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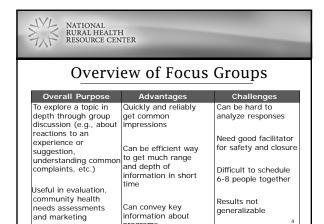
Objectives

- Understand the advantages and disadvantages of focus groups
- Learn how to develop focus groups for grant program evaluation or community health needs assessments
- Develop an understanding of focused conversation methods
- Participate in an activity developing focused conversation questions for use in a focus group



What is a Focus Groups

 A group of people, usually 6-8, selected for their relevance to an evaluation or program/project that is engaged by a trained facilitator in a series of discussions designed for sharing insights, ideas, and observations on a topic of concern for the purpose of gathering information.





Purpose of Focus Groups

- Used to explore a topic in depth through group discussion
 - Includes reactions to an experience or suggestion, understanding common complaints, etc.
- Gather different information than what could go out in a survey with narrow or close-ended questions



Purpose of Focus Groups

- Seek input on community or group needs and opinions
- Responses are spoken, open-ended, broad and qualitative
 - Includes depth, variety, insights and feelings
- Great for use in program evaluation (Flex, SORH) and community health needs assessments (CHNA)



Advantages of Focus Groups

- Quickly and reliably obtain common impressions
- Can be an efficient way to get a wide range and depth of information in short amount of time
- Can convey key information about programs

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Disadvantages of Focus Groups

- Can be hard to analyze responses
- Need a good facilitator for group discussion safety and closure of issues
- Can be difficult to schedule 6-8 people together
- Results are not generalizable

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Potential Participants for Grant Program Evaluation

- Community and public health leaders
- Hospital administrators and board members
- Health care providers
- Flex program planning committee members
- · State and local EMS staff
- Non-health care individuals with concern regarding health status, (e.g., faith, business, education)
- Quality Improvement Organization (QIO)
- Networks and health care partners (e.g., nursing home, home health care, clinic staff)



Potential Participants for CHNAs

- community served by the health facility
- Seniors
- · Young facilities
- · Sectors of industry (agriculture, factory, etc.)
- · Ethnic groups
- · Human services agencies
- with concern regarding health status, (e.g., faith, business, education, non-profits)
- · Consumers at large
- · Public health
- · Networks and health care partners (e.g., nursing home, home health care, clinic staff)



Focus Group Helpful Hints

- · Seek participants who are actively involved
- Think carefully about who is being invited and how that might play out when people are sharing their opinions
 - Physicians, hospital administrator, certain community leaders, or those with dominant personalities may affect focus group participation



Focus Group Helpful Hints

- Keep the group to a manageable number so that there is ample time for everyone to participate
 - 6-8 people ideal
- Be respectful of time. Start and end as scheduled



Focus Group Preparation

- Determine the focus, purpose and mood of the session
 - Rational Aim
 - Experiential Aim
- Develop questions that clearly relate to the purpose and goal of the session

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Focus Group Preparation

- Budget 1-11/2 hours for the session
- Send focus group invitation and questions to attendees 2-4 weeks in advance
- After the meeting, summarize the discussion and distribute appropriately

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Create a Welcoming Environment

- Sit around 1 table or U-shaped table layout
- Facilitator to sit as well
- · Remove extra chairs and clutter
- · Offer food
- Reinforce that there are no wrong answers
- Allow each participant to speak at the beginning of the session
- Keep the discussion on track and in context



How to be a Facilitative Leader

- To ensure focus group success, you need an unbiased and trained leader
- Leadership is moving away from hierarchical approach toward dynamic, empowering style of the leader as facilitator
- This means accessing the power of a group's diverse perspectives facing situations, problems or issues while maintaining respect and integrity within the group

iource: Technology of Participation (ToP) Facilitation Methods, Effective Methods for Participation, Institute of Cultural Affairs in the U.S.



How to be a Facilitative Leader

	ASSUMES	KNOWS	SEEKS	RELIES ON
Hierarchica Leader	Top Down Authority	WHAT to do	The "Right" Decision	Individual Ability, Charisma, Expertise
Facilitative Leader	Power of the Group's Diversity	Methods "How To"	Decisions the Group Will Own & Implement	Group Ability, Inspired Action

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Focused Conversation Method

- Follows a natural, human process
- Used to:
 - Provide for meaningful dialogue
 - Broaden a group's perspectives
 - Elicit clear ideas and conclusions
 - Allow the entire group to participate

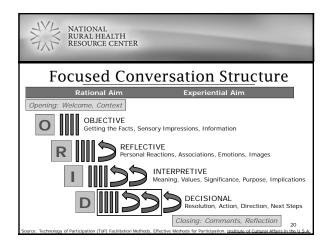
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Focused Conversation Uses

- · Collect data and ideas
- Discuss tough issues
- Reflect on important issues or events
- Work as a group on presentations or reports
- Reflect on accomplishments or failures, with opportunity for learning
- Focus multiple interests on a particular topic or issue
- Increase understanding of "givens" in a situation
- Explore levels of consensus that may already exist
- Avoid heated arguments by provoking thoughtful dialogue
- Move any discussion to a productive end

Source: Technology of Participation (ToP) Facilitation Methods, Eff





Rational & Experiential Aims

Rational Aim

- Intent or practical goal of the conversation
- Guides collective thinking
- Determines conversation direction
- What do you want the group to know, learn, discover, explore, or decide?

Experiential Aim

- Inner impact of the conversation
- Affects mood and sets the tone of communication
- How do you want the group to experience the conversation?



1. Objective Level Questions

- Focus: data, facts, the "WHAT" about the topic
- Ensures that the group deals with the same facts
- · Questions relate to: senses, what is seen, heard
- If Omitted: no shared observation of what the group is discussing, comments may seem unrelated

Example - Improving steering committee meetings: What activities have been done in our meetings over the past year? What topics and concerns were addressed?

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2. Reflective Level Questions

- Focus: internal relationship to the data, the "GUT" about the topic
- Ensures that individual responses are validated
- Questions relate to: memories, feelings, moods
- If Omitted: no shared experience; intuition, memory, experience is ignored

Example: What has been working well with our meetings? What has been frustrating for you during our meetings?

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3. Interpretive Level Questions

- Focus: the meaning of the topic, the "SO WHAT" about the topic
- Draws out the significance from the data; focuses on learning, values, patterns
- Questions relate to: emerging needs, trends, insights
- If Omitted: no higher-level thinking for decision making

Example: What has been the impact of these meetings in our program/hospital? How have these meetings impacted our State Health Plan/Hospital Strategic Plan?



4. Decisional Level Questions

- Focus: the resolution, application of the topic, the "NOW WHAT" about the topic
- Makes the conversation relevant for the future
- Questions relate to consensus, action, summarizing, application of knowledge, future directions
- If Omitted: responses are not applied or tested, no action will occur as a result of the conversation

Example: What changes are needed in our meetings?

Who will be responsible making these changes?

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Focused Conversation Structure
Rational Aim Experiential Aim
Opening: Welcome, Context
OBJECTIVE Getting the Facts, Sensory Impressions, Information
REFLECTIVE Personal Reactions, Associations, Emotions, Images
INTERPRETIVE Meaning, Values, Significance, Purpose, Implications
D DECISIONAL Resolution, Action, Direction, Next Steps
Closing: Comments, Reflection 26

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-	Sample Questions nting Recommendations for Change			
Who	Questions			
QIO State EMS Leaders Legislators CMS Representatives Networks, etc.	Opening: Review the report indicating changes 1. (O) What are the specific recommendations in this report? What points require clarification? 2. (R) What is your first reaction to this report? 3. (I) What differences will these recommendations make if implemented? Which activities have the greatest/least impact? 4. (D) What do we need to do with these recommendations?			



Exercises

- Recognizing Where Participants Are in Their Own Process
- Developing a Focused Conversation Group Exercise

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Choose One Topic

- Identifying health care trends in the community
- · Understanding a policy guide
- · Reflecting on a quarterly reporting
- Planning SORH program curriculum
- Then develop your focused conversation! 29



For more information

- Flex Program Evaluation Toolkit
- Community Tool Box: Conducting Focus Groups
- NOAA Introduction to Conducting Focus Groups
- OMNI Focus Group Toolkit
- New York State Teacher Center Focus Group Tutorial
- Wallace Foundation: Focus Group Workbook
- Technology of Participation: ToP Facilitation Methods
- The Art of Focused Conversation book



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