Focus Group
Facilitator’s Guide

Strengthening Cardiovascular Disease Prevention and Management in Community-Based Primary Health Care

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FACILITATOR’S GUIDE

Focus Group of primary care team members to identify barriers and challenges to implementing effective Cardiovascular Disease (CVD) risk management programs.

Purpose
To investigate, identify, assess and characterize specific barriers and challenges to implementing effective CVD risk management programs among participants who have attempted, are in the process or are considering implementing a CVD program and participants who have implemented a CVD program. In addition, the focus group will attempt to garner possible solutions for identified barriers and challenges from the experiences of participants with a CVD program.

Participants
The full spectrum of community health primary care team members – physicians, physician assistants, nurse practitioners, nurses, social workers, patient representatives, health educators and outreach workers.

Day of Focus Group

As participants arrive in the room:
Greet participants as they arrive. Ask them to take a seat and make themselves comfortable. (If there are refreshments, encourage them to help themselves). Distribute the respondent’s profile questionnaire and ask participants to complete it while they wait for the focus group to begin. Explain that the questionnaire will provide us information about their background; and that this information will be used for descriptive purposes only. In other words, their names will not be in the survey, and we will never use any identifying information such as their name or the name of their health center in any report that comes from this focus group session. Also, distribute the informed consent and agreement to participate form for participants to review.
RESPONDENT’S PROFILE QUESTIONNAIRE

Note: All the information collected here will be kept strictly confidential. If you feel uncomfortable answering any question, you can leave it blank.

Gender:
- Female
- Male

Age:
- 21 to 30 years
- 31 to 40 years
- 41 to 50 years
- 51 to 60 years
- Over 60 years

Are you:
- American Indian or Alaska Native
- Asian (Chinese, Japanese) or Pacific Islander
- Black (African American, Caribbean)
- Hispanic (Latin-American, Mexican)
- Non-Hispanic White (Caucasian)
- Other (Please Specify) ______________________

Highest level of education completed:
- Some high school or less
- High school graduate/GED
- Some college
- College graduate
- Some post-graduate work
- Post-graduate degree
Current employment status:

- Full-time
- Part-time
- Retired
- Volunteer work
- Other (Please Specify) ____________________________

Please specific your job title:

________________________________________________________________________

How long have you worked with/for Community Health Centers?

- less than 1 year
- 1 to 5 years
- 6 to 10 years
- 11 to 15 years
- 16 to 20 years
- Over 20 years

Are health disparities a major concern in the community where you work?

- Yes
- No
- Don’t Know

Are community health centers the right health care agency to address health disparities?

- Yes
- No
- Don’t Know

In your opinion, are community health centers doing enough to combat health disparities in their surrounding communities?

- Yes
- No
- Don’t Know
How many years experience do you have working with Cardiovascular Disease risk management programs?

- [ ] less than 1 year
- [ ] 1 to 5 years
- [ ] 6 to 10 years
- [ ] 11 to 15 years
- [ ] 16 to 20 years
- [ ] Over 20 years

What is your health center’s Cardiovascular Disease risk management program status?

- [ ] We’ve implemented a Cardiovascular Disease risk management program.
- [ ] We’ve attempted to implement a Cardiovascular Disease risk management program.
- [ ] We’re in the process of implementing a Cardiovascular Disease risk management program.
- [ ] We’re considering implementing a Cardiovascular Disease risk management program.
- [ ] Other (Please Specify) _____________________________________________________

THANK YOU!
INFORMED CONSENT AND AGREEMENT TO PARTICIPATE

You are being asked to participate in this focus group about strengthening cardiovascular disease prevention and management in community-based primary health care because of your experience as a member of a community health primary care team. Read this informed consent and agreement to participate form carefully and ask as many questions as you like before you decide whether you want to participate in this focus group session. You are free to ask questions at any time before, during, or after your participation in this session.

Project Title: Strengthening Cardiovascular Disease (CVD) Prevention and Management in Community-Based Primary Health Care

Facilitator: Wanda Montalvo, RN, MSN, ANP (New York State Health Disparities Collaborative)

Investigator: Hugh Wesley Carrington, Ph.D. (Community Health Care Association of New York State)

Purpose of the Focus Group: To investigate, identify, assess and characterize specific barriers and challenges to implementing effective CVD risk management programs among participants who have attempted, are in the process or are considering implementing a CVD program and participants who have implemented a CVD program. In addition, the focus group will attempt to garner possible solutions for identified barriers and challenges from the experiences of participants with a CVD program.

Procedures: You will be asked to share your experiences and honest opinions about implementing effective CVD risk management programs at community health centers during a two hour session. In addition, you may be contacted at a later date to clarify your comments or to share any additional thoughts as a report is being prepared.

Confidentiality and Anonymity:
Confidentiality and anonymity means that we will not share or use your name, health center, address, or any other identifying information in reports or other materials related to this study. All of the information we collect is confidential and all data will be pooled and published in aggregate form only.

Participant Consent and Agreement:
I have read the information presented above about the focus group being facilitated by Wanda Montalvo of the New York State Health Disparities Collaborative. I have had the opportunity to ask any questions related to this study, to receive satisfactory answers to my questions and any additional details I wanted.

I am aware that I have the option of allowing my interview to be tape recorded to ensure an accurate recording of my responses.

I am also aware that excerpts from the interview may be included in a report, with the understanding that the quotations will be anonymous.

With full knowledge of all foregoing, I agree, of my own free will, to participate in this focus group session and to keep in confidence information that could identify specific participants and/or the information they provided.

☐ YES ☐ NO

I agree to have my interview tape recorded.

☐ YES ☐ NO

I agree to the use of anonymous quotations in any reports that comes from this focus group session.

☐ YES ☐ NO
Participant Name: ____________________________ (Please print)

Participant Signature: __________________________ Date: ____________

Witness Name: ________________________________ (Please print)

Witness Signature: __________________________ Date: ____________
Introduction

**Introduction of Facilitator, Note Taker(s) and Others:**
Welcome and thank you for coming today. My name is _________ and this is _________ and _________, etc... I will be leading today’s discussion. My role, for the most part, is to make sure that we get through our agenda, keep to the time frame and make sure that you all have a chance to talk. _________ and _________ will help me do these things, and they will also be taking notes. In addition we will be audio taping the session, which will ensure that we record the discussion accurately. The discussion session today will take about 1½ hours.

**Participant Introduction:**
Now, let’s go around the room and have each of you introduce yourselves; give your first name and any other information about yourself you want to share with the group.

**Purpose of the Focus Group Session:**
Our goal for this session is to investigate, identify, assess and characterize specific barriers and challenges that you may have had implementing effective CVD risk management programs. In addition, the focus group will attempt to garner possible solutions for identified barriers and challenges based on your experiences with CVD programs.

**Confidentiality and Anonymity:**
Confidentiality and anonymity means that we will not share or use your name, health center, address, or any other identifying information in reports or other materials related to this study. We will not identify any of the participants. All of the information we collect here today is confidential. All data will be pooled and published in aggregate form only.

**Participant Consent and Agreement:**
The informed consent and agreement to participate form will be our record that you have agreed to participate in the focus group and that you agreed to be tape recorded. Do you have any additional questions about the focus group or about the consent and participation form? If not, please sign and date the form.

We would like to collect the form and the questionnaire we asked you to complete when you arrived. Please pass the signed form and completed questionnaire forward.
Instructions:
Let me begin our discussion by reviewing a few ground rules about how we will conduct the session.

During this discussion, we would like you to focus on topics that are of particular interest to us. We are interested in what everyone has to say about our discussion topic. If someone throws out an idea that you want to expand on, or if you have a different point of view, please feel free to speak up. Occasionally, I may have to interrupt the discussion in order to bring us back to a particular topic to make sure that we cover everything on our agenda.

There are several common-sense guidelines that we will follow during this session:

1. In this type of group setting, it is important for everyone to get involved and express their opinions openly. We want all of you to express your honest opinions about the discussion topic – we are interested in multiple points of view on the topic. There may be differences of opinion, there are no right or wrong answers, and we are not here to resolve any issues you may bring up.

2. Please do not hold “side conversations” – don’t talk individually to other participants during the session. We want to be able to hear from everyone, and we want you to hear what everyone else has to say. Because we are also recording the session, it would really help us if you could speak up so that everyone can hear you.

If there no other questions, let’s begin the discussion.
Focus Group Guide – Questions:

1. Let’s begin by defining barriers and challenges in the context of a community health care setting.
   a. What is a barrier?
   b. What is a challenge?
   c. Is there a difference, if so what is that difference?

2. What barriers and/or challenges have you faced in implementing or attempting to implement your CVD program using the Care Model?
   a. Probe by asking about barriers and/or challenges related to...
      i. Center Leadership?
      ii. Financial Resources?
      iii. Human Resources?
      iv. Developing partnerships with other CHCs, local agencies & organizations?
      v. Availability of educational materials?
      vi. Availability of appropriate training?
      vii. Reporting of clinical outcomes?
      viii. Staff’s understanding of the self-management concept?
      ix. Patients:
         1. Disease education?
         2. Understanding of the self-management concept?
      x. Others?

3. You’ve identified a number of barriers and challenges – let’s quickly select the top seven. What are the top seven barriers and challenges?

4. Now that you’ve selected the top seven, I want to get your feedback on how you’ve responded to these barriers and/or challenges. For those of you who have made some progress in implementing a CVD program, can you please share how you’ve respond to the barrier and/or challenge?
   a. Identify the top seven barriers and challenges, one-by-one, and ask participants to respond about possible solutions...

5. What are the ideal steps that a community health center should follow to develop and implement a CVD program using the Care Model? First they should..., Second, Third, etc...
6. If you were going to develop a one-day clinical education and training curriculum to help community health centers develop and implement a CVD program, what would be included in that curriculum?

   a. Probe for in-depth topics that could be covered at each of the steps identified in question 5...

Ending the Focus Group:
Thank you very much for your willingness to share your thoughts and experiences and for participating in this focus group. The information you have provided has been very helpful. This information will be used to help us gain a better understanding of the barriers and challenges community health care centers face in implementing CVD programs using the Care Model. It will also be used to develop a model one-day clinical education and training curriculum to facilitate dissemination of best practice changes for CVD, suggest solutions to potential barriers and challenges, and make informed decisions about service priorities and appropriate use of resources.

As we draft a report of our session today, it is very likely that we will request your assistance, collectively and/or individually, to review your comments to ensure that we’ve captured your opinions accurately. At that time you will also have the opportunity to add any additional thoughts that you may have neglected to share today.

If you should have future questions, please contact me, Wanda Montalvo, at (718) 556-1007 or wmontalvo1@aol.com

Again, thank you.