



NATIONAL
RURAL HEALTH
RESOURCE CENTER

600 East Superior Street, Suite 404 | Duluth, MN 55802 | 218.727.9390 | www.ruralcenter.org

Facilitating Focus Groups

Kami Norland, MA, ATR
Community Specialist II
July 2013



Objectives

- Understand how to develop and facilitate focus groups on state Flex program evaluation
- Participate in an activity developing focus group questions



Overview of Focus Groups

Overall Purpose	Advantages	Challenges
To explore a topic in depth through group discussion (e.g., about reactions to an experience or suggestion, understanding common complaints, etc.) Useful in evaluation and marketing	Quickly and reliably get common impressions Can be efficient way to get much range and depth of information in short time Can convey key information about programs	Can be hard to analyze responses Need good facilitator for safety and closure Difficult to schedule 6-8 people together Results not generalizable



Potential Participants for State Flex Program Evaluation

- Community and public health leaders
- Hospital administrators and board members
- Health care providers
- Flex program planning committee members
- Non-health care individuals with a concern regarding health status, (e.g., faith, business, education)
- Quality Improvement Organization (QIO) representatives
- Networks and health care partners (e.g., nursing home, home health care, clinic staff)
- State and local EMS staff



Focus Group Helpful Hints

- Seek participants who are actively involved
- Think carefully about who is being invited and how that might play out when people are sharing their opinions
 - Physicians, hospital administrator, certain community leaders, or those with dominant personalities may affect focus group participation
- Keep the group to a manageable number so that there is ample time for everyone to participate
- Be respectful of time. Start and end as scheduled



Focus Group Preparation

- Determine the focus, purpose and mood of the session
 - Rational and Experiential aims
- Develop questions that clearly relate to the purpose and goal of the session
- Budget 1-1½ hours for the session
- Send focus group invitation and questions to attendees 2-4 weeks in advance



Create a Welcoming Environment

- Sit around 1 table or u-shaped table layout
- Remove extra chairs and clutter
- Offer food
- Reinforce that there are no wrong answers
- Allow each participant to speak at the beginning of the session
- Follow the focused conversation method



Focused Conversation Method

Opening: Explain the purpose of the session and how the information gathered will be used.

Introduce the topic.

1. Objective level questions: WHAT?
2. Reflective level questions: GUT?
3. Interpretive level questions: SO WHAT?
4. Decisional level questions: NOW WHAT?



1. Objective Level Questions

- Focus of the questions: data, facts, the “WHAT” about the topic
- Ensures that the group deals with the same facts
- Questions relate to the senses: what is seen, heard
- If omitted: no shared observation of what the group is discussing, various comments may seem unrelated

Example on improving CAH meetings:

“What activities have been done in our meetings over the past year? What topics and concerns were addressed?”



2. Reflective Level Questions

- Focus of the questions: internal relationship to the data, the “GUT” about the topic
- Ensures that individual responses are validated
- Questions relate to: memories, feelings, moods
- If omitted: no shared experience; intuition, memory, experience is ignored

Example on improving CAH meetings:

*“What has been working well with our meetings?
What has been frustrating for you during our
meetings?”*



3. Interpretive Level Questions

- Focus of the questions: the meaning of the topic, the “SO WHAT” about the topic
- Draws out the significance from the data; focuses on learning, values, patterns
- Questions relate to emerging needs, trends, insights
- If omitted: no higher-level thinking going into decision making

Example on improving CAH meetings:

“What has been the impact of these meetings in your hospitals? How have these meetings fit in with our State Health Plan?”



4. Decisional Level Questions

- Focus of the questions: the resolution, application of the topic, the “NOW WHAT” about the topic
- Makes the conversation relevant for the future
- Questions relate to consensus, action, summarizing, application of knowledge, future directions
- If omitted: responses are not applied or tested, no action will occur as a result of the conversation

Example:

“What changes are needed in our meetings? Who will take responsibility for making these changes in our meetings?”



SAMPLE Questions

Topic: Implementing Recommendations for Change

Who	Questions
QIO State EMS Leaders Legislators CMS Representatives Networks, etc.	Opening: Review the report indicating changes <ol style="list-style-type: none">1. What are the specific recommendations in this report? What points require clarification?2. What is your first reaction to this report?3. What differences will these recommendations make if implemented? Which activities have the greatest/least impact?4. What do we need to do with these recommendations? Closing: Summarize what has just been discussed



For more information

- [Technology of Participation: ToP Facilitation Methods](#)
- [Community Tool Box: Conducting Focus Groups](#)
- [NOAA Introduction to Conducting Focus Groups](#)
- [OMNI Focus Group Toolkit](#)
- [New York State Teacher Center Focus Group Tutorial](#)
- [Wallace Foundation: Focus Group Workbook](#)



NATIONAL
RURAL HEALTH
RESOURCE CENTER

Kami Norland

Community Specialist II
National Rural Health Resource Center
600 East Superior Street, Suite 404
Duluth, MN 55802
(218) 727-9390 ext. 223
knorland@ruralcenter.org
www.ruralcenter.org