find out why you don't qualify, it's not really going to be free for you."</i>	7 (23)	15

	<p><i>"When you talk to me, you better use real stats. I'm smarter than you [...] if you're going to talk to me, don't talk to me like I just come off the street and wasting my time."</i></p> <p><i>"I guess they were trying to focusing on a particular segment of the diabetics that was they were falling through the cracks some way and they were not being you know, treated the way they should have been getting the treatment."</i></p>		
Facilitator	<p><i>And physically Hope has a history of giving quality service. And maintaining standards and it's not about the money.</i></p> <p><i>"And that's something that's so big with us at Hope is you know that recognizing the dignity and respect and really having each encounter be something that upholds the person, you know, because positive encounter"</i></p> <p><i>"But of course like the university has a very reputable organization"</i></p> <p><i>"You got some good people, you know, good doctors. You know, just good doctors, somebody that you can rely on."</i></p> <p><i>"You're connected with a very identifiable hospital and then just working with a few people at a time is going to get the word out."</i></p> <p><i>"No, but when you say is free, I believe it is free."</i></p> <p><i>Comfortability, you know, do they feel comfortable with how the setup is? If they can really see that the advantage for them, you know, not just being a research subject. Yeah, to really make it, you know, to uphold the dignity of the client in the ways that, you know, we're able to do that, so that they can really feel like it's a benefit to them. And yeah, just that that sense of dignity and respect not being used as an object.</i></p>	13 (43)	15