

Tools of the Trade

Focus on Focus Groups!

Karen Denard Goldman, PhD, CHES
Kathleen Jahn Schmalz, RN, EdD, CHES

TOOL 1

WHAT IS A FOCUS GROUP?

- An interactive strategy to gain insight into the perceptions, beliefs, and opinions of 8 to 12 representatives of an intended audience about specific issues, programs, or services through a 60- to 90-minute guided and taped discussion led by a skilled moderator

ATTRIBUTES OF A FOCUS GROUP

- Carefully planned to create a nonthreatening environment in which people are free to talk openly
- Stimulates participants to express and defend divergent opinions
- Encourages participants to express differing opinions, ask questions, and respond to comments from other participants as well as to questions posed by the moderator
- Has the potential to elicit valuable information that may not be uncovered in individual interviews or telephone surveys
- Can foster consensus among participants
- Can tell you what type of impact your program has or will have on your intended audience
- When used early on in development of a program, product, or service, can be an excellent source of broad and general information
- Reveals how your intended audience views products or services and the ways in which these products or services fit into their lives

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Originally a marketing research tool used to assess consumer product needs and reactions to new products, focus groups are now used in health promotion (a) as part of the assessment process, particularly social assessment; (b) to develop educational or promotional materials, such as materials pretesting; and (c) in program evaluation, especially participatory evaluation. A carefully crafted structured interview strategy used by marketing groups to assess the perceptions, beliefs, and opinions of specific consumer groups, a focus group is sometimes mistakenly perceived as a group interview that anyone can facilitate. This is a major misperception. Focus groups have much to offer health promotion. They can be used to test reactions to new materials or health messages, identify barriers to services, elicit perceived needs for new or expanded services, or provide feedback on existing programs. They are an art and a science and are based on knowledge and skills often requiring the services of a trained and experienced focus group planning team and moderator.

- Will save you time, money, and frustration later on in your program

LIMITATIONS OF FOCUS GROUPS

- Are qualitative; do not yield generalizable numbers; that is, can't tell you the exact percentage of people who have a particular belief or hold an opinion on a particular issue

TASKS INVOLVED

- Participant recruitment
- Logistics coordination
- Moderator guide development
- Group facilitation—moderator and assistant
- Dialogue transcription
- Data analysis
- Report writing
- May be one person or many people based on the resources available

PLANNING A FOCUS GROUP

Step 1: Define the Purpose

- Organize your thoughts in a logical manner.
- Make your purpose clear.
- Know what information you want from participants.
- Ask yourself the following questions: Why should we hold a focus group? Why is the information needed? How will the information be used?

Step 2: Determine Whom to Include in the Group

- Identify who can provide you with answers to your questions; be as specific as possible; and look at traditional ways of grouping people (risk status, health or disease condition, geographic location, age, ethnicity, gender, income, family size, cultural differences, and employment status) as ways of identifying potential participants.
- The makeup of focus groups will vary based on the purpose of the study. (For some issues, it may be important that participants share the same characteristics or experience.) Select participants who will represent a broader intended audience. When asking about issues such as participation in programs, remember to consider those who never used your services or who have “dropped” out. Selecting only clients or volunteers who use your services may limit the usefulness of your research.

Step 3: Coordinate the Logistics

- After you have determined whom you want to participate in your focus group, select the date, time, and location where the group should be held.
- Select a location that will be accessible to all group participants. Check out the location for background noises, tables, chairs, lighting, airflow, electrical outlets for the tape recorder, video camera, etc. If people are not comfortable, the session will be less effective.
- Make sure you provide the moderator, the recorders, and the participants with accurate directions to the site.
- Select a location with moveable chairs around a table people can lean on—not a coffee table.
- Secure audiotaping and videotaping equipment.
- Pack your box of extra supplies to take to every focus group: extra audiotapes and videotapes, batteries, extension cords, magic markers, tent cards or name tags, pads and pens for yourself, and the recorder.
- Arrange for some sort of refreshments to help break the ice.
- Keep in mind that if participants are parents of young children or live a distance from the focus group site, you might have to provide baby-sitting or transportation services.
- Secure gifts: Based on who your participants are and the money available, give small monetary incentives (\$25 to \$50) or other valued gifts. (For example, if you are conducting a group of women who have given birth within the last 6 months, perhaps a gift of a baby sweater or child's plate set would be appropriate.) Gifts are viewed as a symbol that the moderator values the participants' opinions, concerns, etc. Gifts promote goodwill between the moderator and the participants. If you have a very small budget or you're doing your focus group at an agency that discourages gifts, refreshments may be the gift (but that is unusual; if that's your only gift, be generous).

Step 4: Recruit the Participants

- Aim for groups of 8 to 12 participants.
- Recruit at least 12 to 15 individuals for each group (people may forget about the group or have something come up at the last minute that will force them to be a no-show).
- Recruit participants 1 to 3 weeks in advance of sessions, usually by telephone, but be prepared to use other person-to-person approaches. (For example, if your intended audience is women who use a prenatal clinic, clinic staff may assist you in recruiting participants.)
- Make sure potential participants meet the key criteria of the intended audience for whatever is being tested! The goal is not 8 to 12 people, it's 8 to 12 representatives of the intended audience!

- Make sure that potential participants know they are wanted at the focus group.
- Stress the importance of the group and the value of each participant's personal experiences, concerns, and opinions.
- A week before the focus group, follow up with participants by letter on your organization's letterhead, signed by the moderator. Include travel directions to the site and the name and number of someone to contact with questions.
- The day before the focus group, contact the participants by telephone to remind them of the group's time and location. Confirm the characteristics that qualify them for participation: If a mistake has been made and they don't qualify, apologize and put the participant's name on a list for another group.

Step 5: Prepare the Moderator's Guide

- Determine what it is you want to know about your product, program, service, or message.
- Develop a discussion guideline to refer to if necessary throughout the focus group.
- Have fewer than 10 questions.
- Order questions to flow in a logical sequence.
- Move from general to specific questions. More general questions at the beginning help to get people talking and increase their comfort with the situation. As people become more comfortable, move closer to the issues of primary concern.
- Carefully select and word the questions to elicit the maximum amount of information from participants. (Ideally, questions should be so familiar to the moderator that they appear spontaneous to members of the focus group.)
- Focus key questions on critical issues.
- Keep questions brief and open-ended. (This will allow for new ideas or connections from other participants.)
- Avoid questions that yield yes or no answers or forced choices.
- Limit the use of "why" questions. (When asked why, participants may feel that they have to defend their responses, thereby changing the tone of the discussion.)
- Try using these types of questions:

Open probe: questions that begin with how, what, which, when, and who. For example, "What does the term *drowsy driver* mean?"

Compare and contrast: questions that ask the other person to look for and discuss similarities or differences. For example, "How do you think the priorities of families with children with special health care needs differ from those of families with children who do not have special health care needs?"

Extension: questions that build on information already provided. For example, "Aside from financial support that you mentioned, what other types of support do you need from this organization?"

Clarification: questions designed to get further explanation of something already said. For example, after you ask a question about how often participants test their blood sugar levels, you might ask, "What do you do with the results?"

Laundry list: a technique in which the moderator provides a list of choices to the participants. For example, "We want to see how you like the three program participation incentives we've come up with: a refrigerator magnet that doubles as a picture frame, 10 first-class postage stamps, and a one-dollar bill. Which appeals to you the most?"

Supposing: questions that allow participants to fantasize or explore an alternative reality by giving themselves different viewpoints or perspectives. For example, "If you were in charge of this prenatal clinic, what would you change to better meet the needs of your clients?"

Step 6: Select a Moderator

- Decide if you want to use someone from within the organization or an outside consultant. A moderator should have some focus group training and/or focus group experience.

A Good Moderator . . .

- Is comfortable leading a group
- Has experience working with groups
- Can relate to the participants (for example, if the participants are female, your moderator should be as well; if the participants are African American men, you should have an African American male moderator) and has background knowledge of the topic area the group will be discussing
- Is the same gender and race/ethnicity as participants
- Is bilingual, if the group contains speakers of languages other than English
- Must have skills in three key areas: listening, paraphrasing, and probing (the most important of these is good listening skills)
- Understands what needs to be learned from the group
- Listens with his or her eyes—looking at each person as he or she speaks—as well as ears
- Listens for basic facts, main ideas, attitudes, opinions, or beliefs
- Doesn't interrupt a speaker and uses positive, nonverbal communication to prompt the speaker
- Is aware of the speaker's nonverbal communication (body language can sometimes reveal more than what is said)

- Is neutral and objective
- Pulls ideas from the group
- Does not support any particular view or add his or her own ideas
- Remembers what people say
- Guides, but does not lead, the group
- Steers the conversation back on track when it rambles
- Uses body language and eye contact to encourage or discourage talk
- Knows to be well rested and alert for the session
- Can present the session introduction without using the moderator's guide
- Is familiar with the questions (refers to them but doesn't read them)
- Avoids head nodding and comments such as "excellent," "great," "wonderful," or "OK," which may influence participants' responses
- Is prepared for the unexpected

Step 7: Anticipate What Could Go Wrong and Prepare for It

- *Bad weather conditions force a cancellation.* Contact each person to let him or her know that the group has been canceled. If you've planned a rain date, confirm participants' availability.
- *No one shows up.* Be sure to bring a list of participants with their telephone numbers so that you can contact them to see if they are coming.
- *Fewer participants than expected attend.* Hold the session anyway; you'll be surprised at the information you receive.
- *More participants than expected attend.* Don't use everyone. Once you have the number of people you need, explain that because the turnout was so great, you actually have more people than you need, thank them for coming, and give them each a gift. (They won't be too upset if they receive a gift for their time. Remember, having too many voices makes it difficult to decipher the audiotape, to take notes accurately, and to link quotations to the correct speaker. Also, large numbers may interfere with the dynamics of the group.)
- *The people who show up don't qualify.* Some focus group coordinators continue to screen participants right up until the group begins. As the prospective focus group members sign in for the group, the facilitator may once again ask questions related to the qualifying criteria. If the prospective participants do not meet the criteria, they are thanked, given a small gift for their trouble and an apology for the coordinator's mistake, and told about the criteria. Their names are taken in case there are future groups in which they could participate.
- *Participants don't talk.* Call on individuals or go around the room and have participants answer questions one by one until they feel comfortable enough to

respond without being called on. Be comfortable with silence. It's important to leave time for participants to gather their thoughts. Don't jump in with other questions to fill the silence.

- *The tape recorder or video camera does not work.* Pull out your second set of all these supplies. Or, having made arrangements in advance with the site representative, request to use his or her equipment. If all else fails, discuss with the recorder how to compensate for the situation.
- *Participants get involved and don't want to leave.* Stay awhile and listen to them, if you have the time.

Step 8: Conduct the Group

- Arrive about an hour early.
- Set up chairs in a circle before participants arrive.
- Set up microphones and videotapes if you are using them. Be sure to have extension cords and outlet adapters.
- Lay out name tags or tent cards and magic markers.
- Make sure background noise does not interfere with tape recording.
- Have enough copies of any handouts and/or visual aids.
- Set up a small refreshment table. Whereas marketing research focus groups usually offer rich, sweet foods, focus groups related to health or taking place in a health-oriented facility sometimes offer lighter, healthier snacks.
- Open the focus group by discussing the purpose of the group, how the group will be conducted (most run about 1 to 1½ hours), the ground rules, whether it will be videotaped or audiotaped, and how the information will be used.
- Explain that sessions are audiotaped or videotaped to ensure that comments are not missed.
- Explain the roles of the moderator and the recorder.
- Reassure participants about confidentiality. (Be sure they know that tapes are used only for the purpose of the final report.)
- If you have gifts, think about when you want to distribute them. Gifts given before the group discussion may reduce people's concerns that they won't be rewarded unless they say what the moderator wants to hear. However, people who receive gifts before the discussion may be less likely to participate because they've already received the gifts that motivated them to come. It may depend on the participants.
- Tell participants that only first names will appear in the final report.
- Remind participants to speak one at a time. (If several people talk at the same time, it will be difficult to understand anyone.)
- The moderator leads the discussion and asks questions.
- The assistant records information and observations.

- Note: The moderator and the recorder are the only two individuals, aside from the participants, in the group. Other people who may influence the comments of the focus group participants, such as agency staff or supervisors, should not be in the group or even in the room with focus group members at any time, for any reason, during the session.
- At the end of the session, when you have asked all of your questions, thank all of the participants for attending the session, ask if they have any additional comments or concerns, and let them know that the session is now over.

Step 9: Analyze and Report the Findings

- Read the recorder's notes of the session and mark participant comments that may be worthy of future quotation.
- Listen to the tapes to refresh your memory about the setting, participants, tone of discussion, and general reactions to the discussion. Make notes of comments worthy of future quotation.
- Jot down insights, hunches, or important ideas, and highlight quotes, words, or phrases that might represent potential classification categories.

- Examine one question at a time.
- Identify themes or patterns across the groups or that are associated with age, sex, family, composition, etc.
- Make note of any possible patterns.
- Prepare a brief written summary of the session.

RECOMMENDED READING

Basch, C. E. (1987). Focus group interview: An underutilized research technique for improving theory and practice in health education. *Health Education Quarterly*, 14, 411-448.

Krueger, R. (1988). *Focus groups: A practical guide for applied research*. Newbury Park, CA: Sage.

Templeton, J. F. (1987). *Focus groups: A guide for marketing and advertising professionals*. Chicago: Probus.

Karen Denard Goldman, PhD, CHES, is a health marketing consultant based in Brooklyn, NY.

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OBOES SCREACH: Ideas for Health Promotion Interventions

Karen Denard Goldman, PhD, CHES
Kathleen Jahn Schmalz, RN, EdD, CHES

TOOL 2

With no disrespect intended toward oboes, woodwinds, or any musical instrument, we present a (recently) tried, (relatively) true, and (certainly) original "Goldman mnemonic"—an acronym to help us remember all of our options when we are thinking about how to make behavior change happen.

Each letter of the phrase OBOES SCREACH stands for at least one type of health promotion intervention. You can probably think of more. We'd be glad to hear them and add them to our collection. Most of the strategies we've included are community based, but there also are individual, group, organizational, and public policy strategies. The brief descriptions of each are just that. We've included a list of selected sources at the end

if you want to learn more about them. This tool is not intended as a definitive list of health promotion activities. We hope it triggers ideas among practitioners responsible for or involved in program planning.

- **Organizing communities:** the use of confrontational or cooperative community strategies to raise community consciousness, solve immediate problems, teach skills, and/or influence the distribution of resources and/or power in a community. Key concepts are community participation and community empowerment. Community organization strategies include (a) community education through public presentations, mass media information dissemination, the distribution of pamphlets, and "town hall" meetings or public forums; (b) direct actions such as boycotts, picketing, sit-ins, etc.; (c)

grass roots organizing; (d) advocating for new or modified regulations and policies; and (e) coalition building to bring together individuals and representatives of interested organizations to work together to achieve a common goal. Each of these individual strategies is described below. The three traditional models of community organizing are social planning, community development, and social action. Newer models are being developed and promoted.

- **Building coalitions:** Individuals and representatives from organizations with stakes in the outcome of how we deal with health problems form an alliance to achieve common goals that can't be achieved alone.
- **Behavior modification:** the use of reinforcements in the form of rewards and/or punishments to shape individual behavior.
- **Organizational/institutional change:** Homes, work sites, schools, clubs, religious societies, and other organizations or institutions make some sort of change in how they are structured, the policies that guide their operations, and/or their programs, practices, or services, etc.
- **Economic sanctions:** Individuals or communities are the focus of either positive economic sanctions (e.g., discounts or reduced fees for performing desirable behaviors or for stopping undesirable behaviors) or negative economic sanctions (e.g., fines or financial penalties for performing undesired behaviors).
- **Screenings:** Screenings determine, through examination, whether or not and to what degree an individual or community has been exposed to a particular health problem.
- **Social support:** formal or informal support groups, networks, or buddy systems set up to help people affected by a health problem find the emotional help, tangible aid, services, advice, suggestions, information, and/or actual means of self-evaluation they need.
- **Communication campaigns:** mass media campaigns (television, radio, newspaper, electronic, billboards, etc.) to bring attention to a health problem or how to prevent, screen for, and/or treat the problem (media coverage is different from media advocacy; see advocacy below).
- **Counseling:** one person helping another individually or as part of a group as they talk person to person; a way to help clients make choices that suit them; a partnership for decision making or problem solving.
- **Regulations:** laws, policies, and regulations established at the local, state, regional, or national level to prevent, screen for, or treat a health problem.
- **Education:** one-on-one and group education efforts that might include such strategies as brainstorming, buzz groups, case studies, debates, games, problem solving, role playing, round robins, songs, and storytelling.
- **Educational materials:** the development of print, video, and electronic educational materials such as

school curricula, videos, computer programs, audiotapes, films, slide shows, pamphlets/brochures, etc.

- **Advocacy:** creating a shift in public opinion, money, and other resources to support an issue, policy, or constituency; organizations educating decision makers (legislators and their staff members) about a problem and the options available to prevent, screen for, and effectively treat it. Media advocacy is the strategic use of mass media to influence public policy and policy decision makers by reframing an issue to focus on a policy from a particular perspective rather than on a particular behavior.
- **Community capacity building:** promoting community development through community members' acquisition of knowledge, skills, and a sense of self-efficacy to control the determinants of their health.
- **Health risk appraisal/community assessment:** the use of a behavioral review (health risk appraisal instrument) with individuals, based on the idea that some people are motivated to change simply by realizing they need to; or the use of the Delphi Technique, focus groups, key informant interviews, nominal group process, or questionnaires or surveys in communities to raise community awareness about risk factors to reduce existing risk.

SELECTED REFERENCES

- Breckon, D. J., Harvey, J. R., & Lancaster, R. B. (1994). *Community health education: Settings, roles and skills for the 21st century* (3rd ed.). Gaithersburg, MD: Aspen Publications.
- Gladding, S. T. (1996). *Counseling: A comprehensive profession* (3rd ed.). Englewood Cliffs, NJ: Prentice Hall.
- Harris, L. (Ed.). (1995). *Health and the new media: Technologies transforming personal and public health*. Mattawan, NJ: Lawrence Erlbaum.
- Healthy communities 2000: Model standards, guidelines for community attainment of the year 2000 national health objectives*. (1991). Washington, DC: American Public Health Association.
- Healthy people 2000: National health promotion & disease prevention objectives* (DHHS Pub. No. (PHS) 91-502-12). (1991). Washington, DC: Department of Health and Human Services.
- Johnson, D. W., & Johnson, F. P. (1991). *Joining together: Group theory and group skills* (4th ed.). Boston: Allyn & Bacon.
- Minkler, M. (Ed.). (1997). *Community organizing & community building for health*. New Brunswick, NJ: Rutgers University Press.
- Piotrow, P. T., Kincaid, D. L., & Rinehart, W. (1997). *Health communication: lessons from family planning and reproductive health*. Westport, CT: Praeger.
- Wallack, L., Dorfman, L., Jernigan, D., & Themba, M. (1993). *Media advocacy and public health: Power for prevention*. Newbury Park, CA: Sage.
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