

## Attachment 2

### Moderator's Guide for Consumer Focus Groups

#### Welcome and Ground Rules

Welcome everyone. Thank you very much for taking part in this group discussion to give your opinions on issues related to women's health and healthy behaviors. Your ideas and opinions are very important to us.

I'm \_\_\_\_\_ and I'll be facilitating our group today. That means I have a set of questions and discussion topics that I will be guiding us through. \_\_\_\_\_ will be helping me and taking notes during the group. We're both from RTI, a non-profit organization that conducts health-related research.

#### Group Objectives

We are holding these group discussions for the Centers for Disease Control and Prevention (CDC). CDC is the government agency that works to improve detection and prevention of many different diseases and health conditions, all over the country.

Our goal today is to get your opinions about women's health and health care. This group discussion will last about an hour and a half.

We are not physicians or nurses, so we are not able to answer any medical questions you may have. If you have medical questions, please plan to ask your doctor or nurse.

Here are some ground rules that will help us work together:

1. First of all, I want everyone to know there are no right or wrong answers. We want to know your honest ideas and opinions. Some of you may disagree. This is fine. We are here to learn from you. We want to hear from everyone and learn what each of you thinks about the issues we will be discussing.
2. If you do not understand a question that I ask, please let me know. I'll try to rephrase it or explain what we are trying to get at with the question. We will be audiotaping this discussion. We want to give you our full attention and not have to take a lot of notes. No one except project staff will hear the audiotapes. We will be writing a summary report of the findings from all the discussions we conduct and will refer to the tapes when writing our report. When we write our report, we will report on what was said, but not on who said it.

Public reporting burden of this collection of information is estimated to average 80 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0798)

3. Your identity and anything you say here will remain secure. Your names, addresses, and phone numbers will not be given to anyone, and no one will contact you after this group is over.
4. [If appropriate] There are also some people from CDC observing our discussion today because they want to be able to hear directly from you. You won't be able to see or hear anything from them because they are in a room behind the mirror.
5. Because we are taping, it is important that you try to speak up and speak one at a time. I may occasionally interrupt you when two or more people are talking at once in order to be sure everyone gets a chance to talk and that responses are accurately recorded. Sometimes I may need to move the discussion along to make sure we cover everything, and I may ask those people who have contributed a lot to the discussion to give others a chance to speak.
6. As a courtesy to everyone, please turn your cell phones to silent or vibrate.
7. Should you need a break at any point during the discussion, please let me know.
8. Please feel free to get a snack or a drink.
9. Please don't hold back from giving us your honest opinions. If you have something negative to say, that's all right. Sometimes the negative things are the most helpful. Remember, there are no right or wrong answers. We just want to hear your opinions.

Do you have any questions before we start?

### **Obtain Informed Consent**

[REVIEW FOLLOWING KEY POINTS FROM CONSENT]

- Your participation today is voluntary. If any question makes you feel uncomfortable, you do not have to answer it. You can also choose to end your participation at any time.
- We will write a summary report of the findings from all the discussions we conduct. Your name won't be used. We ask that you respect each other's privacy as well.
- You will receive a \$75 as a thank you for your time today.
- If you have any questions regarding this discussion after it is over, there are telephone numbers at the bottom of the consent form that you can call.

## **Introduction**

*Everyone in this group has something in common – you [TAILOR FOR SPECIFIC GROUP – e.g., you all have children and you have said that you plan to have more children in the future]. To start things off, let’s go around and have you all introduce yourselves to everyone. Please tell us your first name, where you’re from, and [how many children you have IF A GROUP THAT HAS CHILDREN].*

*Thanks for introducing yourselves. Let’s start this discussion by taking a minute or so to write down on the piece of paper you have in front of you all of the behaviors women ages 18-44 should do to stay healthy.*

## **Awareness of General Health Behaviors**

1. What kinds of things did you write down for what women should do to stay healthy? [List on flipchart]
2. Now take a moment and circle the things on your list that women who are pregnant should do? Which ones did you circle [List on flipchart] What else would you add to this list?
  - a. What are the reasons pregnant women should do these things?
  - b. Which behaviors do you think are most important for the health of the baby? What makes you say that? [If not brought up] Which behaviors could prevent birth defects? What about for the health of the mother? [Put check by behaviors for baby’s health, put star by behaviors for mother’s health]
3. What about women who are not pregnant yet, but could get pregnant - what types of behaviors should they practice? Please take a moment and draw a square around those behaviors. Which ones did you put a square around? [List on flipchart] What else would you add to this list?
  - a. What are the reasons the behaviors you put a square around are important for women who are not yet pregnant, but could get pregnant?
  - b. Which behaviors are most important for the health of the baby, if a woman were to get pregnant? What makes you say that? What about for the health of the mother?
4. Has a doctor, nurse, or any other healthcare provider ever discussed any of these behaviors with you – either in relation to [tailor appropriately] planning a pregnancy or the possibility of becoming pregnant? [If yes] What behaviors did s/he discuss with you? How were they discussed?
  - a. What type of healthcare provider discussed these behaviors with you?

- b. How would you describe the context in which they were mentioned (e.g., you were planning a pregnancy, you were pregnant, at a wellness visit)?
- 5. Have you ever heard of the term “preconception health” or “preconception care”? [Ask for show of hands] What do those terms mean to you?
  - a. What about the term “reproductive life planning”? What does that mean to you?
  - b. What about the term “preconception health promotion”? What does that mean to you?

*The Centers for Disease Control and Prevention defines “preconception health” or as*  
 A woman's health before she becomes pregnant. It involves knowing how health conditions and risk factors like foods, medicines, and habits could affect a woman or her unborn baby if she becomes pregnant. Preconception health applies to women who have never been pregnant, and also to women who could become pregnant again, including women who may not be planning a pregnancy.

- 6. Based on this definition, are there any other terms or phrases you would use to describe this? What terms might you use to describe these behaviors to a friend in your own words?

**Motivation for PCH Behaviors**

*In the next set of questions, I want to talk about the types of things that would motivate women to engage in the preconception behaviors as defined by the CDC.*

- 7. How motivated do you think women are to practice healthy behaviors that could prevent birth defects before they know they are pregnant? What makes you say this?
  - a. How easy or difficult is it for women to practice these behaviors?
  - b. Are there circumstances/situations where women would be motivated to do these behaviors, but still not do them? What are the barriers women face when trying to do these behaviors?
- 8. What factors would make women more likely to engage in preconception behaviors (e.g., not smoking, not drinking alcohol, taking folic acid)?
  - a. What might they be thinking about if they decide to (e.g., not smoke, not drink alcohol, take folic acid)?
  - b. Are there particular behaviors that you think women may be more likely to start or stop before pregnancy? If yes, which ones? What makes you say that? [If group does not focus on both starting behaviors and stopping behaviors, probe for both types.]

9. [FOR THOSE WHO HAVE CHILDREN] Which of these behaviors that we listed did you engage in before your pregnancy? What factors motivated you to do them?
10. Do you think there are any differences in the likelihood of women engaging in these behaviors based on whether they are planning a pregnancy versus those who are not? If yes, how would describe these differences?
  - a. What factors do you think would motivate women who are planning a pregnancy to engage in these behaviors?
  - b. What factors do you think would motivate women are not planning a pregnancy to engage in these behaviors?
11. What do you think are the barriers to women who are planning a pregnancy to engage in these behaviors to ensure a healthy baby?
  - a. What are the barriers for women who are not planning a pregnancy?

*Now let's talk about the types of things you might say to women to encourage them to engage in preconception behaviors.*

#### **Developing Preconception Messages**

12. What do you think women would need to know about preconception health behaviors in order to be more likely to engage in them **before** pregnancy?
  - a. How would you describe what preconception health behaviors are? What terms or phrases would you use?
  - b. How would you describe the benefits of preconception health behaviors? Would you focus on? [e.g., the health of the baby, the health of the pregnancy or the health of the mother? A combination? A different focus?] What makes you say that?
13. If you worked at the CDC and were asked to promote preconception health behaviors, what would your primary message be? What message would you use to encourage women like you to engage in these types of behaviors?
  - a. What would you tell women who are planning on becoming pregnant in the future?
  - b. What would you tell women who are not wanting or trying to get pregnant?
14. If you worked at CDC and were asked to develop a message that would motivate women to go see their doctors before they get pregnant, what would your message be?

15. Would information be more effective that said negative things that could happen if you don't do these behaviors or the positive effects if you do? Why?

*We've talked about a number of different preconception behaviors and things you might say to encourage them to women. Now I want to get your thoughts on how we might present information about the different behaviors to women.*

**[Write on a separate flip chart page: Healthy Lifestyle, Screening and Testing, Manage and Monitor]**

*I want each of you to take a moment and write down which behaviors listed with CDC's definition of preconception health you would put in each of these categories. You may put a behavior in more than one category.*

16. If someone, such as a healthcare provider, or an organization was to communicate information to women about preconception behaviors, would you prefer to hear about each behavior and its health effect individually or all of them together? What makes you say that?

17. Which behaviors would you prefer to hear together? What makes you say that? [Probes: hear at the same time, same "image", same message about health effect, relevant to me, common motivators, common barriers?]

18. What behaviors would you say do not belong together? What behaviors would you communicate about separately? What makes you say that? [Probes: hear from different sources, hear at different times, different messages about health effects, personal relevancy, different motivators, different barriers?]

19. I want to share with you a few other ways behaviors might be grouped. Tell me what you think of each grouping.

- a. Prevention and Treatment
- b. Do's and Don'ts
- c. With the doctor and On your own
- d. [Insert other frames as appropriate]

20. What did you list under Healthy Lifestyle? Screening and Testing? Manage and Monitor?

21. Do these three categories for grouping the behaviors make sense? What other categories would you suggest?

22. How often would you want to hear messages like this? Every day, every month, every year?

### Trusted Sources/Channels

*In the next set of questions, I want to talk about sources of health information.*

23. When you need health information where you do go for that information? Who or what do you consider to be reliable sources of women's health information?
24. Who or what do you think would be reliable sources of information for women about preconception health behaviors?
  - a. What types of organizations would you think would be reliable? [Probe if necessary for CDC, March of Dimes, State Health Department]?
  - b. What types of Internet/Web sites would be reliable information for women about preconception health behaviors?
  - c. Among the sources mentioned, which would be the 3 most important sources? Most frequently used?
25. What strategies do you think would be effective at getting information about preconception health to women of childbearing ages? Who or what would be the best ways to communicate this information to women? [Probe if necessary for brochures in doctor's offices, television ads/features, websites, etc.]

*Some health experts have suggested that preconception health should be a topic that doctors, nurses, or other healthcare providers raise with all women of childbearing age on a regular basis, such as during a routine checkup.*

26. What do you think about this suggestion? How would you envision the topic of preconception health being raised by a healthcare provider?
27. **[For women with children or how plan to become pregnant]** Have you ever gone to see a doctor or other provider to talk about becoming pregnant sometime in the future?
  - a. [If Yes] What was discussed during this visit?
  - b. Was this an appointment only to discuss pregnancy planning? [If yes] Did your doctor have a name for this type of visit?
28. When would be the best time to get information about preconception health behaviors from a healthcare provider? [Probe, if necessary for at a special preconception visit, well woman visits, just after having a baby, at pediatric visits?]
29. How would you feel if your healthcare provider gave you information about preconception care (e.g. at a routine check-up)? What makes you say this? What information may be appropriate to provide?

**[ASK OBSERVERS IF THEY HAVE ANY QUESTIONS]**

**Closing (2 min)**

That is all of the questions that we had for our discussion. Before we close, are there any other thoughts you would like to share about the topics we discussed today?

Thank you very much to all of you for your time. Your comments and insights have been very helpful. Again, we sincerely appreciate your willingness to take part in the discussion.