

Focus Group Topic Areas and Sample Questions to Illustrate the Areas

This section includes a sample list of eight broad topics that could be explored using focus groups. **These are not the only topics to explore using this tool**, but they do capture some of the most frequent uses of focus groups. We have provided a few samples of main questions (■) followed by probes (○) for each area to help you think about the types of questions you may want to ask. In a focus group, there would be a series of questions exploring the topic. You will need to develop your own questions based on the guidelines we provided in the step-by-step instructions.

Topic Area #1: Recruitment and Retention of Participants (Adult or Youth Participants)

Focus groups could be useful to identify ways to recruit or retain participants. Here are some sample questions for two different focus groups:

We are interested in offering a new program for parents of adolescents.

- We considered promoting the program through the schools at the monthly PTA meetings.
 - What do you think of this idea?
 - What are some other ways or places we should advertise this program to parents?

We have noticed that teens are not using our clinic services as much as we hoped.

- What might be keeping teens away from this clinic?
 - What should we change to make our services more inviting for teens?
 - When would teens most likely access our clinic?
 - Where's the best place for us to advertise our teen services?

Topic Area # 2: Materials Development

Focus groups can be used to test new education or marketing materials. Participants are often asked to review sample materials and share their reactions. Here are some examples of how this could be done:

We are designing new marketing materials (show them).

- What is the first thing that comes to mind when looking at these flyers?
 - As a teen male, what would attract you to read this flyer?
 - What do you think of the text?
 - Is the text easy to read and understand?
- **What do you think when you see a flyer that says you can get something free?**
 - How much do you trust what it says?
 - What types of free stuff would motivate young men to come to the clinic?

Topic Area #3: Program or Service Development

Focus groups are often used to collect information that could be used to develop new programs or services. They also can be used to explore participants' views on certain topics that might be addressed in a program. Here are some questions that show how this might look:

We are interested in offering a new program for parents of adolescents.

- What are some of the key issues parents face in raising adolescents?
 - What format would be best to reach parents?

We are interested in offering a new STI program for adolescents.

- What do you think other teens want to know about preventing pregnancy?
 - What's more of a concern to most teens—getting a sexually transmitted infection or getting pregnant/getting someone pregnant?
 - What sexually transmitted infections are of most concern to teens?
 - What makes these STIs such a concern?

We are interested in developing a new fatherhood program for adolescents.

- What does “being responsible” mean to you?
 - What are some examples of ways young men show responsibility in a relationship?

Topic Area #4: Reactions to Programs

Focus groups could be used following a program to collect information about participants' reactions to the program. Here are a few sample questions that show what this might look like:

We are interested in hearing how you felt about the teen pregnancy program you attended.

- What were the main messages you got from the program?
- If you could change one thing about the program, what would you change?

We are here today to discuss what young people think about sex education.

- How do young people feel about sex education?
 - How important do young people feel classes on sex education are?
 - What might young people learn about in sex education classes that they don't learn about elsewhere?
 - Where do young people learn about sex?
- How satisfied are students with existing school sex education programs?
 - How could the existing sex education program be improved?
 - What other kinds of topics should we talk about in the sex education program?

We would like to hear what parents think about sex education programs.

- How do parents feel about sex education?
 - What contributes to those feelings?

We would like to hear about your experiences in the fatherhood program.

- Tell me about what you did in the fatherhood program.
 - What were the main messages you got from fatherhood program?
 - What did you think about the educator who taught the program?
 - If you were in charge of this program, what would you change?

Topic Area # 5: Reactions to Program Activities

Focus groups could be used to elicit valuable insights into program activities (e.g., performances, social events) that may be used for further development or modifications of these activities. Here are sample questions that show how this might look:

We are here to talk to you about your impressions of the teen performance.

- What did you think of the stories in the performance?
 - How would you describe the issues that are discussed/presented in the performance?
 - How relevant do you think the performance would be to a friend, family member?
- What did you learn from seeing the performance?
 - Can you describe some of the reasons that brought you out to see the performance?
 - How do you think that seeing this performance would make young people think about their own sexual health?

We would like to find out what pregnant and parenting teens think about the use of teen panels to educate younger teens about waiting to have sex.

- How do you think that having pregnant or parenting teens talk to youth about having sex impacts them?
 - How might hearing a teen panel make a difference in a teen's decision to have sex?

Topic Area #6: Exploring Program Impact

Focus groups could be used to explore or better understand program impact, but are not ideal for measuring impact. Here are some examples of questions that could be used to explore or gain more insight on program impact:

In this program, we did several community service projects as part of the class.

- What did you do in the volunteer project?
 - What were your responsibilities?
 - What did you get out of volunteering?
 - What did you learn about yourself?

In this program, we often talked about postponing sex until you are older.

- How did the program change the way you think about waiting to have sex?
 - How much have you talked with your friends about waiting to have sex?
 - What are some things that might affect a young person's decision to start having sex?

Topic Area # 7: Reactions to Clinic Services

Focus groups could be used after individuals receive certain clinical services to collect information about clients' reactions to the services. Here are a few sample questions that show what this might look like:

We are interested in hearing about your experience at the clinic.

- What did you think of the clinic?
 - What was the room like where you received services (e.g., clean, comfortable, private, cold)?
 - What do you like most about the clinic?
 - What do you think could be done to improve the services here?

We would like to hear what teens know about the services offered at this clinic.

- How much do they know about the services before coming in?
 - What do they know about the cost of services?
 - What do they know about parental permission?
- What services do they know about? (Birth control, STI testing, pregnancy testing, etc.)
- What have they heard about the services from other teens who have been here?
- What is the general opinion among young people of our clinic?

Topic Area # 8: Access and Barriers to Clinical Services

Focus groups could be used to explore individuals' awareness of clinical services, their access and use of service, and barriers to receiving services. Here are some examples of questions that could be used to do this:

We would like your help understanding what prevents young people from using the clinic.

- What might keep young people from coming to this clinic to get reproductive health services?
- What are some of the concerns teens might have about accessing reproductive health services?
 - What do they know about confidentiality?
 - What can clinic staff do to break down the barriers?

We are here today to find out what teenagers think about accessing health care.

- What is the most common method of transportation used by teenagers to get to a clinic/provider to receive family planning services?
- Do you believe that teenagers have a right to accessing healthcare services?
- How often do young people go for health care?
- Where do they go? (private doctor, free clinic, school clinic, teen health center, hospital, emergency room)
- What things would make a person feel comfortable going to a clinic to receive family planning services?
 - How important is it to know how to access free family planning services?
 - If you were trying to convince a friend that they should go to a family planning clinic, what would you say?

Focus Group Tool Steps to Complete the Tool Checklist

Directions: We have prepared this checklist to assist you with the completion of the **Conducting Focus Groups Tool**. Your **Evaluation Liaison** will be reviewing this checklist with you to ensure that you have a clear understanding of the tool's purpose and activities. We recognize that programs have different levels of experience planning and conducting focus groups. If you have extensive focus group experience, you may not need to spend as much time reviewing the step-by-step instructions provided in the CPI Toolkit, however, this checklist should be followed and all required activities completed.

Activity

- Step 1: Decide how you will use the focus group tool**
 - Focus groups can be used to explore any aspect of your work plan, it is not limited to your prevention education and outreach activities.
 - Refer to the table on page 7-4 (Section 7) for guidelines on appropriate and inappropriate uses of focus groups.
- Step 2: Plan your focus groups**
 - Determine who will be invited, how many to invite, and who will do the recruiting.
 - Recruit 10-12 potential participants for each focus group, and expect 6-10 to attend.
 - Allow at least 3 weeks for the recruitment process.
- Step 3: Prepare parent consent and participant assent**
 - Determine need for Parental Consent for focus groups based on your focus group location and agency requirements.
 - Cut and paste the parent consent and/or participant assent forms in Appendix 7E onto your letterhead and modify the information that is relevant to your focus groups. (REQUIRED)
 - Submit parental consent and participant assent forms to your Evaluation Liaison and OFP Program Consultant for review and approval. (REQUIRED)
 - Make two copies of the participant assent form per person in group. Participants keep one copy and sign and return one copy to the facilitator.

NOTE: Participant assent is required from all individuals (youth and adults) participating in your focus groups.
- Step 4: Review focus group protocol elements**
 - Adapt focus group protocol to meet your needs.

Step 5: Develop your focus group question

- Submit *draft* of your protocol outline to your Evaluation Liaison and OFP Program Consultant for approval. (REQUIRED)
 - Allow at least one week for review and feedback from your Evaluation Liaison.
- Practice your protocol with a small group of individuals similar to your planned group. (REQUIRED)

Step 6: Conduct 2-3 focus groups

- Decide who will be the moderator and note taker. It is best if the moderator is a neutral person, not necessarily connected to the aspect of your program that you are exploring in the focus group.
- Moderator and note taker should familiarize themselves with the focus group protocol and questions before the focus groups.
- It is strongly recommended that you tape record the focus groups in addition to having a note taker.

Step 7: Analyze the data

Deliverables

Step 8: Report your findings

By April 15th submit the following to your Evaluation Liaison and OFP Program Consultant:

- A copy of your final focus group protocol.
- Draft* summary of your CPI results.

NOTE: Evaluation Liaisons will provide feedback within approximately three weeks of submission.

By June 1st submit the following to your Evaluation Liaison and OFP Program Consultant:

- Revised CPI summary (if revisions were requested by Evaluation Liaison).
- Completed CPI Feedback Form (on line survey—Evaluation Liaison will send link with instructions).

- Your Evaluation Liaison will send you an email confirmation that your CPI requirement has been met for the year with instructions for submitting your CPI summary in your Final Progress Report Due August 1st.

TODAY YOU ARE INVITED TO PARTICIPATE IN A FOCUS GROUP!

**FREE pizza
and soda
for participants**

**FREE \$20.00 gift
card to Blockbuster
video or FREE
\$20.00 gas card for
participating**

TODAY!!

If you are interested in participating, please notify the clinic staff

We are interested in feedback from our patients on how to improve our outreach services to reach more teens like you!

We need up to ten youth to talk to us about our community outreach services. It will take approximately one hour, and you will receive FREE pizza, soda, and a \$20.00 gift card for participating.



Site Logistics

Location

- Choose a site that is easy to reach, with plenty of safe parking and access to public transportation.
- If you are offering childcare or multiple groups in one evening, make sure there is a waiting area and a room in the same facility for childcare.
- If the room is in a larger building, be sure to put up signs by the front door and elevators on how to find the exact location.

Room Set-up

- Choose a space that has enough room for 10 people to sit comfortably around a table, with the moderator at one end. Everyone should be able to see and hear one another. Make sure the room is clean and that the chairs are comfortable.
- Allow room for flip charts (and enough room for the moderator to get back and forth to use the flip chart).
- Set up a separate side table for refreshments, name tags, and any other information that participants may need.
- Check on electrical outlets for tape-recording equipment, and test the equipment before the focus group session. Make sure the electrical cords are out of the way or taped down with duct tape so that no one trips on them.
- If an assistant moderator/note taker is present, determine the most appropriate place for them to sit (e.g., at the table or to the side) to meet the needs of your group and will not distract from your group.

Food

- Snacks are popular with participants, and help create a comfortable atmosphere. Check with school site staff or community staff about appropriate food/snack options.
- Check with participants about dietary preferences during the recruiting process.
- Keep water pitchers on separate table, and avoid ‘crunchy’ snacks like pretzels or potato chips.

Child Care (if providing)

- Make sure caregivers are known to or trusted by the parents. You may want to consider a licensed provider.
- Make sure you have enough caregivers for the number of and ages of children,.
- Check about any liability issues at the site.
- Provide food for children. It may also help to bring toys or activities for the children.

Transportation (if providing)

- Provide bus passes/tokens or taxi vouchers or arrange a shuttle service if you anticipate that participants may have difficulty getting to the focus group site.

Sample Parent/Guardian Permission Form for Focus Groups in School Settings Active Consent

Note: This is a sample of the type of language to include when developing your parent consent form. This is an example of an **active** consent form where parents need to sign and indicate their decision about participation (yes or no). You may cut and paste this onto your letterhead and insert the information that is relevant for your program. Be sure to add a contact person and phone number. **This permission form is for CPI purposes only.**

Dear Family,

We are inviting your son/daughter to take part in a focus group discussion. A focus group brings a small group of people together to discuss what they think or how they feel about certain issues. This focus group will be about **[insert brief statement of purpose and topic]**. This meeting will be one time only and will take about **[xx-xx insert time frame]** during school.

- The focus group discussion is scheduled for **[insert date, time, and location]**.
- Taking part is voluntary. If your son/daughter does not want to take part it would not affect his/her grades at school or his/her ability to take part in other activities.
- Only first names would be used during the group. Students' comments will be summarized as a group, not based on what individual students say. Your child's name would not be in any of our notes or reports.
- **[Only insert if tape recording]** We would like to tape record the discussion with permission from all of the students taking part. The tape would be destroyed after the report is written.
- If your son/daughter is interested in taking part we will need to have parent permission to do so.

ONLY INCLUDE NEXT TWO BULLETS IF APPLICABLE __MODIFY AS NEEDED

- We would provide refreshments during the group.
- Students who take part will receive a **[insert incentive]**.

Please fill out the form below and return it to **[Insert contact name]** at your child's school with your decision.

If you have any questions, please call **[contact name]** from **[school or agency name]** at **[phone number]**.

Sincerely,

[Insert contact name]

✂ Cut here and return the bottom part of this form.

My child, _____
(Please print your child's name)

(Please check one)

- YES**, my child may take part in the Focus Group Discussion.
- NO**, my child cannot take part in the Focus Group Discussion.

Parent/Guardian (please print)

Signature of Parent/Guardian

Date

Sample Parent/Guardian Permission Form for Focus Groups in School Settings Passive Consent

Note: This is a sample of the type of language to include when developing your parent consent form. This is an example of a **passive** consent form where parents need to sign if they want to EXCLUDE their children from participation. You may cut and paste this onto your letterhead and insert the information that is relevant for your program. Be sure to add a contact person and phone number. **This permission form is for CPI purposes only.**

Dear Family,

We are inviting your son/daughter to take part in a focus group discussion. A focus group brings a small group of people together to discuss what they think or how they feel about certain issues. This focus group will be about **[insert brief statement of purpose and topic]**. This meeting will be one time only and will take about **[xx-xx insert time frame]** during school.

- The focus group discussion is scheduled for **[insert date, time, and location]**.
- Taking part is voluntary. If your son/daughter does not want to take part it would not affect his/her grades at school or his/her ability to take part in other activities.
- Only first names would be used during the group. Students' comments will be summarized as a group, not based on what individual students say. Your child's name would not be in any of our notes or reports.
- **[Only insert if tape recording]** We would like to tape record the discussion with permission from all of the students taking part. The tape would be destroyed after the report is written.

ONLY INCLUDE NEXT TWO BULLETS IF APPLICABLE __MODIFY AS NEEDED

- We would provide refreshments during the group.
- Students who take part will receive a **[insert incentive]**.

*If you do NOT want your child to take part in the focus group discussion, please fill out the form below and return it to **[Insert contact name]** at your child's school with your decision. **If we do not hear from you, we will assume you allow your child to take part in the focus group discussion.***

If you have any questions, please call **[contact name]** from **[school or agency name]** at **[phone number]**.

Sincerely,

[Insert contact name]

✂ Cut here and return the bottom part of this form.

My child, _____
(Please print your child's name)

NO, My child cannot take part in the Focus Group Discussion.

Parent/Guardian (please print)

Signature of Parent/Guardian

Date

STUDENT ASSENT FORM – Focus Groups

Note: This is a sample of the type of language to include when developing your student assent form. We recommend that you use the language provided as is. Cut and paste this onto your letterhead and only modify the information that is relevant for your program. Be sure to add a contact person and phone number. **This assent form is for CPI purposes only.**

What is Going On?

Our school is part of a teen pregnancy prevention program, called **[insert program name]**. **[Insert name of agency]** works with the school to bring this program to students. The purpose of the program is to help young people learn about family planning information and services **[modify this based on the purpose of your focus group]**. You are being asked to give us your thoughts on these issues during a small group interview called a focus group.

What Would Happen?

If you decide to be a part of the focus group, you would take part in one small group discussion with about 8-10 other students during school hours. It would last about **[insert amount of time focus group will last]**. You would be asked to share your thoughts about going for health care in the community **[modify based on focus group topic]**. The focus group is voluntary. The questions ask for your opinions but do not ask you about your personal information or personal information about other students. You do not have to answer any questions that you do not want to.

If you decide not to take part, it would not affect whether you can take part in any other school program. It would not impact your grades. **[Insert if giving incentives: Each student who takes part would get a XXX.]**

How Would I Be Affected?

You would be given a chance to share answers to questions in a small group. If a question makes you uncomfortable, you would not have to answer it. If you want to leave the focus group, you can go back to your regular class. Stopping would not affect your grades or if you receive your incentive. **[Modify based on where you are conducting your groups and whether or not you are providing incentives.]**

Do My Parents Know About this? **[Revise this to match your parent consent process]**

Information about the focus group and a permission form was sent home to your parents. Your parents gave permission for you to take part.

Would Anybody Know My Answers?

The participants in your group would hear your answers. We would ask everyone not to talk about what people in the group said after the interview is over. Your name would not be on the notes. Your responses would not be given to anyone at your school. Your name would not be in any of our reports.

What If I Have Questions?

If you have questions about the program, you can ask your parents, or the people in charge of the focus group. Here are two people you can call about the **[insert name of program]**:

- **[Insert school contact name and information]**
- **Insert agency contact name and information]**

How do I join the focus group?

If you want to join, please check the first line below. Then print and sign your name with today's date. You will get a copy of this form. If you **DO NOT** want to join, please check the second line. Then print and sign your name with today's date.

This form has been read aloud to me. All my questions were answered. *Please check one box:*

- YES - I **give assent** to be part of the *focus group*.
- NO - I **DO NOT give assent** to be part of the *focus group*.

Youth Name - Please Print

Youth Signature of Assent

Date

PARTICIPANT ASSENT FORM – Focus Groups

Note: This is a sample of the type of language to include when developing your participant (adult) assent form. We recommend that you use the language provided for as is. Cut and paste this onto your letterhead and only modify the information that is relevant for your program. Be sure to add a contact person and phone number **This assent form is for CPI purposes only.**

What is Going On?

Our **[insert program name]**, **[Insert name of agency]** works with the **[Insert name of school or community center]** to bring this program to students/youth in this community. The purpose of the program is to help young people learn about family planning information and services **[modify this based on the purpose of your focus group]**. You are being asked to give us your thoughts on these issues during a small group interview called a focus group.

What Would Happen?

If you decide to be a part of the focus group, you would take part in one small group discussion with about 8-10 other participants. It would last about **[insert amount of time focus group will last]**. You would be asked to share your thoughts about going for health care in the community **[modify based on your focus group topic]**. The focus group is voluntary. The questions ask for your opinions but do not ask you about your personal information or personal information about other participants. You do not have to answer any questions that you do not want to.

If you decide not to take part, it would not affect whether you can take part in any other programs that we provide. **[Insert if giving incentives: Each student who takes part would get a XXX.]**

How Would I Be Affected?

You would be given a chance to share answers to questions in a small group. Your participation will help to collect findings that can contribute to the improvement of activities for teen pregnancy prevention programs. If a question makes you uncomfortable, you would not have to answer it. If you want to leave the focus group, you can. Stopping would not affect if you receive your incentive. **[Modify based on where you are conducting your groups and whether or not you are providing incentives.]**

Would Anybody Know My Answers?

The participants in your group would hear your answers. We would ask everyone not to talk about what people in the group said after the interview is over. Your name would not be on the notes. Your responses would not be given to anyone at the program. Your name would not be in any of our reports.

What If I Have Questions?

If you have questions about the program you can ask the people in charge of the focus group. Here are two people you can call about the **[insert name of program]**:

- **[Insert contact name and information]**
- **Insert agency contact name and information]**

How do I join the focus group?

If you want to join, please check the first line below. Then print and sign your name with today's date. You will get a copy of this form. If you DO NOT want to join, please check the second line. Then print and sign your name with today's date.

This form has been read aloud to me. All my questions were answered. *Please check one box:*

- YES - I **give assent** to be part of the *focus group*.
- NO - I **DO NOT give assent** to be part of the *focus group*.

Name - Please Print

Signature of Assent

Date

Sample Focus Group Protocol

I. WELCOME

Hi, I'm [insert name of moderator] and this is [insert name of note taker]. We are from [insert agency name]. We are working with your school to find out what students think about [insert focus group topic].

We want to thank you for being here. We really appreciate your willingness to share your thoughts with us. The information you give will be used to improve programs for youth. **[Modify based on your focus group topic]**

You were given a letter to take home to your parents/guardians describing this discussion group. **[If group is with adults you may say—“You were given a letter describing the discussion group today.” OR if you did not obtain parental consent, you might say—“You were invited to participate in today’s discussion by {insert name of person who recruited the participants}.”]**

Before we get started we are going to pass out and read a participant assent form. This provides information about what we will be doing today in the discussion group. It also gives you a chance to decide if you want to take part in today’s group or not.

[Pass out participant assent forms. Read form aloud and have participants read along. Have participants fill out the bottom part of the form based on their decision to take part or not. If participants choose not to take part, thank them for coming and make arrangements to provide them with their incentive (if you are providing one). Instruct non-assenting students to return back to class or make arrangements for a staff member to escort them back to class. Thank non-assenting adults and let them know they can leave. Provide incentives if you are offering them.]

Everything we talk about will be considered confidential. This means that we will use the information from our conversations in a report but there will not be any names used and no one will know specifically who said what. We also ask you to respect this confidentiality to assure that everything that is said in this room stays in this room. This means you should not share other people’s comments outside of the group. We encourage you to be as honest as possible.

[Include only if you are tape recording] In the consent letter we explained that we would like to tape record the conversation and take notes. This helps us remember what you said. Is it OK with all of you that we tape record our conversation? The notes and the tapes will be kept in our office and will not be shared with anyone outside our project.

Today we would like to ask you about your experiences with accessing health care in the community. We plan to be here for about 50 minutes. **[Modify based on your focus group topic and time allotment]**

II. GROUP AGREEMENTS

Now I would like to go over a few agreements to guide our conversation.

- Please talk **one at a time** and **speak up** as much as possible. This will make it easier for us to hear each other.
- Please **respect** one another’s opinions. There will be a range of opinions and experiences on any of the topics, and we do not expect everyone to agree with one another. We do, however, ask that

everybody show respect when others are talking.

- Because we only have 50 minutes, we may have to shorten the discussion and move on to another question.
- Feel free to respond to each other about these topics, not just answer my questions. This will help us have a good discussion about each topic.
- Are there any other agreements we should include to help guide our discussion today?

[Insert if serving food] We have brought some food for all of you, so please help yourselves while we are talking.

Before we get started, are there any questions?

III. INTRODUCTIONS

Please give your first name and, just for fun, tell us what your favorite class is this year.

IV. WARM-UP/OPENING QUESTIONS

Introductory questions about health care services

Q1. Please describe reasons why young people may need to go to a clinic or get health care services.

Probe as needed:

- Tell us about how often young people go for health care?
- Where do they go: private doctor, free clinic, school clinic, teen health center, hospital, emergency room
- What kinds of health concerns would most young people go to a clinic for?
- Please describe a typical situation.

Q2. If a young person needs family planning services, how do they decide where to go?

Probe as needed:

- How do young people hear about family planning services?
- How much do most young people think it costs to access family planning services?

V. MAIN QUESTIONS

Who accesses care

Q3. Who usually goes to a clinic or family planning program to receive health care?

Probe as needed:

- What would motivate someone your age to go to a family planning clinic?
- Who can access family planning services for free?

Facilitating access

Q4. What things would make a person feel comfortable going to a clinic to receive family planning services?

Probe as needed:

- How important is it to know how to access family planning services?
- How important is it to know that family planning services are free?
- If you were trying to convince a friend that they should go to a family planning clinic, what would you say?

Barriers to care

Q5. What things would make a person feel uncomfortable going to a clinic to receive family planning services?

Probe as needed:

- What could clinic staff do to make it easier for young people?
- What would your friends tell you were reasons they didn't want to go to the clinic?

VI. CLOSING

Q6. You have all had a lot of really important things to say. Now, thinking about all of the things we have just talked about, if you had 1 minute to tell the Governor how to improve access to health care for youth, what would you tell him?

VII. WRAP-UP

Would anyone like to share any other comments on this issue?

FACILITATION GUIDELINES FOR FOCUS GROUP MODERATOR

1. Division of tasks:
 - Moderator: directs the discussion and keeps it flowing, taking a few notes to remember comments s/he may want to use later.
 - Assistant Moderator (Note Taker): takes comprehensive notes, operates the tape recorder, handles the environmental conditions & logistics, responds to unexpected interruptions, keeps track of time.
 - **EXCEPTION TO ABOVE**: If only one person is moderating the group, try to take more comprehensive notes. Let participants know during ground rules that you'll be doing this to help us remember everything said.

2. Tasks **before arriving** at focus group site:
 - Understand why each question is being asked. What are the goals of the study?
 - Practice the questions aloud.
 - Review these guidelines.

3. Preparation at site **immediately before starting**:
 - Test tape recorder before session.
 - Arrange chairs in a circle.
 - Place refreshments to avoid distractions.
 - Know where bathrooms are located.
 - Be ready for unexpected problems and plan how you will handle these in advance: the weather, few participants, poor meeting space, uninvited people show up, group doesn't want to talk, running out of time.

4. Show you care; let them know how valuable they are and how much you appreciate their time. Remind participants that they are the experts.

5. Work on small talk and observe personalities prior to starting the group. If possible, seat dominant participants next to moderator, shy or quiet participants across from moderator.

6. Establish **group agreements** in the very beginning. We have included some of these in the sample protocol (Appendix 7F), some good examples include:
 - Agree to hear one another. Listen and don't interrupt when someone is speaking. Talk one at a time.
 - Respect what everyone says. We expect that there may be different opinions and we are here to share and listen to those range of ideas. Do not try to change anyone's mind. You don't have to agree with each other, but respect what each person says.
 - Respecting others includes not using put-downs or mocking someone. Humor is okay, but not at someone else's expense.
 - Confidentiality is important. What we discuss here stays here in the group.
 - We would like everyone to participate. Your participation is voluntary and you choose what you want to say and when you want to say it. At the same time your ideas are important to us; remember you are the experts. Participate at the level you feel comfortable.
 - Know that I might interrupt now and again to ask you to clarify what you say or to move on to another topic.

7. Stick to the script.
8. Ask **open-ended** questions.
 - Avoid “Yes/No” questions.
 - Avoid “Why” questions because of their interrogative nature.
 - Use “What” and “How.”
 - Phrases and open-ended questions that invite participation include:
 - “How do you feel about.....?”
 - “What has not been mentioned that should be?”
 - “How does relate to?”
9. Use neutral questions/probes. Be careful not influence participant responses.
 - Do not share your own opinions.
 - Avoid saying “Right” or “Correct” as this might encourage certain types of socially desirable answers. Instead say “Yes” or a slight nod will do.
 - If you want to show that you’ve heard the participant, you may also want to quickly paraphrase what s/he said and use that to transition.
10. Allow up to 15-20 seconds of silence for participants to respond to a question. This will usually encourage someone to talk. If they still don’t speak up, try the following:
 - “What are you thinking right now?” or
 - “We seemed to have stalled here. What do we need to get the discussion going again?”
11. To encourage **different points of view**, probe with:
 - “Does anyone see it differently?”
 - “Who has a different point of view?”
 - “Are there any other points of view?”
 - “Has anyone had a different experience.”
12. Use **probes for clarification** such as:
 - “What do you mean when you say?”
 - “Please talk more about that.”
 - “Please give me an example of what you mean.”
 - “Please explain that further.”
 - “Tell us more.”
 - “Please describe what you mean.”
13. Handling **shy, quiet participants**:
 - Make eye contact; if possible, seat this person across from moderator to increase eye contact.
 - Encourage with smiles.
 - Create gaps in the conversation for shy, quiet participants.
 - Read body language cues.
 - “I notice that you are nodding, NAME....”
 - Explicitly invite the person to participate.
 - “NAME, we haven’t had a chance to hear from you....do you have another example?”

14. Handling **rambling participants**:

- Discontinue eye contact.
- Wait for an intake of breath and interrupt with:
 - “Let’s move on – we have a lot to cover today.”
 - “That’s really interesting, but we need to hear from others.”
- Repeat the question and call on another person.

15. Handling **dominating participants**:

- Avoid eye contact; if possible, seat this person next to moderator to minimize eye contact.
- Hold up your hand (“stop sign”).
- Refer to group agreements: No side conversations, hear from everyone, etc.
- Shift attention to other topics or speakers; explain why.
 - “Let’s hear from someone who hasn’t spoken yet.”
 - “We have heard what ...thinks. What do other folks think?”
 - “Thanks for your input. Who else has some ideas about this??”
- Call a break and shuffle seats (especially useful to break up side conversations).
- Flattery: Call a break and privately ask participant to hold back on comments until others have spoken because his/her expertise is clearly intimidating others.
- Last resort: Announce break and ask person to leave.

16. Handling **rude participants (similar to dominating ones)**:

- Refer to ground rules: One at a time, no side conversations, hear from everyone, respect other’s opinions.
- Explicitly say you want to hear from others first.
 - “NAME1, let’s hear from NAME2 since she has not had a chance to comment yet.”
- Announce a break and talk to the person privately and ask him or her to control him/herself.
- Last resort: Announce break and ask person to leave.

17. **Tasks immediately after session**:

- Check tape recorder immediately after the session. If it did not work do an immediate debrief, being as thorough as possible.
- A summary of the group should be written as soon as possible, being sure to note anything unusual or particularly informative.

Focus Group Preparation Checklist

This is a sample focus group preparation checklist. You may want to modify this checklist to include the items and tasks that are specific to your group.

Do prior to group:

- Confirm that the parent consent forms have been sent out and returned.
- Confirm the location, and time with your focus group participants the day before, and answer any outstanding questions.
- If conducting your group on a school campus, find out if there are special rules about checking in at the office, rules about where to park, and procedures for getting students to the assigned room.
- Plan travel arrangements if needed.
- Call all participants the night before to confirm participation. Note: Consider privacy of youth participants and the parental notification process used.
- Confirm that the food/snack/drinks are ready for delivery or pick-up.
- Create signs with directions to the focus group location.

Take to the focus group:

- Focus group protocol and notes packet (bring two sets of each in case you need to split the group into two groups)
- Tape recorder (bring an extra tape recorder and extra batteries for back-up)
- Microphone
- Extension cord/spare batteries
- Blank tapes (bring extra tapes for back-up—usually 90 minute tapes will work)
- Pens and markers
- Name tents or name tags
- Copies of participant assent forms. (Make 2 copies per person in group. Participants keep one copy and sign and return one copy to facilitator.)
- Clip board (can be used as writing surface for note taker)
- Clock/watch
- Flip chart and scotch/masking tape (may be used if generating ideas/lists)
- Sign-in sheet
- Location and directions signs
- Incentives (if providing)
 - Water/snacks (plates/napkins)
 - Gift certificates/cash

Focus Group Note Guide

NOTE: This is a sample of using the focus group protocol format as the note template. Feel free to add additional information and space to make this easier for the note taker to use.

Topic	Notes
<p>WARM-UP/OPENING QUESTIONS</p> <p>Introductory questions about health care services</p>	
<p>Q1. Please describe reasons why young people may need to go to a clinic or health care services.</p> <ul style="list-style-type: none"> • Tell us about how often young people go for health care. • Where do they go?: private doctor, free clinic, school clinic, teen health center, hospital, emergency room • What kinds of health concerns would most young people go to a clinic for? • Please describe a typical situation? 	

<p>Q2. If a young person needs family planning services, how do they decide where to go?</p> <ul style="list-style-type: none"> • How do young people hear about family planning services? • How much do most young people think it costs to access family planning services? 	
<p>MAIN QUESTIONS</p> <p><i>Who accesses care</i></p> <p>Q3. Who usually goes to a clinic or family planning program to receive health care?</p> <ul style="list-style-type: none"> • What would motivate someone your age to go to a family planning clinic? • Who can access family planning services for free? 	
<p><i>Facilitating access</i></p> <p>Q4. What things would make a person feel comfortable going to a clinic to receive family planning services?</p> <ul style="list-style-type: none"> • How important is it to know how to access family planning services? 	

<ul style="list-style-type: none"> • How important is it to know that family planning services are free? • If you were trying to convince a friend that they should go to a family planning clinic, what would you say? 	
<p><i>Barriers to care</i></p> <p>Q5. What things would make a person feel uncomfortable going to a clinic to receive family planning services?</p> <ul style="list-style-type: none"> • What could clinic staff do to make it easier for young people? • What would your friends tell you were reasons they didn't want to go to a clinic? 	
<p>CLOSING</p> <p>Q6. You have all had a lot of really important things to say. If you had 1 minute to tell the Governor how to improve access to health care for youth, what would you tell him?</p>	
<p>WRAP UP</p> <p>Would anyone like to share any other comments on this issue?</p>	

CPI Focus Group Tool
SAMPLE FOCUS GROUP CODING WORKSHEET
FOR CPI SAMPLE PROTOCOL
 (A coding worksheet is developed specifically for each protocol.)

Definitions

- ✓ **Coding worksheet:** The coding worksheet is one way to analyze qualitative data. The worksheet helps organize the ideas and comments of focus group participants. The coding worksheet needs to be developed specifically for a given focus group protocol.
- ✓ **Topic:** The big idea discussed in the focus group.
- ✓ **Code:** A more specific content area within the topic discussed in the focus group.
- ✓ **Theme/Ideas expressed:** The detailed ideas discussed in the group.
- ✓ **Level of group agreement:** Note if the focus group participants all agreed with the idea, or if there was a mixed reaction, or strong disagreement. It is not always necessary to note agreement – but if there were clear comments during the group to indicate agreement it is helpful to include. It helps strengthen your conclusions.
- ✓ **Valuable quotes:** Include any direct quotes that were good examples of what the participants were saying. These quotes will help support your findings and can be very powerful.

Directions

1. **Developing the codes:** For each open-ended question on a focus group protocol, a staff person who participated in the focus group can come up with a list of codes, or common themes. Other staff members can then review the list and add any additional responses they may expect to see.
2. **Coding:** After the coding worksheet has been developed for all of the questions on the protocol, one or two staff members should code all of the transcripts or notes from each focus group. There should be one coding worksheet for each group. The staff person should read through the transcripts or notes, highlighting ideas that provide answers to the questions of interest, giving each idea or view an appropriate code. Next, the ideas from the transcripts or notes can be copied into the coding worksheet.
3. **Adapting the code list:** Codes may need to be added or collapsed during this process. Any clarifications and changes to the code list should be discussed by all staff involved.
4. **Summarizing across more than one focus group:** Once you have a completed coding worksheet for each focus group, you can then compare across the groups by question. This makes it easier to complete a summary that incorporates ideas and responses from all of the groups.

CPI Focus Group Tool
SAMPLE FOCUS GROUP CODING WORKSHEET FOR CPI SAMPLE PROTOCOL

Location:

Type of group: Adults Youth

Coder:

Male Only Female Only Mixed

Question 1: Please describe reasons why young people may need to go to a clinic or get health care services.				
Topic	Code	Theme/Ideas expressed	Level of group agreement (consensus, some agreement, disagreement)	Valuable quotes
General health	Sports physical			
	Yearly exam			
	Other			
Birth control	Barrier			
	Hormonal			
	Other			
Information	Sexual health			
	Other			
Tests	Pregnancy			
	STD			
	Other			

Question 2: If a young person needs family planning services, how do they decide where to go?				
Topic	Code	Theme/Ideas expressed	Level of group agreement (consensus, some agreement, disagreement)	Valuable quotes
Word of mouth	Friends			
	Family			
	School (teachers)			
	School (clinic presentation)			

Question 2: If a young person needs family planning services, how do they decide where to go?				
Topic	Code	Theme/Ideas expressed	Level of group agreement (consensus, some agreement, disagreement)	Valuable quotes
	Neighbors			
	Peer educators			
	Other			
Advertisements	Flyer			
	Billboard			
	Newsletter			
	Radio			
	Other			

Question 3. Who usually goes to a clinic or family planning program to receive health care?				
Topic	Code	Theme/Ideas expressed	Level of group agreement (consensus, some agreement, disagreement)	Valuable quotes
Youth	Females			
	Males			
Adults	Females			
	Males			

Question 4. What things would make a person feel comfortable going to a clinic to receive family planning services?				
Topic	Code	Theme/Ideas expressed	Level of group agreement (consensus, some agreement, disagreement)	Valuable quotes
Cost	Free			
	Low cost			
	Insurance			
Comfort	Know someone working at clinic			
	Have been to clinic before			

Question 4. What things would make a person feel comfortable going to a clinic to receive family planning services?				
Topic	Code	Theme/Ideas expressed	Level of group agreement (consensus, some agreement, disagreement)	Valuable quotes
	Comes with friend			
	Transportation			
	Other			
Clinic environment	Clean			
	Safe			
	Confidential			
	Welcoming			
	Other			

Question 5. What things would make a person feel uncomfortable going to a clinic to receive family planning services?				
Topic	Code	Theme/Ideas expressed	Level of group agreement (consensus, some agreement, disagreement)	Valuable quotes
Time	Clinic hours			
	Wait time			
	Other			
Fear	Afraid of results			
	Afraid of being seen			
	Afraid of parents finding out			
	Afraid of lack of confidentiality			
	Other			

Question 6. If you had 1 minute to tell the Governor how to improve access to health care for youth, what would you tell him?				
Topic	Code	Theme/Ideas expressed	Level of group agreement (consensus, some agreement, disagreement)	Valuable quotes
Teen friendly clinic	Waiting room			
	Staff			
	Paperwork			
	Appointment procedures			
	Other			
Supportive community	More education			
	More funding			
	More access			
	Other			
Other				

The following samples of CPI Summaries illustrate a range of possible summary formats. They have been selected to assist agencies in reporting their findings.

Focus Group Tool– SAMPLE Summaries: Example 1

Summary based on Sample Protocol (Appendix 7F)

NOTE: This sample shows a sample of the minimum information to be included in a summary. Feel free to add additional information and details to strengthen your summary

Introduction

[Agency Name] met the CPI Evaluation requirement by developing and implementing a focus group tool for its Teen Pregnancy Prevention program. A health educator, youth leader, and supervisor developed the focus group protocol after reviewing our clinical linkages report. We decided it was important to find out why youth did and did not access clinical services. We also wanted to identify ways to add more specific information and activities to the program to help youth feel more comfortable accessing clinical services. The focus group protocol was reviewed and finalized by our staff together with guidance provided by our evaluation liaison and OFP program consultant.

Methods

We conducted two focus groups, one in South High School and one at Roosevelt High School. Our health educator facilitated the focus groups and one of the youth leaders was the assistant moderator and note taker. A mix of boys and girls and sophomores and juniors attended the focus groups. There were 8 youth at South High School and 10 at Roosevelt High School. We did not tape record the focus groups. The facilitator and note taker reviewed the detailed notes and discussed the themes reported by the youth immediately after each focus group.

Results

The following highlights reflect the main ideas expressed by the youth from both high schools taking part in the TPP Program focus group in the spring of 2007. Overall, students described how it was difficult to access family planning services, even though they knew why they should go, and in many case even where they could go. Not all youth realized that the services were free of charge. There were many suggestions that the educators can use to improve the program. The highlights below are presented by the main questions covered in the focus group protocol.

Why Youth Seek Health Care

- For birth control (especially free condoms), STI/HIV screening, pregnancy tests, Emergency Contraception, pap smears, and abortion.
- Because youth cannot talk to their parents about sexual health issues
- Because youth are scared that they have a disease or are pregnant.
- If youth are thinking about having sex and want information, although there may not be a lot of motivation to go to the doctor if youth feel healthy and do not have symptoms.

Where Youth Go for Health Care

- Planned Parenthood
- Teen Health Center
- Family doctor

Supportive Factors

- Knowing someone who works at the clinic
- Knowing it is free and confidential
- Knowing the clinic is safe (clean and sterile).
- Having a friend who has gone through it before, so they can tell you what to expect
- Having someone to go with you (support and transportation)

Barriers to Accessing Family Planning Services

- Times that the clinic is open are not convenient for youth.
- The wait time at the clinic is long.

- Youth are scared about test results.
- Youth are scared of seeing people they know and their parents finding out they went to the clinic.
- Youth are worried about confidentiality.
- It is embarrassing to talk to someone about sex and private matters. Some females do not want male doctors give them exams.

Suggestions

- Create a more youth-friendly environment by having a TV with movies, free food and other giveaways, teen magazines, popular music, colorful walls and decorations, posters, tagging or murals on walls/ceiling, laptops or computers, video games, other games like pool, and health education information.
- Free transportation to the clinic.
- Make sure schools excuse clinic visits.
- Stress and enforce confidentiality (parents will not find out).

For the most part, there was consensus within the groups and across the two schools. Students at South High School seemed to have more information about where to go for services and the Roosevelt students were more aware of their eligibility for free health care services.

Summary

Based on these results, [Agency Name] has identified several different ways to improve and change the Teen Pregnancy Prevention program to make it more relevant for youth. The youths' comments and suggestions have showed where we can focus additional information, add activities, and dispel myths. In addition, this report will be shared with our clinic partners to encourage them to examine ways they can make the clinics more accessible to youth. We will schedule a de-brief meeting with the clinic staff to discuss these results.

New information to add to the program:

- ✓ Role play test result scenarios
- ✓ Discuss transportation possibilities
- ✓ Role play ways to access transportation
- ✓ Provide more written materials about eligibility for free health care services
- ✓ Cover confidentiality of clinic care

New activities to add to the program:

- ✓ Include youth guest speaker who has gone for clinic visit
- ✓ Add a clinic visit field trip for students to become familiar with the location and procedures of the clinic
- ✓ Invite clinic partners to come in and meet with the students during class to help create a relationship and establish trust and familiarity
- ✓ Role play a clinic visit, highlighting specific barriers identified by youth

Myths to address

- ✓ Confidentiality
- ✓ Cost
- ✓ Testing procedures
- ✓ Parent notification

Focus Group Tool– SAMPLE Summaries: Example 2
Agency Summary from Focus Group Pilot process: Teen Theater

CPI Evaluation Tool Summary
EOC Health Services- I&E Project
May-2007

Focus Group Tool:

Who was involved in developing the focus group protocol?

- The Project Supervisor, Francine Levin, and Project Staff.

What process was used to develop the protocol?

- The Project Supervisor wrote a long list of possible questions that would be used in a focus group to assess the *Teen Mommalogues*. Project Staff reviewed and gave input on the questions. Taking staff input into consideration the Project Supervisor decided on the final list of questions.
- The Project Supervisor then put the chosen questions in the protocol format and included support questions for probing the participants. The Evaluation Consultant assisted in making the questions more open-ended for the final draft.

What was the purpose/goal of your focus group?

- The goal was to make improvements to our teen theatre project, *Teen Mommalogues*. Since we revisit the script each year, it is helpful to get feedback from the youth. We use their feedback to direct the changes we make the following year.
- We were also interested particularly in how the Community School students responded to the performance, as they are our highest risk target audience and whom we strive to impact most.
- Lastly, by asking the youth at Community School their thoughts, we hope to encourage them to get involved in the process through either acting or writing.

Who participated in the focus group?

- Of the 8 classes (totaling 125 students) at Community School sites attending the performance, one class was selected for the focus group.
- The class that participated in the focus group was comprised of 10 students male and female who saw the performance. Each participant was given class credit for participating in the focus group.

What did you learn from the data you collected?

- Overall, the students were unanimously very complimentary of the performance. They also said they did not feel it was too long, felt they could relate to the stories and thought it was a good way to reach teens about teen pregnancy prevention. They had some great suggestions including adding music to the performance throughout for emphasis.

Specific Comments:

1. Overall impression of *Teen Mommalogues*?
 - I really liked the funny parts
 - It was fun to be out of class and at the theatre
 - Thought the acting was good and stories realistic
 - Hit close to home and brought some stuff up that I'd like to forget.

- I am a teen dad and I could relate to story where she calls and tells her boyfriend she is pregnant.
 - Need more diversity in the cast
 - Felt acting was genuine
2. What did you like best and least?
 - Liked it when the cast went into the audience. Felt more real.
 - I liked the acting and the setting.
 - The monologue about the male saying it wasn't his fault made me mad. (Female respondent)
 - The part where she talks to her friends about the pregnancy upset me because she should talk to her boyfriend. But it was kinda realistic
 - Liked that it was teens
 - Liked that we could just watch the stories
 - Liked monologue about mother who has "the talk" with her son. I can remember talking to my own parents about sex and how uncomfortable it was.
 3. Could you relate to the stories?
 - Yes, cause pregnancy is an issue we face.
 - Most dads are absent in "kids" life..."mine was"
 - Better for older teens because they can relate more
 - Make it a movie so that we can watch it before we have sex
 4. What did you learn?
 - Some people besides me may end up getting pregnant
 - Next time you do it stay strapped so you don't get a girl pregnant
 - Wear a condom
 5. What other kind of stories could be added?
 - The answers to this question were particularly interesting. Several of the youth had very complicated situations they thought should be added. They wanted more "drama" for example, a story where the girl doesn't know who the father is b/c she has had so many partners, or she wrongfully accuses him of being the father when he really wasn't, but his best friend was.
 - You should add music to the performance so the silent parts are more dramatic
 6. Would you like to be involved in the writing/acting?
 - One of the young men who is actually a teen father was very interested in acting. A female participant was interested in both acting and writing.

What changes are you most likely to make based on what you learned?

- The focus group, overall, was very affirming of what we are doing. Some of the suggestions we might incorporate is a more "colorful" story for which they had lots of suggestions. We will definitely strive to make the cast more diverse, although this has been an ongoing goal each year. The idea to add music was terrific and we will definitely look into doing that. We will also, of course, follow up with the students that expressed interest in acting or/and writing.

Focus Group Tool– SAMPLE Summaries: Example 3
Agency Summary from Focus Group Pilot process: Adult Education

**Community Action Partnership of Kern
 Shafter Youth Center
 Community Challenge Grant
 Summary of CPI Pilot Focus Group**

Introduction

Community Action Partnership of Kern met the Continuous Program Improvement (CPI) evaluation requirement by developing and implementing a focus group tool for the Community Challenge Grant (CCG) Adult Parenting Class. The focus group protocol was developed by the CCG program manager, Lois Hannible. Community Action Partnership of Kern CCG staff thought it was important to find out what is working well for the Adult Parenting Class, as well as to find out what could be improved to make the class more effective and more welcoming. Program staff also thought it was important to identify class topics and additional services that are of interest and/or are needed by parents, in order to promote better parenting. The focus group protocol was reviewed by the evaluation liaison and the OFP program consultant. The evaluation liaison noted a few suggestions on the protocol, which were incorporated into the final document.

Method

The CPI Focus group was conducted at the Community Action Partnership of Kern Shafter Youth Center, which is where the Adult Parenting Class regularly takes place. The CPI focus group participants were recruited by phone and only those parents that were participants of the English adult Parenting Class were selected to participate. The focus group was facilitated by the CCG program manager, and the CCG activity specialist served as the assistant moderator and note taker. The focus group was tape recorded and hand written notes were taken as well. The facilitator and note taker for the focus group reviewed the notes and discussed the focus group themes reported by the adults immediately after the session was over.

Results

Out of the nine adults enrolled in the English Adult Parenting Class, six parents participated in the focus group, which included five adult females and one adult male.

The following highlights reflect the main ideas expressed by the adults taking part in the CPI focus group on April 19, 2007. Overall, most of the parents stated that they were court ordered or referred by the school to attend the parenting class, due to their children getting into trouble. The majority of the parents seemed resentful that they were ordered to attend parenting classes, but stated that they were doing so in order to comply with their court order or to keep from being reported to the courts. The highlights below are responses to main questions covered in the focus group protocol.

Types of topics covered in adult parenting class

- Self esteem
- Videos on talking with kids

What do you believe is the purpose of the parenting class?

- To get more information
- Educate you
- Get people straight

How effective is the class in accomplishing its purpose as you understand it

- Down the line it will be effective
- It was okay

How have you benefited from the class, if at all?

- Makes you think more

What is one important thing you have learned?

- Self esteem information
- Be good to yourself. Can't love anybody if you don't love yourself

What are some services you need that you aren't getting?

- Counseling
- Information on how to deal with difficult children
- Transportation to go to counseling

How could the classroom be set-up to make you feel more comfortable?

- Sit around tables
- Sit in softer chairs
- Would like to have a break during the two-hour class

What do you like most about the class?

- Learning from each other through class conversations

What do you like least about the class?

- Not getting a break in the two-hour class

What type of teaching style do you prefer?

- Videos
- A little bit of lecture and discussion mixed

What might you tell other parents about these classes?

- Encourage them to attend; you might learn something new
- Helps to relate to other parents with the same problems

What did we not ask you today about the classes that we should have asked to better understand your experiences or needs in the parenting class?

- Would like to have the classes tailored more to the specific needs of the parents
Such as how to deal with problem children and with children that are developmentally disabled.

Summary

Based on these results Community Action Partnership of Kern has identified different ways to improve the CCG Adult Parenting Class. The comments made by the participants of the adult parenting class have made the program staff aware of additional ways we can better serve the program participants, in order to make the classes a beneficial and positive experience. Some of the possible changes to the adult parenting class include the following:

- A break will be incorporated into the two-hour parenting class
- On the first day of class, participants will be given a survey asking what they would like to learn during the course of the program
- Using the information from the surveys the program will try to include guest speakers to present information on the topics or services of need, as indicated on the surveys
- The class will try to incorporate more videos into the lessons, to better assist those that are visual learners
- Tables will be used in the set-up of class to make the participants more comfortable
- The program will look into providing transportation for those participants who need it, since public transportation is not accessible in the rural area where the classes take place and where the participants live

The results presented in this CPI Focus Group are based on the finding of one focus group and the information will be used to determine the next steps which may include conducting additional focus groups or other data collection to confirm that these issues are representative across a larger sample of participants. The changes that can be made such as incorporating breaks into the Adult Parenting Class will be done right away.

Focus Group Tool– SAMPLE Summaries: Example 4
Agency Summary from Focus Group Pilot process: MIP program

PPSD MIP CPI Summary 2007

Who was involved in developing the focus group protocol?

Brett Auguspurger, Health Educator and Elizabeth Greenblatt, Education manager were both involved in developing the protocol. Mt.Diablo High School is 2 blocks away from our education office and we are not doing that many presentations there. We wanted to learn more about what young men at this high school want out of sex education programs so that we could make our educational services meet their needs. We also hoped to be able to schedule more presentations at this high school with the recommendations of the participants put in place.

What process was used to develop the protocol?

Brett designed the focus group protocol and Elizabeth edited the tool before sending to Leah Maddock for feedback. Elizabeth incorporated Leah's feedback before the implementation of focus group.

What was the purpose/goal of the focus group?

The purpose of the focus group was to learn what young men at Mt.Diablo High School want in sex education programs. The focus group participants were recruited from Mt.Diablo High School through a presentation for a group of youth Promotores that meet on campus. Young men in this group were encouraged to bring friends with them and inform other people that may want to participate. Since Mt.Diablo High is 2 blocks away from our office, Brett also engaged young men leaving school and walking by our office to participate on the day of the focus group. A group of 12 diverse young men took part in the focus group. They were provided with food and refreshments, as well as a \$20 gift card for their participation. The young men had all received some form of sex education either at Mt.Diablo High School in 9th grade or at previous schools before they came to Mt.Diablo. We tape recorded the focus group and discussed themes immediately after the focus group. Transcription also occurred immediately after the focus group. The analysis of the data occurred less than a week after the completion of the focus group.

What did you learn from the data you collected?

Overall young men in this focus group wanted comprehensive sex education classes to last a longer amount of time, and involve more skill building and stories from people with personal experience with the particular issue. Most of the group thought that comprehensive sex education should be a requirement to graduate from high school. There were many suggestions that educators can use for creating sex education activities for classes with young men.

What topics and types of content young men at Mt.Diablo high school want in comprehensive sex education:

- Lessons need to be fun and engaging-skits, role plays, small & large group discussions, experiments, hands on activities-too much lecturing is boring
- Include more personal experiences, stories from people that have experienced these issues first hand-either in person or through film
- More information and skills about condom use
- More skill building around sexuality topics

“A mix of everything, I learned a mix of everything because I’ve done the sex ed thing twice already, and then PP came to the La Clinica group and it was cool when they came because they talked more about stuff we’d never heard about and it explained it and they handed pamphlets and stuff, but it was in such short time that we weren’t exactly able to grasp everything...maybe have a longer time but more variety...like in school, with the sex ed classes expand it more”-P11

“More videos about what you should do, people have that experienced it first hand”-P9

“I’d say skills because just the fact they told me something, doesn’t mean I know how to do it, so then what’s the point”-P2

“I like in-depth examples such as how to put a condom on, and they show you and then they let you do it so you know how to do it and other varieties (of this) and they let you work on it hands on so that you know what you are doing and you remember”-P5

What changes are you most likely to make based on what you collected?

Based on the results from this focus group, our MIP health educators will incorporate these suggestions in our programs. We plan to meet with the whole education staff explain our findings to them. Many of the young men wanted to hear more speakers, specifically more speakers talking about their personal experiences. We will try to incorporate more speakers into our curriculum. We will also place more emphasis on hands on/skill building practice, especially with condom demonstrations. One of the young men indicated that PPSD should advertise our services more. Another participant shared that by having this focus group we were engaging in positive advertising. More advertising and outreach to this population could be incorporated into our MIP programs as well. We need to be more visible and participatory with the Mt.Diablo high school community. We could also try to use information from this focus group as a leverage tool to facilitate more comprehensive sex education classes at Mt.Diablo High School. We plan to schedule a meeting with the principal, highlighting quotes from the focus group and explaining the ways in which we at PPSD could help provide comprehensive sex education to their school.

Learning Experiences:

There were some things we would do differently next time if we were to conduct focus groups. As the CPI tool clearly states, 12 is the largest a focus group should be. In fact, the guide recommends that with

12 participants it is advisable to split the groups in half and conduct 2 separate focus groups. We didn't have enough staff or tape recording equipment to be able to split our group of 12 into 2 groups. As a result, certain participants didn't share very much if at all. In the future, we will have more tape recording equipment and staff to deal with a situation like this.

We also didn't have nearly enough food. It's important to remember that teenage boys eat a lot! Luckily we had some extra snacks in the building, so we were able to give them something once the pizza was gone.

After the focus group concluded, PPSD staff opened the floor up and allowed participants to ask sexual health questions. The young men asked sexual health questions and received medically accurate answers for about 30 minutes. We felt this was a positive way to end the focus group experience, because it allowed both groups-PPSD and the participants, to get answers to important questions.

Focus Group Tool– SAMPLE Summaries: Example 5
Agency Summary from Focus Group Pilot process: Young Adult Clinic

San Bernardino County Department of Public Health (SBCDPH)
TeenSmart Outreach (TSO) Project
Summary of CPI Pilot Focus Group

Introduction

San Bernardino County Department of Public Health (SBCDPH) chose the pilot focus group as our continuous program improvement (CPI) tool to satisfy the CPI evaluation requirement. The tool was chosen to gain feedback and insight from teen clinic clients on why youth did and did not access clinical services. We wanted to hear specifically from youth who were clients at our Young Adult Clinic (YAC) and what motivated them to access services. The purpose of the focus group was to have the opportunity to gain qualitative feedback from youth clients and to have the ability to respond directly to their answers with additional probing questions in order to enhance clarification and understanding of their message. The results of the focus group will help TeenSMART Outreach (TSO) health education staff tailor their outreach messages to most successfully increase youth access of clinical services. In addition, the results of the focus group may be used to improve program aspects related to the YAC services.

Kelly Hoffman, Health Education Specialist (HES) II, and Amber Olney, Program Intern, developed the focus group protocol. They began with a brainstorm of questions they wanted answered relating to youth accessing clinical services. They narrowed the questions to those that would address concerns found in the project's clinical linkages reports and those questions that would help improve youth access to YAC services. The questions were then arranged in similar topic categories and grouped to be included in the protocol. The focus group protocol was sent to Evaluation Liaison, Lauren Ralph, and Program Consultant, Cielo Avalos for review and approval. Final approval of the protocol was received on April 13, 2007.

Methods

SBCDPH wanted to collect data from youth clients at the YAC sites. Therefore, we needed to find a YAC location where a significant number of youth would be present at one time, in order to draw a sample for the focus group. Since the YACs operate on a walk-in basis only, it is difficult to plan for the number of youth that will present for services on any given afternoon. However, out of our five YAC locations, the Victor Valley YAC consistently has the most teen visits. TSO staff met with the clinic supervisor of the Victor Valley clinic, and the clerical supervisor of the intake staff at that location to gain support. Both supervisors were extremely supportive, which proved to be instrumental in facilitating the success of the focus group.

It was decided that the Program Intern would create a flyer explaining the focus group process and the proposed incentives. Intake staff would distribute the flyer to all youth on the day of the focus group to solicit participation. Those interested in participating would meet in the reserved conference room, and the focus group would begin once a minimum of six participants were interested. The incentives would include food for the participants while waiting for the focus group to begin. TSO staff would purchase pizza, chips, cookies, and soda for focus group participants. Since youth often visit the YAC directly after school, they may be hungry while waiting in the lobby, and the food would help as an incentive to encourage volunteers. In addition, youth completing the focus group would receive a \$20 gift-card in

appreciation of their time and support and to thank them for sharing their opinions with us. Gift-cards were available to various local gas stations, and to Blockbuster video.

An original date of April 17, 2007 was set to conduct the focus group. This was a Tuesday afternoon, when the supervisors said that they received the highest number of teen clients. Unfortunately, there were not enough teen visits on that particular afternoon to conduct the focus group. Out of the limited number of teen visits that afternoon, only two youth volunteered to participate, and their visits were at least one hour apart. TSO staff considered other recruitment options, such as distributing flyers at school and community sites. However this method would not guarantee that all youth participating in the focus group had been YAC clients or were aware of YAC services. In addition, we considered distributing the flyers to YAC clients several weeks in advance of the scheduled focus group date, and asking interested youth to return to the YAC site on a particular day to participate. However, TSO and clinic staff felt that youth would be unlikely to return to the clinic location so soon after their comprehensive visit, just to participate in the focus group. We decided that our most promising solution was to recruit teen clients from the waiting room and ask them to participate in the focus group while they were waiting to be seen by clinic staff. The site supervisors believed that this particular Tuesday was a rare occasion when the teen visits were low, and believed that we could still be successful with the proposed recruitment strategy by planning to conduct the focus group on another Tuesday afternoon.

The focus group date was then rescheduled for another Tuesday afternoon, May 15, 2007. This date did prove to be more successful. The same recruitment techniques were used. Flyers, created by the Program Intern, were distributed to all teen clients that afternoon explaining the focus group process and the incentives being offered. When the clients were turning in their paperwork, clinic intake staff asked them if they were interested in participating in the focus group. If interested, the intake staff wrote down their client number on the focus group sign-up sheet. Once we had a minimum of six interested participants, the intake staff called those clients into the conference room. By this time, we had seven interested youth participants. The TSO staff were in the conference room ready to begin the focus group.

Kelly Hoffman, HES II, moderated the focus group. Eileen Guerrero, HES I, and Amber Olney, Program Intern, were note-takers. The focus group was tape recorded with the consent of all participants. The tape recorder was used to enhance the notes and provide additional accuracy; however, the focus group was not transcribed word-for-word. Amber Olney, Program Intern, used the hand written notes, supplemented by the tape recorder, to create a summary document of the questions and responses. The summary document was reviewed by Kelly Hoffman, HES II, and used in preparing the results section of this report.

Results

The following highlights reflect the main ideas expressed by the youth clients at the Victor Valley YAC taking part in the focus group on May 15, 2007. Overall, youth described that most teens know about the YAC services, hear about it from their friends, but may not access the services until they feel they personally “need it”. The youth also provided positive feedback about the YAC services they had received. There were several suggestions provided that TSO staff can utilize in their outreach work to increase the likelihood of clinical access among youth. The highlights below are presented by the topics and main questions covered in the focus group protocol.

Youth Demographics

A total of seven (7) youth participated in the focus group. All were clients at the Victor Valley YAC. All seven participants were female. The seven participants ranged in age from 16 – 19 years old.

The racial/ethnic breakdown of the participants was such that two were African American, two were Caucasian, and three were Hispanic/Latina.

Community Awareness Questions

How Youth Hear About YAC

- Most youth already know about YAC
- Most youth hear about it from their friends; word-of-mouth
- Youth talk about YAC to their friends when one of them has an “incident” (i.e. pregnancy scare)
- One participant looked it up in the Yellow Pages

What Youth Know About the Specific YAC Services

- Youth know about the certain services that they are there to receive & may not know what else is offered in addition to the service they are seeking
- Birth control, pregnancy tests, brown bags with condoms, Plan B
- Youth know that services are free, since it’s a teen clinic and most teens don’t have jobs
- Youth are less confident that parent permission won’t be required; Some youth know that parent permission isn’t needed, but some are worried about it; This may be a topic to advertise more clearly

What Youth Think About the Services Offered at YAC

- Some youth believe there’s a stigma associated with visiting YAC, that their friends will think they have an STD if they’re going there
- Most youth think YAC is all about birth control, with no stigma attached
- Most youth have heard that there is a long wait, their friends tell them that the wait is long
- The long wait is not a deterrent for youth accessing services; most youth are prepared for the wait and don’t mind waiting because it’s the only place they can receive these services; most youth think that the wait is long because so many teens are coming here and they would rather wait than not receive the services at all

Increasing Community Awareness

How We Can Help More Teens Learn About YAC

- Internet, “Everybody is on the Internet,” “All teens go on the Internet”; Have a Myspace page; Include a website on all distributed materials for teens to look up more information
- Flyers; Include flyers in areas of stores where condoms are sold – gas stations, grocery stores, pharmacies, Wal-Mart; Some youth felt that including information about “birth control” and “STDs” would look “weird” on a flyer, and suggested making the flyer more generic and including a phone number or website for more details
- Phone number on materials for questions; Include option for “teen services” on our automated telephone line with a pre-recorded message that goes into detail about what is offered for teens and what is needed for their visit
- Increasing word-of-mouth would be difficult, most youth wouldn’t bring up YAC to their friends unless someone asked about it; Bringing it up randomly in conversations would be awkward; It would only come up in a conversation with friends if someone was worried about getting pregnant

Facilitating Access

How Youth Decide to Access YAC

- Participants believed there's no reason not to, if they need the services; Teens know about YAC, but don't use the services until they feel they need them
- Things that motivate teens to access the services include: incentives (gas cards), knowing services don't require parent permission, knowing services are free, being able to walk-in without an appointment
- Youth like the clinic setting where they are just a "number", different from seeing a regular doctor, youth believe and like that the staff don't remember them so it feels more anonymous, and the staff don't judge youth
- Teens won't access the services until they "need it"; participants believed that any teen having sex "needs" the services, but they might not feel they need it for themselves; Girls expect the guys to buy condoms and if he has condoms she doesn't need YAC; Teens won't use the services until they have a pregnancy scare, they miss a period, or the condom breaks

Barriers to Access

What Barriers Keep Teens from Accessing YAC

- Transportation; Although one participant also mentioned that the clinic is on a public bus route
- The cities in the Victor Valley area are so spread out, there should be more clinic locations for this area; Some cities are in rural areas, and it may take 30-45 minutes to get to the clinic
- The hours are definitely a problem; Tuesday afternoons for YAC are open late, but other days they stop taking walk-ins at 3:00 pm; All participants agreed that later afternoon or evening hours are needed; "The worst feeling is when you need something and you can't get it because the clinic is closed."
- The friendliness of clinic staff is important to youth, but not a barrier at this site because the staff are wonderful, very nice, & non-judgmental
- Fears of pap smears or exams could be a barrier; Some participants felt that teens wouldn't come to YAC if they thought they had to have an exam; Some participants mentioned that they personally wouldn't feel comfortable having an exam; Belief that Pap smear = pain; One participant mentioned that she was afraid of the exam, but came to YAC anyway and was relieved when she didn't need to have one; Participants suggested explaining better to youth that they may not need to have an exam to start birth control

Summary

Based on these results, SBCEPH has identified several different ways to improve the TSO project to increase access to clinical services and better meet the needs of youth in this community. The youths' comments and suggestions have showed where we can focus our efforts with regard to informational presentations and outreach in order to maximize the possibility of youth accessing the YAC services. This report will be shared with clinic and intake staff at the Victor Valley YAC to praise them for the positive feedback the youth shared regarding the staff, and to allow the staff to see the opinions and suggestions provided by the youth clients they serve.

After the results were analyzed, they were shared with Susan Strong, Program Manager for the Reproductive Health Program, which contains the YAC services and the TSO project. Susan Strong, Program Manager, and Kelly Hoffman, HES II, discussed the youths' suggestions and the feasibility of implementing various suggestions in the Program. Some suggestions provided by the youth are feasible

and can be easily implemented in a reasonable amount of time. Other suggestions present various challenges that may delay or prevent implementation.

For example, it is not possible at this point in time, due to budget constraints and Department priorities, to add another clinic location in the Victor Valley community. Even if another clinic were considered in the future, it would likely also be in a central location, like the current clinic. The central location provides all areas of the Victor Valley with reasonable access to clinical services, therefore increasing utilization; however, some community members still have to travel 30-45 minutes to the central location. Each of the rural cities alone (such as Phelan or Lucerne Valley), with their small communities, would not have sufficient demand to justify opening a new site in their location.

In addition, it is unlikely that we will be able to increase late afternoon and evening hours. Due to staffing shortages and budget constraints, the challenge with having the clinic open later is that staff would need to start their workday later in the morning to avoid overtime charges. Changing to that schedule impacts the other clients that we currently serve in the morning appointment slots. Currently, a later schedule exists once a week on Tuesdays. What can be done, is for TSO staff to increase community awareness about the current schedule that provides later YAC hours on Tuesday afternoons. Increasing youth knowledge about the YAC services being provided later on Tuesdays than other days of the week may reduce this barrier if youth are able to plan to access YAC on Tuesdays.

Another youth suggestion that proves challenging for the Program is the issue related to parent permission not being needed for accessing YAC services. While it is true that the YAC services do not require parent permission, the Program currently advertises this as “confidential” services. For political reasons, the Department is reluctant to use the phrase “no parent permission needed” in print or in a pre-recorded message on our telephone line. Using the phrase “confidential services” sounds less threatening and more acceptable to the conservative adults and parents in our community. To try to address this concern, TSO staff can verbally explain, in informational presentations and one-on-one outreach, the full meaning of “confidential services,” and clinic staff can reassure youth clients that their parents will not be informed of their visit.

Although some concerns revealed in the focus group cannot be fully addressed, TSO staff plan to implement other suggestions immediately. First, TSO staff plan to revise the outline of their informational presentation to focus on addressing two issues discussed in this focus group. In their informational presentations, TSO staff will make sure to discuss current recommendations about the frequency of Pap smears and reproductive health physical exams. They will concentrate on increasing youth knowledge and awareness of the protocols that no longer require all females to have a Pap smear prior to the initiation of hormonal contraceptives. While TSO staff will still encourage physical exams as recommended, they will concentrate on the message that not all youth are required to undergo a physical examination as part of receiving YAC services, and that a Pap smear is not routinely required to start a method of birth control. In addition, TSO staff will try to increase the perception of need among youth participants of informational presentations. Instead of focusing efforts on increasing awareness about the clinic in general, and covering all the available services, TSO staff will spend time discussing why youth can benefit from those services. They can discuss examples of youth who may not feel they need YAC services (i.e. in a monogamous relationship and using condoms purchased from the drug store as their method of contraception), and solicit ideas from participants on how these youth might still benefit from accessing YAC services.

Another suggestion that SBCDPH plans to implement is adding a pre-recorded message providing information on teen services as an option on our automated telephone line. We currently have a toll-free telephone line that provides various options to callers. They can select from pre-recorded messages informing them of the general clinic hours, locations, services, etc., or they can select to be transferred to

the receptionist to schedule an appointment. We can easily add an option for information on teen services. This option can provide information about YAC services, the hours, including the days of the week where walk-ins are accepted later in the afternoon, and include messages specifically tailored to the youth population, such as informing them that Pap smears are generally not required for them to come in and get on birth control.

Finally, SBDCDPH plans to include a webpage on our Internet site that is specifically tailored to the youth population. The specific web address of this page will be included on all youth materials distributed in the community. We will include messages relevant to youth on this page, including information about YAC services, so that youth can retrieve additional detailed information before they access clinical services. Due to County policies, we are not likely to receive approval to create a Myspace page. However, we hope to create an interactive webpage on our current Program site that is appealing to the youth audience. Not only did the suggestion of creating a webpage itself come from this focus group, but the focus group also provided additional qualitative information that can be used for the content of the webpage. This will help us address the specific concerns expressed by these youth and focus on providing the messages that are relevant to them in a format that is easily accessible. This suggestion may take more time to implement, and we would like to consider holding additional focus groups to concentrate more specifically on hearing suggestions related to the webpage issue and gain feedback once a draft is created. In order to fully utilize the valuable information gained from conducting this focus group, SBDCDPH may consider seeking approval from the Office of Family Planning (OFP) to include the creation of a youth webpage as a Community Awareness and Mobilization strategy in our workplan for next fiscal year.