

INSTRUMENT #6

MASTER PROTOCOL FOR YOUTH FOCUS GROUPS

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FEDERAL EVALUATION OF MAKING PROUD CHOICES!

**IN-DEPTH IMPLEMENTATION STUDY
MASTER PROTOCOL FOR YOUTH FOCUS GROUPS**

Prior to the site visit, we plan to:

- A. Review documents and other data (evidence-based program (EBP) manuals, site selection documentation, and design and implementation survey data) to extract relevant information*
- B. Customize the youth focus group interview protocol to confirm information collected through document review and supplement with questions about specific youth experiences and views*
- C. Tailor the introduction to each site using the template interview introduction as a guide*

ORGANIZATION:

N:

NO.

OF

PARTICIPANTS:

MATHEMATICA STAFF:

F:

DATE

:

NOTE TO SITE VISITOR:

- Introductory scripts are designed to guide you as you give instructions to study respondents.
- You do not have to read scripts verbatim. Use them as a guide for information to cover.
- Please cover this information either using the language provided here or in your own words.
- **However**, please be sure to convey the **informed consent information** precisely. Here, you should read the text verbatim. Please be sure the interview respondent reads the informed consent form carefully, signs two copies, keeps one for her/himself and returns one to you.

INTRODUCTION TO THE FOCUS GROUP (5 MINUTES)

Thank you for agreeing to meet with us. As you know, we are from Mathematica Policy Research, an independent research firm. My name is

[NAME OF FOCUS GROUP FACILITATOR]. This is [NAME OF NOTE TAKER]. We are part of an independent research team funded by a federal program that is run by Office of Adolescent Health (OAH) of the U.S. Department of Health and Human Services.

We are here today to learn more about your experiences with [NAME OF PROGRAM]. Your point of view as students participating in the program is extremely valuable. Our conversation today will take about 60 minutes. We will record and take notes during our conversation. This will help us remember what you say correctly. The recording will be erased after we have completed writing up our notes. If anyone would prefer that we not record our conversation, we will not record it.

Privacy Statement: We will keep the information you share with us private. We will only use first names as we talk today. We will not ask for or write down your names; and if we use quotes from this discussion, we will not include the name of the person who made the statement. No one but the researchers will see any of the notes from our discussion.

We are also talking to other youth participating in [NAME OF PROGRAM]. We will take our notes from our conversation today and combine it with information from our other conversations with participants like you. This will help understand how [NAME OF PROGRAM] is working and what youth like you think about it.

Please keep in mind:

- There are no right or wrong answers to our questions. Our questions are designed to learn about your experiences with [NAME OF PROGRAM] and what you think about it.
- Being part of our discussion is completely voluntary. You do not need to answer any questions you do not wish to answer.
- There are no penalties or consequences for not answering our questions.
- Please do not use your own or each others' full names. Please just use first names.
- Please remember to be respectful of everyone's opinions, even if they are different from your own.
- Please do not talk about your own personal behaviors with the group today, although we welcome your thoughts about the program itself.
- Please do not share what we discuss today outside of this room. Please respect one another's privacy. We cannot, however, guarantee that all group participants will honor this request.

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- Again, remember, your participation in this conversation is up to you. You do not have to participate and you do not have to answer any questions that you do not want to answer.
 - Would anyone like to add any additional ground rules for our discussion?

INFORMED CONSENT (10 MINUTES)

I would now like to go over the informed consent process with you. Informed consent is when we explain the following topics to you:

- The purpose of this study
- The way our discussion today will work
- How we will use the notes we will take during our conversation today before you agree to participate, and
- Information about your rights and the risks for you.

INTERVIEWERS SHOULD CONDUCT INFORMED CONSENT PROCESS

- Pass out two copies of the informed consent form to each youth.
- Read consent form aloud and ask youth if they have any questions.
- Answer all questions.
- Ask youth to sign it, give you one copy and keep one copy for him/herself

PRE-DISCUSSION QUESTIONS (2 MINUTES)

I want to say again that there are no right or wrong answers to our questions. I also want to remind you that you do not have to answer any of these questions. We would like to ask you to answer these questions based on your own ideas and opinions.

- Do you understand the purpose of our conversation today?
- Do you have any additional questions before we start?

I. ICEBREAKER (5 MINUTES)

Many of you may already know each other, but we would also like to get to know you. Let's go around the room and tell us your first name.

You do not have to give your name if you do not want to.

II. INTERVENTION (30 MINUTES)

3. How would you describe [PROGRAM] to one of your friends who doesn't know anything about the program?

- What is the goal or purpose of the program?
- What types of information does it give you?
- Is it a good program?
- Why is it a good or bad program?

4. Is your teacher from your school or was he/she from another organization?

- Did you like the way the teacher discussed the program with you?
- Was the teacher able to answer your questions?
- What did you like or dislike about how the facilitator/teacher gave you the information or conducted the activities

5. What did you think about the topics and activities you have been taught so far?

Probes:

- Were the materials difficult or easy to understand and use?

6. What are the most important things you learned from [NAME OF PROGRAM]?

7. What do you like best about [NAME OF PROGRAM]? What do you like least about it?

8. What would like to see changed about [NAME OF PROGRAM]?

Probes:

- How would you change it?
- Why would you change it?

9. Do you think having been in [NAME OF PROGRAM] will affect how you behave or anything you do in the future?

- a. If so, how?
- b. If not, why not?

III. PARTICIPATION (10 MINUTES)

10. Have you been able to attend all the classes so far?

- If not, what were some of the reasons you couldn't participate?

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- Have you been able to participate in all the activities and complete assignments?
 - If not, which activities and assignments did you miss? What caused you to miss some of these activities or assignments?
11. What were some of the topics you all talked about in [NAME OF PROGRAM]?
 12. What topics did you find the hardest to discuss?
 13. Did being in the program help you feel more comfortable talking about these topics? Do you feel differently about any of these topics now than you did before you were in the class?
Probes: contraception, HIV/STI prevention, communication and negotiation skills.
 14. Do you talk about or learn about these types of health topics anywhere else? (For example: school nurse, friends or siblings, parents, social media, internet, other classes)?
 15. Would you encourage your friends to be in [NAME OF PROGRAM]?
 - If so, why?
 - If not, why not?

IV. OTHER PROGRAMS (5 MINUTES)

1. Before [NAME OF PROGRAM], had you ever participated in any program(s) similar to this one?
 - If so, can you tell us about the program(s)? Where was it/they offered? What services did you receive? What did you think of those other programs? How did it compare to this program?
2. Right now, are you participating or know of any other programs or classes that cover the same or similar topics as [NAME OF PROGRAM]? [ASK FOR A SHOW OF HANDS]
 - Please describe the similar program(s).
 - How is it similar? How is it different?
 - Where do you have access to it? Another organization, clinic, your school, etc.?
 - How many of your friends participate in this program?

V. CLOSING/THANK YOU

16. Is there anything else anyone would like to say about [NAME OF PROGRAM] before we wrap up?

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-xxxx. The time required to complete this information collection is estimated to average one hour, 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