

Conducting Focus Groups

The following materials provide guidance on conducting focus groups. Focus groups are small, structured group discussions during which respondents reply to open-ended questions in their own words. Focus group participants are chosen to represent the larger group of people about whom you want information—your target audience. Discussion typically focuses on one or two specific topics.

PREPARING FOR THE FOCUS GROUP

Develop a protocol. A focus group needs a plan. Give some thought to what you want to learn from the group and the questions that will best elicit this information. Develop a written protocol that includes primary questions, potential follow-up questions (or probes), the order in which these questions should be asked, and introductory and closing statements. **Follow your protocol** to avoid confusion to you and your participants.

When designing your questions, **rely on 10 - 12 core questions.** Imagine that each participant will respond to every question. Use broad, open-ended questions. Don't ask questions that call for a "yes" or "no" response, as they tend to end discussion.

Typical focus group discussions last 60–90 minutes. In addition, you should allocate another 30 minutes (15 minutes at the beginning and 15 minutes at the end) in order to check people in, orient them to the group, have them introduce themselves, and lay out the ground rules for the discussion, and then to debrief at the end and allow them to ask any questions they might have about the study and or how the information will be used.

Finding participants. There are several ways to reach potential focus group participants. One way is to go where they are. For example, to recruit law enforcement officers, you might work with their unions. You might also put announcements in local newspapers and on public access cable stations or post notices in public places such as libraries, supermarkets, or public health clinics. Once you find potential participants, simple screening questions can help you decide whom to include.

Focus groups are typically composed of 8 to 10 participants and a maximum of 12. It is important to stick to the maximum of 12: if it gets much larger, people have less opportunity to participate, which often leads to disruptive side conversations among small clusters of two or three participants. If the group gets smaller than 8, it can be difficult to sustain a lively interesting discussion.

Participants should be similar to one another (though not in their opinions about the topics being investigated). The rule for selecting focus group participants is commonality, not diversity. This is based on research that shows that people are more likely to reveal their opinions and beliefs and to talk about sensitive issues when they are with people they perceive to be like themselves. People tend to defer to those whom they perceive to be more knowledgeable than they are, wealthier than they are, and more influential than they are. You don't want to combine dissimilar people in focus groups—for example, don't put together people with high levels of education and people with low levels of education.

If possible, participants should be unfamiliar with one another. This helps to ensure the validity of the data by encouraging participants to state their real opinions and views. When participants know one another, (1) they are often less likely to reveal highly personal or sensitive information, (2) they are more likely to express views that conform to those of others in the group (especially others who they perceive as having some power or influence outside the group), and (3) they may respond to questions based on their past experiences with one another, which can confound the data.

Participants should be selected so that they are likely to represent the views and opinions of a defined population. For example, focus group members might be chosen to represent all police officers in a community, or all ED nurses. On pages 7 and 8 of your guidance document, you will find a detailed list of some groups you may want to select for your focus groups. Remember to conduct at least 2 focus groups in each group you select. In addition, you should not recruit participants who know little or nothing about the issues being discussed.

Obtain informed consent if needed

Generally, informed consent is not necessary, provided that the group comprises adults, the topic is not sensitive, and the questions do not focus on members' illegal or potentially embarrassing behavior. With minors, informed consent from a parent or guardian is always needed.

DURING THE FOCUS GROUP

Use two facilitators—a primary and a secondary leader

There is a lot to manage in a focus group, and while it is possible to use one leader, two are better. One person is primarily responsible for putting questions to the group and managing the group process. This person must be experienced with group process. The assistant leader can assist in the discussion but is mostly responsible for taking detailed notes. Both leaders should take notes, but the assistant will have more time to keep careful notes. He or she is also responsible for managing latecomers, housekeeping issues, etc.

Some tips for taking notes:

- Indicate individual responses or different points of view held by several members by beginning notes for each on a new line.
- Try to identify speakers so you can keep track of individual themes.
- Try to record the number of people holding various views.
- Try to record important comments verbatim.
- Review your notes and summarize them immediately after the group ends.

Start easy. Start with a question that everyone should be able to answer and that doesn't require much disclosure. This will help get everyone talking and provide you with an indication of people's styles so you can better manage the group.

Ask participants to speak from their own experience. In general, it is more useful to have participants speak from their own experiences rather than what other people do or think or to predict what they might do or think in the future.

Maintain an environment that is **conducive to open discussion**. The facilitator should create an environment that nurtures differences in points of view, protects participants, and does not pressure participants to reach consensus or vote on issues discussed. Focus groups should help you understand the perspectives and experiences present in your target population, not just the perspectives and beliefs of the majority of that population. **Promote participation by all members.** Use prompts such as, "John, we haven't heard your opinions about this issue yet. What do you think?" But don't put people on the spot if they just don't have anything to say.

Clarify responses using neutral probes. For example: Can you explain further? Can you give us an example of what you mean? Is there anything you would like to add? Can you say more about that? I'm not sure I understand, can you help me out? Give people time to think. Don't bias their answers by suggesting possible responses. Avoid body language that reflects how you feel—especially nodding or shaking your head. Avoid approving or disapproving comments after people speak, such as saying "Good" or "Correct."

CLOSING THE FOCUS GROUP

End by asking if participants have anything to add to the discussion. This may result in some incredibly useful information that you did not anticipate.

Debriefing

Record observations of the group process

The two leaders should meet immediately after the group ends to share and record their views about the group. Consider the following issues:

- Were there any major departures from the protocol?
- Were there any unusual events? If so, how were they handled?
- Was there sufficient time to complete the protocol comfortably? If not, why not? What issues were cut short?

- Was the group fairly unified in its views, or was there diversity of opinion? If there was diversity, did it seem associated with particular types of participants, such as males versus females?
- Were there any major disagreements in the group? If so, what were they?
- What was the group process like—were people bored, restless, excited, angry, silent, confused?
- What, if anything, should be changed for the next group?

Sample Disclosure Statement

You are being asked to take part in an evaluation of opioid misuse in (community). The purpose of this focus group is to learn more about **the circumstances surrounding heroin overdose deaths** in (community). This focus group is part of a community needs assessment that will inform (coalition's) future prevention efforts. As **an emergency response personnel** in this community your opinion is important to us, but your participation is completely voluntary.

- All of your responses will be completely kept confidential and anonymous. No personal identifying information will be collected from you. Please be advised that although we will take every precaution to maintain confidentiality of the data, the nature of focus groups prevents us from guaranteeing confidentiality. We would like to remind participants to respect the privacy of your fellow participants and not repeat what is said in the focus group to others.
- Your participation should take up to 1 hour.
- We do not anticipate any physical, psychological, social, legal or other risk as a result of your participation in this evaluation.
- Your participation is completely voluntary. If you no longer wish to take part in the focus group, you may leave at any time. If there are any questions you wish not to answer, you will not be forced to participate.
- We do not anticipate any physical, psychological, social, legal or other risk as a result of your participation in this focus group.
- You will not be compensated for your participation in this survey.
- If you have any questions about this focus group, discuss them with at (phone number) or (e-mail)

___I agree to maintain the confidentiality of the information discussed by all participants and researchers during the focus group session.

If you cannot agree to the above stipulation please see the researcher(s) as you may be ineligible to participate in this study.

Conducting Key Informant Interviews

Community expert interviews can provide you the perspectives of people who observe and monitor the way your community functions. Their perspectives can provide a meaningful assessment of opioid consumption and consequences observed within their areas of responsibility.

They can also add to your knowledge of intervening variables and contributing factors by lending understanding to the “when, why, and where” of substance use and the related consequences. School staff (e.g., teachers, principals, and counselors), caseworkers, substance use disorder treatment staff, shelter staff, probation officers, police officials, health care providers (e.g., pharmacists, doctors, nurses, emergency responders) are all examples of community experts. One inherent risk of this type of interview is that you may get a slanted or one-sided perspective on a problem. For this reason it is important to consider what others have to say and what your other data tell you.

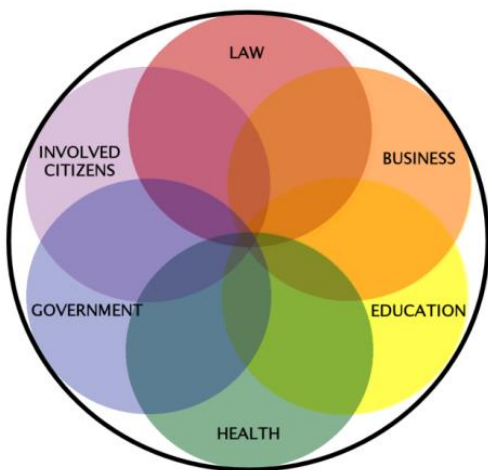
First, identify the types of informants you would like to interview based on gaps in your data. Next, develop a list of the questions that you would like to ask. Try to limit the number of questions to 10 so that you can leave some time for open-ended discussion. Some broad areas you may want to explore include the following:

- What are people’s perceptions of risks associated with prescription opioid misuse? Heroin use?
- How do people obtain prescription opioids in this community? What about heroin?
- Is there a particular group of people that the interviewee feels is at the greatest risk or suffers the greater consequences? Age, sex, race, geographic location, etc.
- What consequences of substance misuse has the interviewee witnessed?
- What are barriers to obtaining treatment once an overdose has occurred?

Once you have decided whom you are interviewing and what questions you will ask, follow these steps:

- ✓ Obtain the names and contact information for local community experts that represent the perspective you would like to obtain. Remember to select individuals who are knowledgeable about the issue in your community.
- ✓ Contact the individuals and ask them if they would be willing to participate in an interview and if not, could they designate an alternate.
- ✓ Explain the purpose of the interview and briefly discuss the purpose of the OMPP assessment.
- ✓ Assure the person that the responses to the interview questions will be confidential.
- ✓ Schedule a time to meet (or have a conversation on the telephone).

Keep in mind that by interviewing different types of community experts, you will minimize the risk of obtaining information slanted by strong opinions and will keep the data more reliable. For example, people representing schools, hospitals or local non-profit agencies may offer perspectives that differ from those provided by judges, district attorneys and law enforcement agencies.



The responses need to be carefully reviewed to identify the primary themes among interview participants. The themes should first be identified for a specific group (e.g., law enforcement) and then compared to other groups (e.g., emergency personnel). In some instances the groups will concur with one another, and in other instances the groups will report variations in opinions. Use the Data Analysis Tool (Part 2) to record these variations and similarities in opinion.

Analyzing Focus Group and Key Informant Interviews

You may use this tool to track themes that emerge from each of your focus groups and key informant interviews. This will help you identify the most relevant contributing factors in your community. The second part of the tool (next page) will help you summarize the themes that emerge from all of your qualitative data.

Qualitative Data Analysis Tool: Focus Group and Key Informant Interviews			
Demographic Group (eg. youth, users, providers, etc)		Date, Time, Location	
Community		Number of Participants	
Common themes regarding:			
Community norms			
Enforcement			
Perceived risk of harm			
Retail access			
Social access			
What did you learn about your intervening variables and contributing factors?			
Other pertinent information			

Analyzing Focus Group and Key Informant Interviews

Data Analysis Tool (Part 2)

Now think about ALL the focus groups and key informant interviews you have collected. These will help you with Section IV of your Needs Assessment Report.

Did you notice any differences between different participants/respondents (e.g., providers versus users, or males versus females)? Summarize these differences.

What key points resonated with other information you have collected? How did the focus groups and key informant interviews you collect align or not align with the quantitative data you collected?

What, if any, key points contradict other information you have collected?

Surveys

National Survey on Drug Use and Health (NSDUH)

Nonmedical Use of Prescription Opioids

These questions are about the use of pain relievers. We are not interested in your use of “over-the-counter” pain relievers such as aspirin, Tylenol, or Advil that can be bought in drug stores or in grocery stores without a doctor’s prescription.

Please look at the pain relievers shown below the red line on Card A. Have you ever, even once, used any of these pain relievers when they were not prescribed for you or that you took only for the experience or feeling they caused?

- Yes
- No

Youth Risk Behavior Survey (YRBS)

High School

During your life, how many times have you taken a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor’s prescription?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

Middle School

Have you ever taken a **prescription drug** (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?

- Yes
- No

High School

During your life, how many times have you used heroin (also called smack, junk, or China White)?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

PILL CARD A	
The following prescription pain relievers are listed with their photographs if available on Pill Card A (Pain Relievers):	
1	DARVOCET-N®, DARVON®, OR TYLENOL® WITH CODEINE
2	PERCOCET®, PERCODAN®, OR TYLOX®
3	VICODIN®, LORTAB®, OR LORCET®/LORCET PLUS®
4	CODEINE
5	DEMEROL®
6	DILAUDID®
7	FIORICET®
8	FIORINAL®
9	HYDROCODONE
10	METHADONE
11	MORPHINE
12	OXYCONTIN®
13	PHENAPHEN® WITH CODEINE
14	PROPOXYPHENE
15	SK-65®
16	STADOL® (NO PICTURE)
17	TALACEN®
18	TALWIN®
19	TALWIN® NX
20	TRAMADOL
21	ULTRAM®