

# GUIDE TO FOCUS GROUPS



# Guide to Focus Groups

**Coordinated and prepared by:**  
Ontario Women's Health Network, 2009



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**For further information contact:**  
**Ontario Women's Health Network**  
**Tel: 416-408-4840**  
**Email: [owhn@owhn.on.ca](mailto:owhn@owhn.on.ca)**  
**Website: [www.owhn.on.ca](http://www.owhn.on.ca)**

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# I. Acknowledgements

Thank you to the hundreds of women from across Ontario who shared their time, thoughts and lived experiences with the Ontario Women’s Health Network. Together they have made clear the diverse issues that impact the health of women who experience marginalization and informed the development of policy and service delivery solutions. Their views and suggestions continually shape and inspire OWHN’s work and our ways of working.

Thank you to the Inclusion Researchers for their work coordinating and conducting focus groups, analyzing the data and disseminating the results in OWHN-coordinated projects.

Thank you to the organizations who partnered with OWHN to coordinate focus groups in their communities.

OWHN extends a special thank you to Barbara Kilbourn for her facilitation of many OWHN focus groups and her invaluable contributions to this guide.

## 2. Introduction

*“...there is a commonality of women taking power of their health concerns, and want to take the power of their health concerns.”*

(Focus Group Participant, Key to Women’s Health)

A key aspect of the work of the Ontario Women’s Health Network (OWHN) is ensuring that women’s voices are heard, particularly those who experience marginalization, and that the time and experiential wisdom that women share with us are advanced to action. Focus groups are the method of research that we have used to create these dialogues with women to learn about their experiences of health and health care. Since 2002, the OWHN has conducted over 50 focus groups with over 350 women across Ontario on a number of different topic areas.

Focus groups provide OWHN with a unique opportunity to summarize the information that women share with us about their health and communicate this information to those in positions of influence: service providers, policy makers, academic researchers and community planners. Hearing women’s voices and using the information gathered from these focus groups is one of the steps to providing women-centred health care in Ontario. OWHN also uses the information that we receive from women to inform the development of our programs and services.

Our experiences have taught us that a focus group is a very powerful process for women to share their knowledge, to learn from each other and to help gain access to quality information that can support their health choices no matter where they live in the province. As we have heard from women time and time again, focus groups are more than a research methodology. They are a capacity building tool that can help increase women's awareness of health issues and information sources and foster community development, while informing the ways in which health care services are developed and delivered.

This handbook is founded on our experiential learnings from conducting focus groups over the years. It is intended as a guide to help you strategize, plan, implement and analyze focus groups in your community. While the focus groups that OWHN conducts are centred around the health of women who are marginalized, i.e. women living in poverty, immigrant women, women with disabilities, women who experience racism, violence and other factors that limit their access to the social determinants of health, this guide can be used as a template to develop focus groups for any population and on any topic.

## 3. About Focus Groups

*“Every person helping each other in the community...  
is like having walking community centres.”*

(Focus Group Participant, Key to Women's Health)

- **What is a focus group?**

Focus groups refer to small groupings of individuals that are invited to meet together to discuss a specific topic from which the researcher will gather data. Focus groups are used to obtain open-ended, less structured responses and are qualitative and exploratory in nature. Qualitative methods are descriptive and are often captured by talking to people. Quantitative methods rely on numbers and are captured by statistics. In qualitative methods, information (data) is assigned to categories or levels or themes, rather than precise quantitative measurement.

This method of hearing from the community is commonly used in the health and social service sectors to obtain feedback from key stakeholders or consumers or potential consumers of services and programs and those affected by policy in the development and design phases of our work.

- **Inclusion Research**

With our *Count Us In!* project partners, Health Nexus (formerly Ontario Prevention Clearinghouse), Asset Mapping Research Project of the Toronto Christian Resource Centre and Toronto Public Health, OWHN has developed a new approach to community-based research that seeks to reach women facing challenges in relation to the determinants of health to ensure their voices inform the development of health policy, programs and research. This methodology, Inclusion Research, unites researchers from the populations ‘under study’ with professionals in order to collectively define research questions, facilitate focus groups, collect and analyze data and advocate for social change. Inclusion Research is a methodology that can be used in diverse fields to explore many questions.

Inclusion Research includes marginalized women in all facets of research design and implementation so that they may identify their health needs and develop accessible policies, programs and services. At the centre of these projects are Inclusion Researchers (IRs); women who have experienced marginalization and who have been trained and employed to develop lines of questioning, facilitate and record focus groups, analyze the data and disseminate the findings and recommendations with the support of project investigators. Our Inclusion Research projects include: *Count Us In!* and *Marginalized Women, Inclusion and Stroke*, which includes the *Stroke Resource Guide* as one of its deliverables. Inclusion Researchers also participated in *Women’s Health Circles* project, which resulted in the *Women’s Health Circles Handbook*, a guide for community agencies to use in organizing their own Health Circles. All project reports and guides are available online at [www.owhn.on.ca](http://www.owhn.on.ca).

OWHN has developed a companion handbook to this guide to help organizations train Inclusion Researchers and adopt this methodology as a way of working. The *Inclusion Research Handbook* is available online at [www.owhn.on.ca](http://www.owhn.on.ca) or from the OWHN office at 416-408-4840 or [owhn@owhn.on.ca](mailto:owhn@owhn.on.ca).

- **Focus Groups as Community Builders**

OWHN has found that our focus group work has helped us build networks around Ontario. Communications not only occur during the focus groups, but also throughout the entire process, including before and after the focus groups themselves. When planning our projects, OWHN communicates with a variety of non-profit organizations as we develop partnerships to conduct focus groups in different communities. As well, we establish relationships to distribute the findings from the focus groups once the project is complete. This process has forged relationships between women, the agencies in their communities and OWHN.

For OWHN, focus groups are not just an opportunity for discussions about ways to improve women's health, but can be an opportunity to mobilize women and foster a process of awareness-raising, empowerment and community-building. We have seen examples in our focus groups on many occasions where the participants want to continue meeting following the conclusion of the focus group. For example, women who participated in the stroke project focus groups made it clear that they wanted to be involved and to meet together again. In many ways, our focus groups are often more aptly named discussion groups because of the ease of the conversation and strength of the dialogue where women are sharing with and learning from one another—as opposed to a straight Q & A between the facilitator and participants. In this way, focus groups can be used as a springboard to find women who are interested in continuing discussions about women's health.

- **Women's Health Circles**

In response to focus group participants who wanted to have more opportunity to have discussions with other women in their communities, we developed Women's Health Circles. Women's Health Circles are group meetings that offer women space to determine, discuss and learn about a particular health topic and explore the social determinants of health in relation to this topic. The circles can be peer-facilitated and can offer women the opportunity to ask questions of participating health and social service professionals.

While the Women's Health Circles developed from the focus groups, and both offer women the opportunity to learn from and have discussions with each other, there are distinct differences between the two models. The focus group is facilitator-led and is driven by the objective of answering specific research questions, whereas in a Women's Health Circle, the topics and flow of discussion are directed by the participants and there is not a set of scripted question that must be answered.

OWHN has produced the *Women's Health Circles Handbook* to help organizations coordinate Health Circles in their communities. This Handbook demonstrates the different approaches to organizing and conducting Health Circles by the three partner sites who piloted the project. The Handbook is available online or from the OWHN office and offers examples to help you put together a circle to meet the needs of women in your community.



## 4. Planning a Focus Group

*"It's easier for us to come to groups like this one ... to gain health information."*

(Focus Group Participant, Key to Women's Health)

### • Participant Recruitment

OWHN spends considerable effort ensuring that our recruitment for focus groups reaches women who are marginalized. We are aided in this effort through our strong ties with community-based organizations. We started our *Turn Up the Volume!* focus group project in 2002 by contacting community agencies across Ontario, asking them to recruit participants and host focus groups in their areas. Involving local organizations in this way was essential to our ability to connect with women around the province and proved to be successful. The focus group projects that we have conducted since then have also been in partnership with local organizations, who advertise and organize focus group participation at a local level.

When promoting focus groups, it is important to consider who you are trying to reach (i.e. who is the target population) and what would be the most effective and accessible means of reaching them. Our community partners have many different methods of advertising—distributing flyers at community organizations by hand, sending email and fax messages, posting flyers to bulletin boards, by word of mouth and direct invitation.

Suggested components to include in a focus group flyer include:

- > Project partner(s)
- > Project topic
- > Location
- > Date and time (including time commitment)
- > Participant supports available (i.e. honorarium, refreshments, child care, travel)
- > Contact details for more information and to RSVP
- > Funder

### Number of Participants

It is important that the participant group not be too large so that all participants have the opportunity to speak. This must be balanced with the need for a group size that allows an engaging group discussion and breadth of responses. OWHN focus groups are typically made up of six to 12 women, with a group of eight to nine women being the ideal size. It is also necessary to consider no-shows when you are determining participant numbers. In our experience, about one quarter to one third of women who are confirmed to participate do not show up at the focus group. So, for example, you would want to recruit 12 women in order to have nine attend the focus group.

It is possible that you will receive many more responses to your promotion than you are able to accommodate in your focus group. If this happens, how do you go about selecting who will participate? Anticipate this possibility by advertising the focus group on a “first-come, first-serve” basis so that women understand that they may not be accepted.

It is also important for you to work through your criteria of the target population, then screen participants accordingly and narrow down the number of women to invite. Consider that having some common demographic characteristics among your participants, such as age, gender, etc., can help to increase the comfort level of participants and thus level of discussion. Balance this with the importance of having enough diversity in the group to ensure a variety of perspectives.

### Participant Confirmation

During the week of the focus group, it is important to follow up with women who have been confirmed to participate to remind them of the event and to provide important logistical details, such as directions and a map. A host organization would typically be responsible for sending out a reminder by email or regular mail, or calling to remind women by phone. It is also important to tell women during the recruitment stage if they will be recorded or observed during the focus group.

You may also want to take this opportunity to give women the general topic area to be discussed at the focus group to give them time to think about it in advance. For example, for one focus group, we informed the participants that we would be discussing “your health and how to get information for yourself,” thereby setting parameters to help participants know in advance what they will be talking about.

#### Note:

**When confirming, give participants the phone number of someone they can call in case they cannot find the location.**

- **Facilitator**

The facilitator (moderator) greatly impacts how well the focus group runs and the outcomes that are achieved. It is the role of the facilitator to promote discussion, deliver the script, ensure that the focus group runs according to the agenda and stays on schedule, and establish a trusting relationship and rapport with participants. The facilitator provides the framework for the discussion, but they should be impartial, i.e. not show judgment or influence responses. The facilitator’s role is to draw as much discussion from all the participants as possible.

It is important that the facilitator foster an environment where participants feel comfortable speaking and have the opportunity to do so, ensuring that no one participant dominates the discussion. The facilitator must ensure the discussion stays on topic and be able to draw out responses from participants.

To create increasing levels of comfort for participants, the facilitator should:

- Reinforce common interests as women
- Ease discomfort in face-to-face exposure/interaction
- Acknowledge and reassure participants who take personal risks in sharing ideas or experiences
- Display empathy
- Reinforce openness to all ideas – theoretical as well as practical contributions

While a participant is speaking, the facilitator should make eye contact and nod to show they are listening. The facilitator can glance around the room to gauge the reactions of other participants, but should return their focus to the person speaking and not let the person use too much of the speaking time.

Active listening is an important facilitation skill. The facilitator should reframe and feed back what a participant has said. For example, “Now let me get this right: you are saying the health care in the hospital was...”

Reframing responses is beneficial to the focus group as it:

- Confirms the facilitator’s (and sometimes participants’) understanding of a participant’s idea or suggestion or experience
- Acknowledges – in a positive mode – similarities or differences in participant contributions

Depending on travel and time commitments, OWHN either facilitates focus groups or works with a local community organization that will provide a facilitator. If the facilitator is someone from the local community, it should be someone experienced in group facilitation, who is culturally sensitive or who has a special knowledge of, or a relationship to, the women participating in the focus group.

Overall, it is important that the facilitator be well prepared to conduct the focus group: be informed about the community, conduct mock focus groups in advance and learn as much as possible about group dynamics.

- **Recording a Focus Group**

There are different methods of recording the shared information at focus groups: note taking or audio/digital recording. It is important to consider the amount and type of data you need to collect when deciding what method to use. Your budget and project timeline should also be taken into consideration.

### **Note Taking**

Note taking can be handwritten, or on a laptop computer, or through the use of flip charts. Ideally the focus group will have two note takers to ensure accuracy. Although financial or staff time restraints may require that the facilitator assumes the dual responsibility of note taker, preferably the note taker does not participate in the focus group. For OWHN Inclusion Research projects, note taking is our preferred method of recording.

- ▶ See OWHN's *Inclusion Research Handbook* online at [www.own.on.ca](http://www.own.on.ca) for more information on Inclusion Research focus groups.

### **Audio/Digital Recording**

Audio/digital recording will enable you to better capture and transcribe large volumes of verbatim quotes. This method reduces the burden of note taking from personnel and can better ensure accuracy in representing participants' voices. Furthermore, current digital recording technology allows for ease of transcribing and storing data. While this is an additional cost for your budget, it is a valuable investment if you are conducting multiple focus groups. OWHN digitally records, or digitally records together with having a note taker, all focus groups that are not part of our Inclusion Research projects.

Transcribing focus group recordings is a labour intensive process and produces a tremendous amount of data which the project might not have the resources to work through. You will need to allocate enough time and budget for the additional step of paying a professional service to transcribe the focus group recordings, if you are not transcribing the data yourself (in OWHN focus groups, the facilitator is typically responsible for transcribing the data). The general guideline is it takes three hours to transcribe every one hour of focus group discussion. For example, it will take you about six hours to transcribe a two hour focus group.

#### **Note:**

**Using two audio/digital recorders or a note taker in addition to the recorder is great insurance in case the recorder malfunctions. It is also a good idea to bring extra batteries.**

## • Ethics Review

Traditionally, people conducting research require an ethics review. Three of the main purposes of the ethics review process are to make sure:

1. Ethical principles are applied to research involving human participants
2. The research methodology is sound
3. The researchers' legal liability is covered

This can be a challenge for non-profit organizations as often the projects are not connected with academia or a hospital and therefore do not have easy access to a Research Ethics Boards (REB).

Each organization needs to consider the pros and cons of applying for ethics review. Things to consider during your decision making process are:

- Does your funder require ethics review?
- Would approval from an REB give your project more validity to the people you are trying to influence?
- Are there ethical concerns that you would like an independent body to review in order to ensure you have done everything necessary to address these concerns?
- Do you have access to an REB with expertise in community based research? If not, would your local public health unit be willing to do an ethics review? Could you establish a relationship with a local academic?
- Does your project have the time needed to incorporate an ethics review process which can take four to six weeks?

If your organization chooses to apply for a formal ethics review, the Community-Based Research Centre – Research Ethics Board might be a useful option (see Online Resources section for website address).

If your organization chooses not to apply for a formal ethics review it would be good practice to review and incorporate to the best of your ability the principles outlined by the Tri-Council on Ethics in Research in their Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (1998) (see Online Resources section for website address).

Regardless of whether or not a formal ethics review process is undertaken, the major principles of ethics should be followed throughout all stages of the research to ensure that the participants and researchers are kept from harm. These principles include: voluntary participation; informed consent; confidentiality or anonymity; and use of the research.

- For further discussion about ethics principles and the pros and cons of doing an ethics review, please see Section Three of the *Inclusion Research Handbook*.

- **Consent**

It is critical that focus group participants are made aware of the purpose of the research being conducted, how their opinions will be used in the research project and about the project privacy policy. This information should be detailed in the consent form to be signed by each participant before the focus group begins. A consent form is an essential tool to ensure that participants are clear that they understand and protects both participants and researchers.

- ▶ See **Appendix A** for a sample consent form.

- **Preparation Tips**

Good preparation is critical for a successful focus group. Before conducting a focus group it is important to do the following:

1. **A practice run with your colleagues/family/friends as participants.**  
OWHN has found it invaluable to do a mock focus group in advance of the real event in order to get feedback on the clarity, phrasing and sequence of the questions as well as the timing.
2. **Your homework, so that you know the participants and community better.**  
It is valuable to speak with appropriate people in the community to help ensure your questions are relevant. OWHN does this through cold calls to key informants who have a specific knowledge on the focus group topic and generally our calls have been received with support and interest. For example, for a focus group on cancer care, OWHN contacted specialists, nurses and post-care service providers in order to come to a better understanding of the services available in the community.
3. **Confer with host or partner organizations to review and edit questions to reflect mutual interests or to include questions both would like answered.**

**Note:**

**Use free resources from the internet or from the library to save money while you are preparing. A very useful and informative guide that the OWHN uses is:**

Morgan, D.L. & Krueger, R.A. (1998). *The Focus Group Kit, Volumes 1-6*. Thousand Oaks: Sage Publications

- **Accessibility of Language**

### Plain Language

One of the challenges in using focus groups is making sure that all language is understandable. It is important for the facilitator to use plain language and avoid jargon. Recognize that what you may think of as plain language may not be to someone else. For example, “health care system” may seem to be a phrase that would be understandable to all participants, but in fact it may not be clear at all. Defining health care jargon will help build a good rapport with participants.

At the beginning of the focus group, the facilitator should set the framework for an open and accepting atmosphere, where participants should not hesitate to ask for a more thorough explanation of a concept or question. The facilitator’s opening remarks should set the participants at ease and assure them that asking for explanations is expected, that there are no right or wrong answers and that everyone’s contribution will be valued.

#### Note:

**If a question includes words of three or more syllables in length, try to replace these with one or two syllable words instead.**

### Finding Common Understanding

In OWHN focus groups, we have faced challenges related to finding a common understanding and acceptance of language. For example, in *Count Us In!* and other focus groups, it was necessary to find language to convey issues of marginalization as this is not a word that many women use to describe themselves. The facilitator did not use the word marginalization but rather used a phrase such as women who tend to be forgotten by policy and decision makers while listing the socio-economic or cultural groups that would help women identify better with the language.

In our projects we prefer to use the language used by women and the community to discuss the social determinants of health, rather than trying to make them use health policy language. It is also vital to allow people to express their health experiences in whatever language they choose and find most appropriate.

In another recent project, a glossary of terms was shared with focus group participants to help them understand the language being used.

## 5. Logistical Considerations

*“By women, for women, about women.”*

(Focus Group Participant, Key to Women's Health)

OWHN has developed an *Accessibility Checklist* which is available in **Appendix B**. The checklist offers a reference list of the issues discussed in this section that should be considered to ensure your focus group is accessible for participants.

- **Honorarium and Participant Supports**

It is important to consider how to make a focus group as accessible as possible for participants. Financial considerations, such as time and travel can block participation unless participants are offered an honorarium and travel stipend. Also, if the women in your focus group have children or family members that they care for, providing onsite child/elder care with a qualified provider or a stipend for arranging the care themselves will allow them to participate.

When you are confirming participants prior to the focus group, find out in advance if they will be requiring compensation for taxi, public transit fare or parking and for child/elder care. You will want to prepare your budget and have cash in envelopes ready to give to participants at the focus group for both honoraria and expenses. This will help ensure that you do not find yourself short of money and that the process is quick and smooth.

Have the participants collect their honorarium and stipend from personnel (i.e. facilitator, note taker, etc.) as they leave at the end of the group. Ensure to have each participant sign for the honorarium so that there is a record of it being received.

- **Translation**

Before the focus group, find out if any translation services, such as language and/or American Sign Language (ASL) interpretation, will be required.

Where translation is required, it is important to consider the impact this will have on the length of the focus group, and to adapt your questions/time accordingly. In OWHN's experience, conducting a focus group with a translator will double the time it takes to move through the agenda.



## • Time

When scheduling a time and day for your focus group, consider the commitments (i.e. work, child care, etc.) of the women participating. Also, consider what time of day people are less likely to be exhausted and more eager to participate in a discussion. OWHN's experience with scheduling focus groups has been that morning and early afternoon are effective times, as are late afternoon and early evening. However, we do not schedule focus groups after 7pm as people are tired and often reluctant to attend an event that late.

Some questions to consider when choosing a time and day for your focus group:

- > What are the working hours of the women coming to your group?
- > Would it be easier for the women in your group to meet on a weekday or weekend?
- > Do they have children or family members they take care of, and does the time and day you have chosen take those commitments into account?
- > Does the date clash with religious festivals or school holidays?

## • Selecting a Location

OWHN conducts focus groups with women in their communities in safe, accessible spaces where participants can feel comfortable, including women's centres, community centres, social service and other non-profit agencies.

When considering options for your focus group, it is important to ensure that your location is:

- > Centrally located with transit access and parking
- > Barrier-free and wheelchair accessible, including a wheelchair accessible washroom in close proximity to the room
- > A safe, well-lit, secure venue that women will be safe arriving at and departing from, especially in the evening
- > Easy for women to find the meeting room once they reach the facility

If you are holding your focus group off-site from your organization, consider options for facilities that are available at no or low cost, such as a library or community centre.

### Note:

**If possible, visit the location in person before the focus group to identify any problems.**

- **Room Set-up**

To increase the comfort level of participants, ensure the room size is appropriate for the size of the group and that the temperature and lighting levels are comfortable. If the tables and chairs can be moved, a circle is an ideal seating format for encouraging discussion.

On occasion, OWHN has been contracted to conduct focus groups in a specially designed room with a one way mirror that allows for observation of the focus group. While this type of room is not necessary, they are available for rent in many communities. If you are using a room with a one-way mirror, it is necessary to explain the set-up and the observation component of the focus group to the participants. In our experiences, the women were not unnerved by or bothered about being observed.

- **Refreshments**

Make certain refreshments are fresh, healthy and sensitive to dietary needs, such as food allergies, dietary requirements such as vegetarian or vegan, and whether or not food needs to be Halal or Kosher. Have the refreshments laid out on a table before the start of the focus group. Consider the time of day when budgeting and planning what foods to offer; if you run a focus group in the early evening, you will need to offer dinner.

**Note:**

**When confirming that a woman will be participating in a focus group, let her know that refreshments will be available for 10 or 15 minutes before the start time. This will help the focus group to begin on time.**

- **Supplies**

Come prepared with all tools you will need to conduct the focus group: pens, paper, name tent cards, flip chart, markers, tape, audio/digital recorders, extra batteries, chalk, dry erase markers, etc.

- **Budget**

In summary, the following is a list of the things to consider in the development of your focus group budget:

- > Child/elder care
- > Participant honouraria
- > Travel stipend (i.e. transit tokens, taxi, mileage, parking)
- > Facilitator fee (if required)
- > Note taker fee/audio/digital recorder(s)
- > Translators/ASL interpreters
- > Refreshments
- > Accessible meeting space rental
- > Materials (i.e. pens, flip chart, copying, etc.)

## 6. Running a Focus Group

*"There are many things we want to talk about.  
We could have more discussions like this."*

(Focus Group Participant, Key to Women's Health)

- **Schedule**

OWHN focus groups are typically 1.5 – 2 hours in length. It is not advisable to schedule a focus group for longer as it will become quite draining for participants and personnel. A focus group can run for 1.5 hours without a break. If the focus group is longer, schedule a 10 minute break to give participants an opportunity to use the washroom or have refreshments.

- **Getting Started**

### **Arrive Early**

It is important for the facilitator to arrive half an hour to 45 minutes before the group begins in order to assess the room layout, set up chairs, meet any staff who will be participating or take a quiet moment to mentally prepare before the participants begin to arrive.

### **Greeting Women as They Arrive**

Having the facilitator greet each of the women as they arrive is extremely important. It welcomes participants to the focus group and gives the facilitator a chance to get a sense of their personalities. For example, if a person appears to be shy or quite outgoing, she should be seated accordingly. Quieter participants should sit across from the facilitator for easier eye contact to better draw them into the discussion; outgoing participants should sit on either side of the facilitator. To control seating arrangements, the facilitator should have tent cards already filled out beforehand. When participants have been met and personalities noted, the facilitator can place tent cards at the appropriate seats while the participants are helping themselves to refreshments and talking amongst themselves. Only first names should be used on the tent cards.

### **Late Arrivals**

It is important that all participants are there for introductions, discussion and signing of consent forms and that the flow of questions not be interrupted. So, what is the best way to handle late arrivals? When the reminder letter is sent out before the focus group, it should state that people arriving late will not be admitted. Start the focus group 10 minutes late if weather or traffic delays participants. While you are waiting, you can encourage women to help themselves to the refreshments and talk with each other. Do not admit latecomers once the focus group has begun.

## Unexpected Arrivals

It has occasionally happened at OWHN focus groups that a woman arrives with a friend or family member who would also like to participate in the focus group. If numbers or space allow, and if the unregistered person is a good match for the participant criteria, then add her to the group. However, if it is not appropriate for the person to participate, offer refreshments and ask her to wait in the lobby. How you handle this type of situation will depend on the parameters of your group.

- **Script**

It is important to have a script in place to guide the focus group. If a series of focus groups are to be held, it is also important to be consistent and use the same script for all. A script also makes certain you can finish in the allotted time. A good way to keep on schedule is to pre-determine how much time can be spent on each part of the focus group, such as the introduction and conclusion, as well as on each question. This will help you to avoid running out of time to complete all questions.

The script also works to keep the facilitator focused on the research objectives. Include a background section to the script that is just for you to allow you to keep sight of why you are doing this.

► See **Appendix C** for a sample script.

### Note:

**If the purpose of the focus group is to seek feedback on a tool such as a brochure, more time will be required to give participants a chance to study the material.**

## Introduction

At the beginning of the focus group, the facilitator introduces herself and explains her role; she is there to encourage and guide the discussion by listening and asking questions. Any other staff members present should also be introduced, including their role at the focus group (i.e. note taker). The facilitator should encourage women's participation by explaining that their opinions are important, that there are no right or wrong answers and that it is anticipated and appreciated that there will be differing points of view. Also explain that only one person speaks at a time to be respectful of each other.

The facilitator should provide a brief project overview, including:

- Who is the coordinating organization(s)
- What the focus group is for
- How the results will be used
- Whether this is one of a part of a series of focus groups (to provide participants with an idea of what their contribution is locally and as part of a bigger picture).

The recording method(s) should be explained so participants will not feel uncomfortable about either being recorded or having their words noted. Being recorded, whether by audio/digital recorder or note taker, may be a new experience for some. The facilitator should also inform participants that she will be using a script and that the same script will be used at all the focus groups. Discuss the time constraints and how you will have to strictly follow the script and keep on schedule.

At this time, take care of any housekeeping items: inform the participants about the timing of the focus group and explain that you may need to close off discussion in the interest of keeping on schedule; give participants a last chance to use the washroom; provide them with pens and paper so that they may jot down their thoughts when others are speaking; and hand out the consent forms.

## Consent Form

The facilitator should explain that the consent form is meant to help participants understand their role and rights in the discussion and their signature indicates that they understand these. Each participant should read and then sign a consent form. The facilitator should give participants the opportunity to ask questions regarding the form or anything else covered in the introduction. If a translator is being used in the focus group, she should verbally translate the consent form. Note that this will double the time it takes to complete this section of the agenda.

### Note:

**Give each participant two copies of the consent form so that they can keep one for themselves.**

Once the consent forms are explained and signed, the facilitator should invite each of the participants to introduce themselves. To respect privacy and confidentiality, it is important for women to use their first names only.

## Questions

Given that a focus group requires for a lot of material to be covered in a short time frame, it is important that the number of questions that you ask is not difficult to manage. While the number of questions will vary according to the research project, doing a mock focus group before hand will help determine the correct number for your script and help to make certain that you do not find yourself overwhelmed during the focus group with too many questions to work through. For example, thirty questions asked in 80 minutes to 10 participants gives less than 30 seconds for each participant to respond to each question. Assign time allowances for each component of the script, including introduction, questions, concluding remarks, etc. This will help you stay on schedule.

When you are developing questions, make certain to evaluate whether or not they are leading. The questions you develop should be opened ended and not assume a right response or only one way of responding. Ask yourself if the question allows people to say and respond in the way that they want. This will help ensure that the questions do not restrict or exclude any responses.

### Note:

**The mock focus group is a good way to double check whether participants find your questions leading or not. Use the feedback from participants to make any necessary adjustments to your questions.**

### Sequence

The order or sequence of questions in the script will impact how well the facilitator will be able to draw responses from the participant as well as successfully generating the findings for the research. When developing the script, keep sight of why you are doing this and ask yourself, “What is it that I want to learn from these people.”

The script should start with questions that are general and open in nature and move to more specific and detailed questions as the focus group progresses. The introductory question is an important one to help set the tone for the group and allows participants to become comfortable speaking in front of others. Make the introductory question something personal that is common to all, with a focus on the research question at hand: If the objective of the focus group is to find out how women use health care services, an introductory question might be, “How many of you have ever made a telephone call to Telehealth?” Prompts might be, “How did you find the Telehealth number?” or “How did you even remember that such a service was available to anyone in Ontario?” or “What prompted you to make that call?”

Start with, “What would you do?” Or, “What has been in your experience?” Then move to, “Now give me some specific examples---what would you do?” or “What do you suggest?”

### Prompts

Prompts are questions that help draw out responses to an initial question. Several prompts may be used per question. Prompts clarify and help participants to move their thinking from the general to the specific. Additional questions add to the information asked for initially. Also, a list of prompts can be itemized below the question and might range from three to six to 12, depending what information you are looking for.

Example: What services have you used in the Ontario health care system?

- > Canadian Blood Services (given blood or stockpiled your own blood prior to surgery)
- > Laboratory services (blood test, urine sample or some other test)
- > Home healthcare services (visiting homemaker)
- > Visiting physical therapist (post-surgery)
- > Social worker
- > Occupational Therapist
- > Meals on Wheels
- > Transportation services  
(Wheel-Trans in Toronto or local van for trip to hospital and other medical appointments)

## Ratings

Ratings are another important part of the focus group script. They are done as a part of the questioning about two-thirds of the way through the focus group when people are generally more open about sharing. They are effective when you know you have a lot of information to gather.

Ratings allow participants to brainstorm on one or two questions during the focus group. In OWHN's experiences, these ratings questions become a free for all with people offering suggestions from around the room, with one response triggering another. To lead the group through ratings questions, it is imperative to use a flip chart to capture the responses so that the group can see them. Examples of ratings questions that OWHN has used include, "What should be the top five priorities for women's health care over the next five years" or "What do you want to see changed in the health care system?"

Once the group has brainstormed on the question at hand, ask them for some consensus or agreement about the most important issues they have highlighted. If a group is working well, there will be some ease in the group dynamics and informal interpersonal communication between and among participants to agree on the ratings. If a group has disagreement about ratings, this can be important as well, and the facilitator can note the difficulties the participants have in listing priorities or hierarchies.

- **Creating a Safe and Supportive Environment**

One of the challenges the facilitator faces is ensuring that the focus group remains a safe and supportive environment where all participants have an equal opportunity to speak and that they feel comfortable doing so.

It is important to realize that this can be an intimidating experience for some women. Fear of being judged, of speaking in front of others and of being recorded as well as being sensitive to the topic can make it challenging for some to feel at ease. Begin with a first question and go around the circle so that each participant can respond. Later in the focus group, if a participant has not spoken much or at all, call on her by name and say something along the lines of “I don’t want you to be overlooked” or “We need to hear from everyone and don’t want to leave you out.”

Keep the room set-up as informal as possible to increase comfort level and ease with which participants may talk with each other. Sitting in a circle is an ideal format to allow for conversation flow and diminish power dynamics. If in a board room with a rectangular table, the moderator should position herself opposite from the door and not at the head of the table.

- **Sensitive Topic Areas**

Some focus group topics are more sensitive than others and at times participants may reveal too much personal information about themselves. If this happens, it is important to gently steer the conversation back on track by saying something such as, “we must move along so that we can hear other people” or “we must stick to the script.”

If someone has disclosed more information than appropriate, the facilitator should acknowledge the importance of what was said with a positive comment that gives the facilitator control to move ahead with the script. A comment could be made such as, “That has been very difficult for you and especially sensitive of you to share this with us, but in order to honour the time commitment to the group we need to move ahead.” Or, “Your sharing this will prompt others here to think of similar things that may have happened to them, but we cannot take the time right now. It could be something to explore with staff here for a more in depth discussion.”

If a topic area is sensitive, be prepared with support and appropriate resources to handle potential personal and emotional responses from participants. It is helpful to have a second staff person available to provide support. If, for example, a participant breaks down during the discussion, the support staff person could offer water or tissues and ask if she would like time to compose herself outside the room. However, it is not appropriate for the facilitator and other focus group personnel to act as counsellors. If counselling is required, the facilitator is obliged to bring in skilled resources from the community.



- **Staying on Schedule**

Moving through the script and staying on time are two major challenges of the focus group.

If time is running short and/or if there are participants who are dominating the group, a good technique for limiting discussion is to give them “warnings” such as, “We have time for two more questions so that I can let you go home on time.” If such a technique is used, make certain that it is put in the context of being for the sake of the participants that discussion is being limited.

**Note:**

**A wall clock, small travel clock or large-face watch can help the facilitator to stay on track, follow the timing in the script and finish on time.**

- **Concluding Remarks**

Leave enough time in the agenda for concluding remarks and for women to fill out evaluation forms. This is a good time to ask the participants if they have any other comments. Thank the women for their time and comments and offer contact information should they have anything to add following the focus group.

**Note:**

**Put your contact information on the consent form (and provide an extra copy of the form for each participant to keep).**

- **Evaluation**

If you are evaluating the focus group, distribute evaluation forms and ask the participants to take a few moments to provide feedback on their experiences of the group before they leave. This information will be critical in helping plan and facilitate future focus groups. It will also help ensure that the process is a useful one for women, that they are learning something new and that they felt the information they shared was of value. Collect the completed forms from participants before they leave.

- ▶ See **Appendix D** for sample evaluation form.

# 7. After the Focus Group

*“Like this program – focus groups should be conducted very often.”*

(Focus Group Participant, Key to Women's Health)

- **Transcribing the Data**

To protect the confidentiality of the focus group participants, all data must be recorded and transcribed without identifying participants. Participants should be assigned an ID code for the focus group notes; no names of participants should appear on any documentation. All project materials with participant lists or coded ID numbers must be kept in a secure place.

- **Data Analysis**

Data analysis is the process of reviewing the information (data) gathered and finding comments that are similar. These groups of similar comments are called themes. You also look at what is different between the comments and try to see if the information tells you why there is a difference. From the themes and the differences the data begins to tell you a story. This helps you to make meaning out of the information gathered and will help you determine what kinds of actions are required and what the recommendations will be. These results form the basis of the report to be written. Make certain that the voices of the women who participated in the focus groups are heard by using quotes to highlight the main points and recommendations of the report.

OWHN stresses the importance of searching for the common trends and patterns from the focus groups that have an impact on women's health so that we can share best practices and lessons learned across sectors and coordinate strategies to address these issues.

- ▶ See *Inclusion Research Handbook* for a description of and training on the collaborative data analysis process developed for OWHN Inclusion Research projects.

- **Dissemination**

## Who Do You Share With?

Part of moving from research to action is to share the information you have gathered. Ideally, you will want to share with as wide an audience as possible of people who have an interest in the findings and those who you want to influence. For example, in OWHN's work, we disseminate to people who work in women's health, social service providers, members of the public and government. This is also an opportunity to communicate with the media.

## How Do You Share?

Sharing can take place through presentations and workshops and by preparing material for websites and reports. OWHN typically launches our research findings at a public event that includes a PowerPoint presentation and distribution of hard copies of the report (if available). This is a good way to publicize your project and network with attendees. We promote the event and our project online through email invitations and announcements to our contacts, through listservs, including our own, and on our website. OWHN also publishes a quarterly E-Bulletin as a part of our listserv and we highlight our project findings in this publication as well.

## What Can You Do To Help Make Sure Your Findings Are Heard?

It is important when you are sharing your findings that you are very clear about what you are communicating. Written and verbal communications should use plain language and avoid jargon. To make certain that your presentation goes smoothly, practice with the presentation equipment (i.e. PowerPoint) if possible before the event to identify and avoid any problems.

Make certain that the voices of the women who participated in the focus groups have a strong presence in your written and verbal communications. Using quotes to support your findings will make your dissemination efforts much more effective.

- **Sharing Research with Participants**

In our experience, focus group participants are often very eager to find out the results of the research project. If your organization has the capacity to keep interested participants informed of the research findings, you can include a question on the consent form for them to indicate if they would like to be contacted and if so, to provide their contact information.

## 8. OWHN Lessons Learned

*“There are many things we want to talk about.”*

(Focus Group Participant, Key to Women's Health)

OWHN's focus group methodology remains flexible as we are constantly learning invaluable lessons from the women who participate and shape our methods. The women who have participated in our focus groups have not only informed the work that we do, but our way of working, either through the focus group discussions or through feedback provided on evaluation forms. They speak not only about the topic areas under discussion, but also about the process of consultation and of being a part of a focus group.

For example, in OWHN's focus group series, *Turn Up the Volume!*, women said that they are tired of organizations taking information from them but then never reporting back on what meaning was created from the information and what was done with the information. They are also tired of never seeing changes or results that were articulated or gathered in discussions about women's health and health services. As well, they are tired of being asked the 'wrong' questions. Many times women who participated in focus groups led by OWHN or other researchers were asked questions that did not address the priority issues in most of their lives. The questions were of interest to the researcher but not those participating in the research. At the same time, they are eager to be actively involved in creating and implementing community-based solutions to the impediments to improving their health, which were identified during the focus groups.

The women participating in *Turn Up the Volume!* and other focus groups have told us about their health issues and how they wanted to be involved in the engagement process. They have clearly told us that they want to be a part of the solution and to work with community agencies to make a difference. OWHN continues to be motivated by the women who share their time and experiential wisdom with us to develop new ways of working to engage women and to move forward in our work towards achieving equitable, accessible and effective health services for all women in Ontario.

## 9. Conclusion

The mission of the OWHN is to link women to health information and resources; and to address the health and health care barriers faced by women in Ontario, particularly women who have experienced marginalization, through our research and advocacy work. Our vision is a society in which every woman is provided with the opportunity to achieve, sustain and maintain health as defined by the woman herself, to her full potential.

We are very pleased to share with you the focus group methods that we have developed from the learnings that women have shared with us. We hope that you will find this guide helpful in coordinating and conducting focus groups in your own community!

### Ontario Women's Health Network April 2009

#### Contact us with questions or feedback:

180 Dundas St. West, Suite 1900  
Toronto, Ontario  
Canada  
M5G 1Z8

Telephone:  
416-408-4840  
1-877-860-4545

Email: [owhn@owhn.on.ca](mailto:owhn@owhn.on.ca)

Website: [www.owhn.on.ca](http://www.owhn.on.ca)

#### OWHN Listserv

*If you would like to join our listserv, please visit our website at [www.owhn.on.ca](http://www.owhn.on.ca) and click on the "Join OWHN" link. You will receive a regular newsletter with women's health events, news, job postings and resources, as well as a quarterly E-Bulletin on a topic in women's health and be able to communicate with other listserv members.*

## 10. References and Further Readings

Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, Social Sciences and Humanities Research Council of Canada, *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans*. (1998, with 2000, 2002 and 2005 amendments).

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OWHN. (2008). *Women's Health Circles Handbook*. [www.owhn.on.ca/tools.htm](http://www.owhn.on.ca/tools.htm)

Richmond, B.J. and OWHN. (2006). *Turning Up the Volume on the Health Concerns of Marginalized Women. Results of Ontario Women's Health Network Focus Groups 2002–2005*. [www.owhn.on.ca/turningupvolume.htm](http://www.owhn.on.ca/turningupvolume.htm)

# 11. Online Resources

## Ethics Review:

Community Based Research Centre – Research Ethics Board  
<http://reb.cbrc.net/>

*Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans.* <http://pre.ethics.gc.ca/eng/policy-politique/tcps-eptc/readtcps-lireeptc/>

## OWHN Women Inclusion Resources:

*Women's Health Circles Handbook*  
*Key to Women's Health: Stroke Resource Guide for Women's Health Circles*  
*Inclusion Research Handbook*  
[www.own.on.ca/tools.htm](http://www.own.on.ca/tools.htm)

## OWHN Inclusion Research Projects:

*Count Us In! Inclusion and Homeless Women in Downtown East Toronto:*  
[www.own.on.ca/countusin.htm](http://www.own.on.ca/countusin.htm)

Count Us In! investigated how health and social services in Toronto, and in Ontario, can be made more inclusive and better promote the health and well-being of marginalized groups. Eight homeless and underhoused women who live in Downtown East Toronto were hired as Inclusion Researchers (IRs) and were actively engaged in all stages of the project. A total of 58 homeless and underhoused women from Downtown East Toronto participated in 11 focus groups to discuss the health and social services that women use as well as participants' ideas about how policies and services could be improved. Approximately four to six women participated in each session.

*Key to Women's Health: A Health Promotion Framework to Prevent Stroke Among Marginalized Women*  
[www.own.on.ca/stroke/index.htm](http://www.own.on.ca/stroke/index.htm)

This project used Inclusion Research to explore marginalized women's awareness and understanding of chronic disease prevention at three sites in Ontario (Sudbury, downtown Toronto and Peel). This project created a framework, entitled Key to Women's Health, for new health promotion strategies to reach and support women who are particularly vulnerable and at-risk for stroke. IRs conducted 10 focus groups at the three sites, with a total of 70 participants. The focus group participants were recruited by using outreach strategies among cooperating agencies identified by the site agencies and the IRs. The sites recruited a diverse group of women for the focus groups, based on their understanding of the local demographics.

## Other Recent Research Projects:

*Health Status and Health Needs of Older Immigrant Women: Individual, Community, Societal and Policy Links*  
<http://www.owhn.on.ca/olderimmigrantwomen.htm>

Through a literature review and focus groups, this project examined the impact of social policy on the health status of older immigrant women and the health and social service seeking patterns of older immigrant women. It focused on a specific community of older immigrant women in central Toronto, Ontario and/or a specific health and social service need/issues relevant to this community.

The study completed key informant interviews and focus groups with 58 individuals who identified as elder ethnic immigrant women, using the literature search to inform the questions asked. The CHC partners developed the interviewee pool, contacted potential interviewees, and arranged the interviews. Facilitation was provided either by the CHC or through OWHN, with translation/interpretation services available.

*Turning Up the Volume!*

<http://www.owhn.on.ca/turningupvolume.htm>

From 2002 to 2005, OWHN held 30 focus groups across Ontario with women who have experienced marginalization, that is, women living in poverty, immigrant women, women with disabilities, women who experience racism, violence and other factors that limit their access to economic and social well-being. We visited cities, suburbs, towns and rural areas to talk to women of different ages and of diverse racial and ethnic backgrounds. The purpose of the focus groups was to identify the health concerns of women in the province, and then take action to address the issues raised.



# Appendix A

## Sample Consent Form

### Marginalized Women, Inclusion and Stroke

You are being asked to be part of a focus group. Focus groups include only people who choose to take part. Before you agree to participate in this discussion, which is part of a research project, it is important that you understand what this research is for and what you are agreeing to be part of. This form provides all the information we think you will need in order to decide if you wish to participate. If you have any questions, please discuss them with the person who gave you this form. You should not sign this form unless you are sure you understand everything on it.

#### WHY IS THIS STUDY BEING DONE?

This project will integrate a gender analysis and reach out to marginalized/vulnerable women who are at risk for stroke, to ensure that their feelings and realities are included in new health promotion strategies to prevent stroke.

For the purpose of the Marginalized Women, Inclusion and Stroke Project, this site has defined marginalized women as:

Women who are vulnerable and face barriers to participating and making choices about issues that affect their lives. These women could be vulnerable due to many factors, which include but are not limited to lack of sufficient money, food, housing, health care, child care and employment. We have also included women, who are a part of the visible minority group, and more specifically South Asian women who may be single, married, separated, divorced, or widowed. These women may have faced or are at risk of abuse, isolation, discrimination, ageism, sexism, classism and racism. Immigration status, language and education may be additional barriers that can contribute to the experience of being marginalized.

#### HOW MANY PEOPLE WILL TAKE PART IN THE FOCUS GROUP?

If you agree to participate in this study, you will be part of an hour and a half long focus group of 6 to 8 women.

#### WHAT IS INVOLVED IN THE FOCUS GROUP?

The facilitator will guide a group discussion. She will ask the group questions about the feeling of belonging, health and stroke. You will be invited to share your thoughts, ideas and experiences, but if you prefer not to answer a question or participate in any part of the discussion, you will always be welcome to not answer a question.

A note-taker will write down your comments and the comments of other participants so that we can learn from your experiences.

## QUESTIONNAIRES

You will be asked to complete a short questionnaire that has some questions about your age, first language, country of birth, and ethnic background.

## WHAT ARE THE RISKS OF THE STUDY?

It is possible that the group discussion may cause you to feel uncomfortable or upset. If you feel uncomfortable, you may stop participating at any time. It is difficult for us to predict this ahead of time because each person brings a unique set of life experiences. You should know that if you become upset and wish to talk to someone, we can provide a list of crisis phone numbers for you to call.

All of the participants will be asked to keep personal information about other participants confidential; however, we cannot guarantee that the discussions you have will remain private. It is possible that other women in your focus group will talk to people they know about your responses.

It is also possible that you may know one of the women in the group, running the group, or taking notes. If you feel uncomfortable about this, you may stop participating at any time.

## ARE THERE BENEFITS TO TAKING PART IN THE STUDY?

This is a great opportunity to ensure your voice is heard and be part of creating new health promotion strategies that are relevant to you.

## WHAT ABOUT CONFIDENTIALITY?

Your confidentiality will be respected and no information that identifies you will be published. The notes taken during your focus group will not have your name appear anywhere on them. All of the notes and the information sheets will be stored in a secure place. The researchers will be the only people who will have access to this information.

Please be aware that it is possible that the other women in your focus group will repeat what you have said when the session is over.

## WHAT ARE MY RIGHTS AS A PARTICIPANT?

Your participation in this study is voluntary. You may stop participating at any time. This is your right and we will respect it. You will not be penalized for withdrawing from the project. Whether you participate or not, you will still be able to use the services of [insert names of organizations running focus group/project], now and in the future.

You will be given a copy of this signed and dated consent form.

## WHO DO I CALL IF I HAVE QUESTIONS OR PROBLEMS?

If you have any questions about taking part in this research, you can ask the person who gave you this form, or you can talk to [INSERT PROJECT COORDINATER NAME, TITLE, AND PHONE NUMBER]

## SIGNATURES

My signature on this consent form means the following:

- I have read the information on this form (or the information has been read me) and I have had a chance to ask any questions about the study. I agree to participate in the study and have been told that I can change my mind and withdraw from the study at any time, even after the focus group is over, by calling the number on this form.
  
- The requirements and the risks of the study have been explained to me.
  
- I have been given a copy of this form.
  
- By signing this consent form, I am in no way giving up my legal rights or releasing the researchers or sponsors from their legal and professional responsibilities.

Name of Participant (please print)

---

Signature \_\_\_\_\_

Date \_\_\_\_\_, 200\_\_

Name and Position of Person Obtaining Consent

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# Appendix B - Accessibility Checklist

What makes a focus group accessible depends on the particular needs of your group. The items in this checklist are suggestions of things to consider:

- Choose a convenient time and day**
  - What are the working hours of the women coming to your group?
  - Would it be easier for the women in your group to meet on a weekday or weekend?
  - Do they have children or family members they take care of, and does the time and day you have chosen take those commitments into account?
  - Does the meeting clash with religious festivals or school holidays?
- Provide child/elder care**
  - If the women in your group have children or family members they care for, providing child/elder care will make it much easier for them to attend.
- Offer translation services**
  - Providing language translation and/or American Sign Language interpretation if needed will make the group more inclusive.
- Choose a space that is safe, central and easy to get to**
  - Is the space you have chosen easily accessible by public transit or by car?
  - Should you offer public transit tokens/gas subsidies?
  - Is it easy to find?
  - If you are having a meeting at night, is your location well-lit; will women feel safe arriving and departing?
  - Is it easy for women to find the meeting room once they reach the facility?
- Choose a space that is barrier free**
  - Is the space you have chosen wheelchair accessible?
  - Are there close, easily accessible washrooms?
  - Is there enough space in the room for a wheelchair, if you have participants who use wheelchairs?
- Make sure room size and set up are comfortable**

Ensuring that the room size is appropriate for the size of the group will help to make the participants feel more comfortable. Be prepared with the correct number of seats and set them up in a circle format, if possible. Also ensure that the room's temperature and light levels are comfortable.
- Make sure refreshments are healthy and sensitive to dietary needs.**

If possible always offer refreshments but make sure the women in the group can enjoy them – check for food allergies, dietary requirements such as vegetarian or vegan, and whether or not food needs to be Halal or Kosher. Try to offer food that is healthy and fresh.

# Appendix C

## Sample Script

### I.0 INTRODUCTION (10 MINUTES)

Good evening everyone! I would like to start by welcoming you to this focus group and to thank you for taking the time to participate in our discussion. This evening we will be talking about how women find information about their health and their family's health. Your contributions will help the Ontario Women's Health Network in its work to improve the healthcare system for women and the people of the province.

Before we continue, let me introduce myself. My name is \_\_\_\_\_ and I will be your moderator. My role is to encourage and guide our discussion by listening and asking questions. I will be asking lots of questions because I would like as much feedback from you as possible. Your participation and opinions are important! There are no right or wrong answers.

Our discussion is being tape recorded. All of your comments and responses to questions will be kept completely confidential. Your name and any other identifiers will be removed from all written records. Any of the materials that come out of our discussion will be evaluated only by staff working on this study and will be kept secure and protected.

In front of each of you, you will find a consent form. The consent form is meant to help you understand your role and rights in this discussion. Before we continue could everyone carefully read and sign this form. Please let me know if you have any questions.

**Allow participants time to read and sign consent form.**

Our discussion this evening will last about one and a half hours. We will not be taking a break. If you would like to use the washrooms before we start, they are located <<insert directions>>.

Let's start by introducing ourselves. We'll move around the table and you can tell us your name and how long you have lived in \_\_\_\_\_. As I said before, my name is \_\_\_\_\_ and I come from Toronto where I have lived for....

## 2.0 WARM-UP (10 MINUTES)

Health care is the #1 concern among Canadians. Canadians have taken interest in the quality of care they receive, the resources and services available to them, and the outcomes of their care.

- 2.1 By show of hands, who has looked for information on any topic related to health or health care in the past six months?

This could include information about health related programs or services in your community, a medical procedure or problem, health care funding or cutbacks, etc.

- 2.1.1 What type of information were you looking for?

Question specific participants with hands-up.

- 2.1.2 Where did you find your information? Ask question in response to Question 2.1.

Did you look on the Internet? Ask your doctor or nurse? Phone an agency?

## 3.0 HOSPITALS WITHIN THE ONTARIO HEALTH CARE SYSTEM (10 MINUTES)

One area of health care which has received a lot of attention is the hospital system. I'd like you to think about your local hospital and the hospitals in \_\_\_\_\_.

- 3.1 What can you tell me about the hospitals in \_\_\_\_\_ and the care that they provide?

How satisfied are patients with the care they receive? What kind of resources, equipment, and staff does your hospital have? How do you think your hospital compares to other hospitals in the province? How involved is your hospital with the community?

- 3.1.1 How and where did you find this information? Ask in response to Question 3.1.

Did a friend or acquaintance tell you? Was it in the newspaper? On the news?

At your hospital?

## 4.0 LOCAL HEALTH INTEGRATION NETWORK (20 MINUTES)

As a group, you have just told me that hospitals in \_\_\_\_\_ are... Summarize responses to Question 3.1

I would like to learn what you know about the province and how it has set up Local Health Integration Networks in Ontario. There are 14 of these. Your local Local Health Integration Network is the \_\_\_\_\_ and it is located in \_\_\_\_\_. If this is completely new information for you, don't be unnerved or shocked or surprised. The Local Health Integration Networks replaced local District Health Councils which functioned in previous governments to organize the healthcare system locally.

4.1 What do you know about these Local Health Integration Networks or LHINs, to use healthcare jargon or the short form?

Do you remember how you found out about these Local Health Integration Networks? Newspaper? Radio? TV? At a hospital?

Is this new information for you? Has anything changed in the past two years (since the LHINs were formed) in how you received healthcare?

4.2 What do you think your Local Health Integration Networks does in your area?

Background: Selected sections from the Ministry of Health and Long Term Care's website:

*LHINs are an important part of the evolution of health care in Ontario, moving from a collection of services that were often uncoordinated to a true health care system.*

*The Ontario government has changed the way health care services are planned, funded and managed through the Local Health Integration Networks (LHINs). LHINs get their authority to manage their local health systems through the Local Health System Integration Act, 2006.*

*LHINs are a critical part of the evolution of health care in Ontario, making it a system that is patient-focused, results-driven, integrated and sustainable. LHINs possess significant decision-making power at the community level which focuses on local community needs, and improving health results for patients in every*

*part of the province. LHINs facilitate effective and efficient integration of health care services, making it easier for people to get the best care in the most appropriate setting, when they need it.*

*LHINs are also responsible for funding a wide range of health service providers and for managing the majority of service agreements with these providers. The government's role is to provide stewardship of Ontario's health system, setting direction, strategic policy and system standards and delivering provincial programs and services.*

*Together, all the system partners – government, LHINs and providers – are accountable to the people of Ontario for health care quality and results.*

What do you think your LHIN should be doing to coordinate healthcare services here?

What services can you think of that a LHIN would be coordinating? Summarize and record responses on flip chart.

4.3 Consider that many of you as women organize and/or provide care to your families and loved ones. As a woman, you may feel that specific things affect your life differently or that you have different roles and responsibilities. When you consider these differences, what would you need in services for you and your family from a Local Health Integration Network?

NOTE: Many may know about Community Care Access Centres or CCACs that actually deliver services within communities. Prior to the group coming together, the facilitator should become familiar with the services the CCACs within the LHIN provide. Then the facilitator can better prompt suggestions about local needs and the services that are offered or should be offered.

Record additional responses on flip chart.

## 5.0 SERVICES COORDINATED BY LOCAL HEALTH INTEGRATION NETWORKS (15 MINUTES)

We have shared some of your ideas about services that Local Health Integration Networks manage and coordinate. Now I would like to discuss some of your ideas of what you think are **most important** services and their coordination locally.

NOTE: From the Ministry of Health and Long Term Care's website about LHINs:

*LHINs are required by legislation to engage their communities. It is what they were created to do. Each LHIN determines the process, format, and frequency of community engagement activities based on the unique characteristics and needs of the local community.*

- 5.1 Looking at the flipchart lists we have made, take a moment to go over them. Think of the importance of those services to you and your family. Then we will see which are the most important – from your collective experiences and needs. Think of the five that would be most important.

Give the participants a few moments and then, given the previous discussions, go through the list, asking for a show of hands at each. Record the numbers and by process of elimination, set out the top five services.

## 6.0 YOUR FAMILY DOCTOR AND CURRENT SERVICES (20 MINUTES)

We have talked about the services that you know about and that you think are most important locally. Now, how do you think your family doctor and those services work? Use prompts related to the top five priorities set out in the previous section. Ask questions that uncover the inter-related connections of family physicians, of health teams, of other services.

- 6.1 We have talked about services and your family doctor. What would be most helpful in getting more information from your family doctor or from other sources about your health?

For example, if you thought you had an increased risk of breast cancer because of family members and their cancers, where would you go for information? Would you start with your family doctor? Would you call the local Cancer Society for information and then your doctor? Would you go onto the internet and do some research first?

- 6.2 You have mentioned Telehealth in our discussions before. If you were about to leave for a trip and realized your inoculations or vaccinations should be up-to-date, what would you do? Call Telehealth for basic information? Call your doctor's office to check when your last vaccinations were given?



6.3 Does your doctor take time to explain about a serious condition or the current state of your health and tests that you should or could have? Does someone else in your doctor's office take the time to go over details? Is there a nurse-practitioner? Do you know about his or her role on a family practice team?

Probe for how women get information, what are the best sources for them, confirm the availability of their doctor to provide in-depth information or some other health professional in the office. Many community health centres have Diabetes Educators or Nutritionists or Community Coordinators – and women may not know of other possible sources of information.

Is there anything else that you want to comment on concerning the healthcare system and how it affects you? Anything locally that we have not covered but that you think should be highlighted in our report?

## 7.0 CONCLUDING REMARKS (2 MINUTES)

This concludes the discussion today. Do you have any other comments?

Thank you very much for your time and your contributions. As you leave the room you will be receiving an envelope from \_\_\_\_\_ which contains your \$\_\_ cash honorarium and contact information in case you have something to add and want to get in touch with us. Please sign for your honorarium when you leave so that we have a record that you have received it. You have made a great contribution today. Thank you again.

# Appendix D

## Sample Focus Group Evaluation

### FOCUS GROUP FEEDBACK

Date:

Location:

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1. Did this focus group meet your expectations?

- Yes  
 No

Comments

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2. What did you find most useful?

Comments

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3. Was there information you would have liked discussed?

- Yes  
 No

Comments

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4. Did you feel able to talk freely?

- Yes  
 No

Comments

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5. Did you feel heard?

- Yes
- No

Comments

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6. Do you see potential actions after participating in the focus group?

- Yes
- No

Comments

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7. How do you think OWHN should use the information and feedback they received from the focus group?

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8. Any suggestions for improvement?

Comments

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9. How do you rate the following?

**Excellent**

**Very Good**

**Adequate**

**Poor**

Facilitation

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Questions

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References

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Comments

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*Thank you for your comments!*











Tel: 416-408-4840

Email: [own@own.on.ca](mailto:own@own.on.ca)

Website: [www.own.on.ca](http://www.own.on.ca)