

ATTACHMENT 5F

MYRX 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
HOUSTON

1. WELCOME AND INTRODUCTION

Good (morning/afternoon/evening) and welcome to our meeting. My name is _____ and I work with _____. I am representing Southern Texas University College of Pharmacy 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 *MyRx Medication Adherence Program*. The MyRx educational program is part of a larger health initiative called *The Patient-Centered Care Collaboration (PCCC) To Improve Minority Health* which is sponsored by the U.S. Department Of Health And Human Services—Office of Minority Health and directed by Westat. Westat is a research company, based in Rockville, MD, that provides overall direction for the PCCC Initiative. Several organizations work in partnership with the Office of Minority Health and Westat on this initiative, including, academic institutions in Chicago and Houston, professional associations, and community organizations. Texas Southern University School of Pharmacy and Health Sciences, the Houston Housing Authority, and the Harris County Hospital District are the primary partners here in Houston.

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One of our goals is to identify the best way to get the right health information into the hands of minority participants and consumers as well as the professionals who deliver care to them so they can better manage their health. To accomplish this goal, we used the MyRx program in which you participated during the past 12 weeks to introduce you to proven strategies for improving your health.

Today, we mainly want to hear what you thought about the MyRx program and how useful it was to you. So I want to ask you some questions that will start the discussion about your experience with MyRx, learn about any recommendations you have that might improve the MyRx program, and hear your thoughts about how to spread the word about the MyRx program to make it available to more people like you in other clinics and racial and ethnic communities.

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. Again, this information will allow us to improve the HELP program and make 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 \$15. 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.*
- *Everything you say here is confidential. What you hear in this meeting should not be shared outside this group.*
- *Any written report that we prepare on this group discussion will not identify you. Quotes of your opinions may be used, but you will not be identified by name.*

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 for 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. Who do you go to for information about how to manage your health?
2. 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]
3. What is the value of having the classes taught by a trained pharmacist and health educator – as opposed to your primary care doctor?
4. How trustworthy did you feel the pharmacists and health educators 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: 1) reminding you what you learned in class, 2) what you are supposed to do, and 3) remember to attend class?
6. How helpful was it to have the pharmacist come to your home to talk with you?
7. What parts of the program will you incorporate in your daily life?
8. If this residential facility 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
9. Different ways have been used to reach people in the community with different health topics. What are the best ways to reach people with health information? PROBE
 - How about providing classes in the community as we did with the *MyRx* 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

10. What did you like most about this program? What did you like least?

11. 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

12. How easy or difficult was it to understand the different topics?

13. How helpful was it to have pharmacist and health educators that were from your community or same race/ethnicity to teach the classes?

14. If you could make changes to this program to make it better, what changes or improvements would you make?

15. Would you recommend this program to a family member or friend? Why or why not?

J. 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.