Form Approved

 OMB No. 0990-

 Exp. Date XX/XX/20XX

*Thank you very much for taking the time to speak with us today. We work for ICF International, a research and evaluation organization and we are working in collaboration with the Office of the Assistant Secretary for Health (OASH) to evaluate the utility and effectiveness of the Second Decade Project Community Planning Guide developed by OASH*. *The Community Planning Guide was developed to help community leaders put together a plan for promoting health and wellbeing among adolescents in their second decade of life (10-19 years of age). We are talking with members of coalitions in 5 pilot sites across the country to learn about how they are involved with and support coalitions and their activities, and work to educate their communities about issues impacting young people ages 10-19.*

PARTICIPATION

* This focus group should last approximately 60 minutes.
* To ensure the accuracy and completeness of the information you provide, we would like to get your permission to record and transcribe the interview. However, if anyone participating in the focus group does not agree to be recorded, we will not record the group. If the focus group is not recorded, we will still take notes during the group. If you agree to be recorded, only the ICF team will have access to the recording. To protect your privacy, we will ask the transcriptionist to sign a letter of confidentiality and will keep the notes and recordings in password protected files. Only ICF team members will be allowed to use them. Participants’ name will not be used in any of our references to the material, so your statements will be confidential. All recordings will be destroyed one year after completion of the contract.

**Do I have your permission to record the focus group? (Participant will verbalize Yes or No) YES NO**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0379. The time required to complete this information collection is estimated to average 1 hour per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

PROCEDURES

* You may ask questions about this evaluation at any time before, during or after the interview.
* You may stop answering questions at any time, for any reason, and you may choose not to respond to any questions that you do not want to respond to.
* We will provide you contact information for the project manager, who you may contact with any questions that arise after your participation in this focus group.
* The moderator will record (if permission is given) and/or take notes during the interview.
* You will receive a copy of this consent form via email.
* There are no right or wrong answers, please respect the others in the group. Please keep what is shared during this session within the session.
* Please put your cell phones on vibrate during the focus group.
* Only one person should speak at a time; please refrain from side conversations so that the person speaking has the group’s full attention.

RISKS

This study is considered to be low or minimal risk.  However, if any question makes you uncomfortable you are free to stop the interview or skip that question.

BENEFITS

Participation may not benefit you personally. However, the information gathered in this study may be valuable for improving the Second Decade Community Planning Guide and its implementation.

COMPENSATION

Participation in this study will involve no cost to you. You will not be paid for participating in this study.

PRIVACY

We will take every precaution to protect your privacy. We will NOT include your name or position title, or any other identifying information when we present the study or publish its results. Findings will be reported in aggregate and organized by theme. No one in your community or at OASH will have specific knowledge of your responses to focus group questions. Your privacy and the evaluation data will be kept confidential and secure.

CONTACT INFORMATION

Any questions you have about the study can be directed to Gingi Pica, Project Manager, at 40 Wall Street, 34th Floor, New York, NY 10005; 212-941-5555.

INTRODUCTION/ICE BREAKER

We would like to begin with introductions and a brief ice-breaker. Please tell us your name and either share something that you are proud of or that you love about your community.

Comprehensive plan development processes

* How long have you been working with youth and young people in your community?
* How long have you been working on coalitions in your community?
* How were you introduced to the Second Decade Community Planning Guide?
	+ How familiar are you with the Guide?
* Have you worked with others in the group/coalition prior to the Second Decade?
	+ If yes, for how long have you been working together?
* Can you describe the process and/or work your coalition has done to develop a community action plan for young people in your community?
	+ How has the Guide been used by your coalition to develop your community action plan?
	+ Which sections of the Guide did the coalition rely on to develop your community action plan?
	+ Has the Guide been effective in helping your coalition include a multi-impact strategy in your community action plan?
		- If yes, can you describe how it has been effective?
		- If no, do you have thoughts about why it hasn’t been effective?
	+ What other types of resources has the coalition used to support its work?

Usefulness of guide to facilitate discussion and activities

* What have your experiences been working with the Guide?
	+ What challenges or barriers did you experience using the Guide?
* How has the Guide been used facilitate the work of your coalition?
	+ Can you provider some specific examples about how the Guide has helped the coalition’s work?
* Was the Guide’s explanation of the importance of implementing multi-impact strategies clear?
	+ If no, what recommendations do you have to help clarify the explanation?
	+ If yes, how did the coalition respond to
* What aspects of the Guide have been the most useful to you and your coalition? Why?
* What aspects of the Guide have been the least useful to you and your coalition? Why?
* Are there section(s) of the Guide that you think need improvement?
	+ If yes, which sections?
	+ Why do you think these need improvement?
	+ Do you have suggestions for ways to improve these sections?
* Are there sections of the Guide that you especially like? Which sections?
	+ If yes, which sections?
	+ Can you describe what it is that you like about these sections?
	+ Do you have suggestions for ways to further improve these sections?
* What types of recommendations do you have to modify the Guide to make it more useful to other coalitions and users?
	+ Are there directions or guidance that you think should have been included in the Guide? Which ones?
	+ Are there resources that you think should have been included in the Guide? Which resources?
	+ Are there strategies or specific issues facing adolescents that you think should have been included in the Guide? Which strategies or issues?

We have reached the end of the focus group, is there anything else about the Guide you want to tell us that we haven’t already asked about?

**Thank you for your time and willingness to participate in this focus group!**