

ATTACHMENT 3D

HELP PARTICIPANT 1FOCUS GROUP GUIDE AND QUESTIONS



Patient Centered Care Collaboration Initiative to Improve Minority Health
U.S. Department of Health and Human Services' Office of Minority Health

PARTICIPANT 1FOCUS GROUP GUIDE AND QUESTIONS

1. WELCOME AND INTRODUCTION

Good (morning/afternoon/evening) and welcome to our meeting. My name is _____ and I work with _____. I am representing the Midwest Latino Health Research, Training & Policy Center, at the University of Illinois at Chicago (UIC) and I will be one of the discussion guides for this group meeting.

2. PURPOSE OF MEETING

First of all, thank you for taking time to participate in this group discussion about your experiences in the *Health Empowerment Lifestyle Program* (HELP). The HELP educational program is part of a larger health program project called *The Patient-Centered Care Collaboration (PCCC) to improve minority health* which is sponsored by the US DEPARTMENT OF HEALTH AND HUMAN SERVICES -Office of Minority Health in partnership with Westat and professional and community organizations and academic institutions in Chicago and Houston, including the North Lawndale Christian Health Center. WESTAT is the contractor for this project. The project calls for trying out ways to increase the spread and use of certain

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types of proven health strategies among racial and ethnic minorities in health care and community settings, in selected geographic areas. The strategies we are talking about today are the ones used as part of the program you have been in over the past 12 weeks. We mainly want to hear what you thought about the program and how useful it was to you. So overall, my role today is to ask you some questions that will get the discussion going about your experience with HELP and to get your

recommendations that could help improve the program and help HHS/OMH figure out how to make the program available to more people like you in other communities and health clinics. We want everyone to feel free to share their thoughts so our goal is to make sure that everyone has a chance to give their ideas and opinions. This information will help us with improving the program and making it available to others like you.

3. INFORMED CONSENT

Before we start our session, we would like to obtain your consent to participate in this group discussion, usually referred to as “focus group.”

READ CONSENT FORM

Are there any questions about the information in this form?

PROCEED TO COMPLETE PARTICIPANT PROFILE

GIVE PARTICIPANTS A FEW MINUTES TO COMPLETE THE FORM. THOSE THAT COME TO THE GROUP SESSION LATE, ASK THEM TO FILL IT OUT AT THE END OF THE MEETING.

- **STIPEND.** Again, for your time and participation we will be providing you with a small stipend of \$ 25. You will receive this at the end of the session.
- **SNACKS.** We have brought refreshments and snacks. Please feel free to serve yourself now. If you need to get up to go to the bathroom, please do so now or when you have completed the participant profile.

4. PROCEDURE AND GROUP RULES:

- Greet participants and explain the purpose and goals of the focus group. Then read the following to participants.
During the course of the meeting, we will be asking you some questions. Remember that we want your opinions, which means that there are no right or wrong answers. Please feel free to give us your opinions. All opinions are important. Don't wait for us to call

on you if you have something to say -- just raise your hand.

- *Please select a **nickname**. Every time you speak, identify yourself by using your nickname.*
- *This session with your permission **will be taped**. Only one person may speak at a time. This is so we may better record and take good notes on what you have to say.*
- *Feel free to express your opinions and to disagree with one another. We would like to have many different opinions.*
- *As we have many things that we want to cover related to the program, we will go from one subject to another. However, if you would like to add something more, please feel free to do so.*
- *The meeting will last about **1 ½ hours**. There will be no breaks. However, feel free to use the restroom or to have refreshments when you wish.*

E. PARTICIPANT INTRODUCTIONS

SAY THE FOLLOWING: Before we begin, let's introduce ourselves. For the purpose of this discussion, please use a **nickname only**. Please say: my name is (USE NICKNAME). I have been living in this **community** for ____ years.

INVITE THE PARTICIPANTS TO INTRODUCE THEMSELVES. START WITH THE PERSON THAT IS CO-FACILITATING AND THOSE THAT ARE HELPING TO TAKE NOTES AND/OR WHO ARE OBSERVING THE GROUP MEETING.

F. DISCUSSION – BEGIN TAPING NOW.

[PROBE FOR EVERY ANSWER GIVEN AND FIND OUT IF OTHERS AGREE AND IF THERE IS GROUP CONSENSUS OR DISAGREEMENTS WITH THE OPINIONS GIVEN]

G. INFORMATION DISSEMINATION/ADOPTION

We would like to know your opinions about how can we best spread the word about a program like this in the community.

- 1.** Where do you get your advice or information on health issues? Do you get health information from television, radio stations, cable channels, or newspapers? If so, which are most important to you or who do you trust the most? [PROBE TO EXPLORE WHICH MEDIA OUTLETS ARE MORE IMPORTANT]
- 2.** Who do you go to for information about how to manage your health?
- 3.** What is the value of having the classes taught by a trained community health worker (CHW)/health educator – as opposed to your primary care doctor?
- 4.** How trustworthy did you feel the CHW/health educator/pharmacists were in the delivery of the information?
- 5.** What are your thoughts about the follow-up telephone calls – were they useful to you and if so in what ways? Consider the following ways in which they could have been useful: (for reminding you what you learned in class), (what you are supposed to do), and (to remember to attend class)?
- 6.** What parts of the program will you incorporate in your daily life?
- 7.** If this community health center were to start a program for people with diabetes/hypertension/weight management issues like you, would you want it to be just like this program, similar to this program, or very different? If very different, in what way? If similar, similar in what way
- 8.** Different ways have been used to reach people in the community with different health topics. What are the best ways to reach people like you with health information? PROBE
 - How about providing classes in the community as we did with the HELP program?
 - How about small discussion groups (like this focus group)?
 - How about? Brochures .pamphlets... posters ... billboards ... radio

announcements ... television public service announcements ...

- How about churches-sponsored activities like having a guest speaker talk about the importance of weight management or diabetes self-care in the community?
- What else can be done? Do you have any other ideas?

H. POTENTIAL FOR ADOPTION AND USE

9. What did you like most about this program? What did you like least?
10. Have you already shared this information with others? Do you plan to? If so, to whom, how, and what did you tell them? Would you recommend that a family member or friend participate in this program? Why or why not?

I. PARTICIPANT SATISFACTION

11. How easy or difficult was it to understand the different topics?
12. How helpful was it to have community health workers and health educators that were from your community or same race/ethnicity to teach the classes?
13. If you could make changes to this program to make it better, what changes or improvements would you make?
14. Would you recommend this program to a family member or friend? Why or why not?

G. CLOSURE (5-10 minutes)

Thank you very much for your participation today. Please do not forget to hand in your participant survey now.

These are just about all the questions we have. We would like to try to summarize some of the important ideas we have discussed. Please help us by adding anything that we have forgotten and correct us if something we say is not clear enough or completely accurate.

Do you have any final questions?

Is there anything else that you would like for us to know?

DON'T FORGET TO TURN IN YOUR FORMS!

THANK YOU FOR YOUR PARTICIPATION!

Also Thank Local Agency Coordinators.