

An Introduction to Focus Groups

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What is a focus group?

A focus group is a carefully planned discussion among a small group of people (typically about 8-12) with certain similar characteristics. They interact in a group setting facilitated by a trained moderator, who uses a pre-determined protocol or “script” to guide the discussion and assure that desired topics and questions are addressed. A focus group is a method used to collect qualitative data such as experiences and opinions.

How are focus groups used?

Focus groups are used to obtain information about all sorts of issues, from community needs to human service programs to proposed social marketing ads and campaign strategies. They are often used for community needs assessment or program evaluation – for example, to learn about the met and unmet needs for health care, satisfaction with current services, and/or service barriers and access issues for particular population groups. Many nonprofits use focus groups as an early step in strategic planning, and they are widely used by Ryan White HIV/AIDS Program (RWHAP) planning bodies for needs assessment. Focus groups can provide qualitative (non-statistical) information about the extent to which specific populations know about an organization’s services, are being reached and appropriately served, or face barriers to care. Focus groups with clients can identify the perceived quality and acceptability of a program or service system and possible ways for improving program access and services. Comparisons across focus groups can highlight similarities and differences across population groups with regard to service needs, gaps, and experiences.

Focus groups are often used as one of several methods of obtaining needs assessment data. Many Ryan White HIV/AIDS Program (RWHAP) planning bodies use a series of focus groups annually to update needs assessments and obtain in-depth input from several specific populations. They can be used *before* a formal client or community survey, to help develop the questions and response alternatives. For example, if a nonprofit or planning body isn’t sure what barriers to list as responses in a multiple-choice survey question, it can use focus groups to identify and explore the barriers that keep people from participating in particular services. A focus group can also be used *after* a survey to explore in depth some of the issues identified or to clarify unexpected answers to questions in the survey, as input to program refinement or redesign. Focus groups are also used to better understand statistics such as client utilization

Definitions

Focus Group: a method of obtaining qualitative information from a small group of people with certain similar characteristics, whose discussion is carefully planned and led by an experienced moderator, using a “script” or outline of topics or questions to be addressed.

Qualitative data: data presented in narrative rather than numerical or statistical form.

Script: A detailed plan or outline that guides a focus group, including the introductions and discussion of confidentiality, the key questions and extra “probes” to guide discussion and obtain desired information, planned breaks, and closing.

data indicating that a particular population group is less likely than others to use a particular service. Focus groups can be used with hard-to-reach populations, but only if they are coordinated and conducted with people and in places where the target population feels comfortable.

Limitations

Focus group results provide valuable insights into the service needs or satisfaction with available programs from the perspectives of different populations, but cannot be assumed to represent the views of the broader population – results cannot be “generalized” to all clients or all residents of a neighborhood or all people with particular characteristics (e.g., older residents, immigrants). Because they involve relatively small numbers of people who are selected based on certain characteristics but not through random sampling, focus groups are best used along with other types of data collection, such as surveys or review of secondary (existing) studies.

Focus groups depend on group discussion, so the views stated by individual members may be affected by the statements or the reactions of other participants. While participants are likely to become more comfortable with each other as the focus group progresses, some participants may be uncomfortable about discussing sensitive topics in a group situation. It is important that a participant always have the right to “pass” rather than being pressured to respond to a question. When addressing difficult issues, the facilitator needs to carefully watch how the group interacts and try to minimize the effect of peer pressure on responses – but it cannot be completely prevented.

Recruitment of focus group participants can be challenging. For example, it is usually very difficult to set up a focus group with PLWH who are not in care – they usually aren’t easy to bring together because of factors such as stigma – often the same factors that lead them to be out of care. Similarly, a community assessment of access to primary care may find it challenging to identify individuals who are not accessing primary care. Assistance from people who come from and organizations serving the target communities and population groups is very important.

Composition

A focus group should consist of individuals from a clearly defined population who have certain common characteristics related to the purpose of the focus group. For example, for a community assessment of the need for primary care, the groups might be made up of people who recently went to a hospital emergency room for care because they didn’t have a regular source of primary care, or who were without a regular source of care for at least a year but became patients at a community health center in the past six months.. A needs assessment for a Ryan White HIV/AIDS Program in a large metro area might be assessing the reasons people living with HIV (PLWH) may be out of care by holding focus groups with people who have not

received HIV-related medical care for at least a year, or people who recently became entered care after being out of care for at least a year. In each example, the second group is easier to find and bring together than the first group, but brings similar experiences. For both sets of focus groups, the broad group might be divided into several subpopulations. For the primary care assessment, that might include women with children under 18, older people aged 50-64 (so not yet eligible for Medicare), Latino or African immigrants, and individuals from a particular neighborhood or ward. For the HIV-related needs assessment, the PLWH groups might include young African American or Latino men who have sex with men, people who have a history of substance use, individuals who were recently incarcerated, or transgender PLWH.

Ten Steps in Focus Group Planning and Implementation

1. Initial planning
2. Determining desired group mix and composition
3. Developing a strategy for recruiting and screening participants
4. Selecting the moderator/facilitator and observer/note-taker
5. Developing a script/protocol
6. Recruiting and screening participants
7. Logistical planning
8. Conducting the focus group
9. Debriefing
10. Writing the report

Steps in Planning and Implementing a Focus Group

Here are ten steps to help provide a logical process for planning and implementing a focus group.

1. **Do initial planning:** agree on the task, including the purpose of the focus groups, how many focus groups will be conducted, and the kinds of information to be obtained.
2. **Determine the desired participant “mix” and screening characteristics for each focus group** (e.g., race/ethnicity, gender, income, age, geographic area of residence, and other factors based on the purpose of the focus group, such as care status, co-morbidities, or whether the individual has children). Remember that focus groups work best when participants have certain common characteristics. For example, it is often easier to get frank responses and full participation in a mixed-gender group.
3. **Develop a strategy for recruiting and screening individuals** from the desired target populations for participation in the focus groups; decide what incentives to provide (e.g., gift cards, transportation stipend). Typical incentives might be a \$20 grocery store or drug store gift card, and a cash payment to cover transportation. If you don’t have enough money to provide incentives, you can still use focus groups. Sometimes stores will donate gift cards to nonprofit organizations. Communities have been successful in recruiting people for focus groups when providing lunch or refreshments, transportation reimbursement, and a referral to care or other useful information, rather than a gift card.
4. **Select a trained moderator/facilitator** who is familiar with focus groups and is an effective facilitator, knowledgeable about the topic area, and appropriate for specific

focus group participants. Also, arrange for at least one recorder/observer who will take notes on the discussion and reactions during the session and help with logistics. Tape record the session if you feel that will be helpful in preparing the report. The moderator/facilitator and observer/note-taker should generally “look like” the focus group participants. Sometimes trained consumers will conduct focus groups, but a consultant will do the note-taking and report preparation. Be sure the consultant is someone who will help make people feel comfortable, even if their role is mostly taking notes.

5. **Develop a “script” or protocol for the focus group** – topics and questions that you want answered by the participants as well as information you will provide them. Scripts often include the introduction to the focus group, the statement regarding confidentiality, and other information you want to provide in the same way to each focus group. If you are planning to conduct multiple focus groups for different populations, include a common set of questions for all groups so you can compare the responses, but include additional questions appropriate to each specific focus group population. For example, if you do a focus group in a language other than English, ask participants whether language differences are a barrier to care. If one focus group is with parents, ask whether lack of child care is a barrier for them. Ask LGBTQ and community of color focus group participants about service provider cultural competence or perceived unequal treatment. In addition to the oral discussion, you can develop a brief individual “demographic” questionnaire to get some basic information about focus group members.
6. **Recruit and screen focus group participants** to ensure that they meet your established criteria and are aware of any incentive (for example, cash or gift card) being offered for participation. Be sure screening includes learning about limited literacy or special needs. Working through community-based organizations or other established groups is often helpful. Do not simply send out a flyer and hope people come; get names and contact information and screen individuals to be sure they meet your sampling/screening criteria. (See the attached sample recruitment and screening plan and criteria for ideas.)
7. **Handle logistics**, setting a time and location for each focus group that is safe and convenient for its specific participants. Arrange for transportation assistance if needed, and order refreshments. Be sure to consider whether the location needs to be wheelchair-accessible. Remember that the ideal location or time for one population group may be completely inappropriate for another. The most comfortable setting is a room that provides privacy and includes a single table big enough for the participants and the moderator/facilitator and observer/note-taker to sit around. Be sure there is a place within the room for refreshments.
8. **Conduct the focus group.** Ask each participant to sign a release form permitting taping if you plan to tape record the session for use in preparing the report, and permitting use of the information while promising anonymity. Tell people to share only their first names, and emphasize confidentiality. Set groundrules to avoid domination by one or a

few people and encourage full participation – for example, ask people to wait to be recognized before speaking. Follow the script (See sample, attached). Encourage full participation, and help everyone feel comfortable within the group. One way to do this is to ask an easy question first. When you want to hear from everyone, say you will “go around the table.” Let participants know they are always permitted to “pass” – not to comment on a particular topic or question. Offer refreshments either at the beginning or in the middle of the session. Give incentives to participants at the end of the session.

9. **Debrief** – with the moderator/facilitator, observer/note taker and any other observers, and the individual(s) from the committee or other group that is overseeing the focus group process. This is especially important after the first focus group. Review how the focus group went, decide whether the script was too long or any questions were missing or need clarification, and determine any other needed changes before the next focus group.
10. **Prepare a focus group report.** If you are conducting multiple focus groups, agree on a format for analysis and reporting to be used for all focus groups, to facilitate comparisons and ensure consistent levels and types of information. Be sure that your report does not use even first names, and maintain confidentiality.

Characteristics of Successful Focus Groups

A successful focus group usually has the following characteristics:

- **The scope of the focus group is clearly defined and manageable** – it covers a limited number of topics so there is time for discussion involving all the participants.
- **The moderator is experienced at facilitating group discussions and is independent – not affiliated with a service provider.** Moderators are knowledgeable but do not bias the discussion with their own views. It is helpful to have moderators with some characteristics similar to the focus group, particularly gender and race/ethnicity: for example, a woman conducting a focus group for women, a bilingual Latino conducting a Latino focus group, a moderator under 40 conducting a focus group with young men. While a “match” between moderator and group is not essential, it can help to establish a “safe” setting in which participants feel comfortable sharing their views and experiences. If a focus group will be conducted in a language other than English, use a bilingual/bicultural moderator, not an interpreter. Be sure the moderator has appropriate fluency and knowledge of terms related to the focus of the focus group – primary health care, HIV, etc.
- **A carefully developed and realistic “script” or discussion outline provides a blueprint for the focus group** by guiding the flow of the discussion and stating questions or issues to be covered. The script includes “prompts” or “probes,” and examples used to clarify a topic or get discussion going if participants are slow in responding. The script includes a manageable number of questions for a focus group lasting one and one-half to two hours, with time to explore questions and issues in some depth. If certain questions are considered especially important, they are clearly identified for the moderator. Once developed, the script is used flexibly, but all the key points are covered.
- **Observers are kept to a minimum, are chosen so they are unlikely to negatively affect the discussion, and do not participate except at the initiative of the moderator.** If a hired moderator is used, it can be very helpful to have someone else in the room who is knowledgeable about the topic and the community. An observer is always introduced, included in confidentiality arrangements, and chosen to be unlikely to negatively affect participants’ willingness to share information. (For example, if participants are Latinas, it is helpful if the observer is a woman, and even more helpful if she is Latina.) If the observer has valuable insights and is helping to guide the session, several breaks may be built in so that the moderator and observer can confer, and the observer can clarify issues as needed.
- **The focus group environment is well-selected** – it is accessible, private, comfortable, quiet, and allows for good-quality audio taping (More sophisticated methods such as one-way mirrors usually are not available in the community and are not necessary). Focus groups may be held in several locations, each chosen to provide a safe space for a particular target group.
- **Audio-visual equipment works properly.** If the session is being tape-recorded or other audiovisual equipment is used, all equipment and procedures are tested before the session.

- **The group composition is appropriate:** the group is representative of the desired target population; all members have been appropriately screened to be sure they possess the desired characteristics; and the group is relatively homogeneous in terms of key variables (e.g., language preference, age, gender, race/ethnicity).
- **The group is a manageable size** – large enough to provide for a variety of views and adequate interaction, but not so large that some members do not participate in the discussion. Usually focus groups should include not fewer than 8 or more than about 12 people.
- **The session is an appropriate length,** depending upon the topic and its complexity. People are likely to get tired after 1½ - 2 hours, though the time period can be extended slightly if refreshments are served and a break is provided.
- **Focus group participants receive some rewards or incentive for their participation.** Refreshments or a light meal may be served, and participants are often paid a small amount in the form of cash (\$20 to \$25) or a food or other gift card. An extra \$5 might be added for an evening session. Transportation is provided or costs are reimbursed, and child care is arranged if needed.
- **The session is carefully scheduled and managed.** Usual stages include:
 - A personal greeting for participants as they arrive
 - Use of a sign-in sheet or other registration based on your participant master list
 - An invitation to participants to help themselves to coffee or soft drinks
 - If there is a written profile/demographic questionnaire, a request that it be completed while the group is gathering (The moderator/facilitator and observer/note-taker should offer to interview people who would rather not complete the form themselves, enabling individuals with limited literacy to provide survey data without any embarrassment)
 - Signing of consent forms if you are taping the session
 - An introduction to clarify the purpose of the session
 - A warm-up to introduce group members (first names only) and set up a positive group atmosphere
 - Review of confidentiality issues and ground rules
 - Initial discussion beginning with a general and non-threatening question or issue (e.g., (How long ago have you lived in this community?))
 - Discussion based on the script questions and “prompts,” with individual opinions and group discussion
 - A break about half-way through, perhaps with a light meal or snacks
 - A closing that assures that all needed aspects of the topic have been discussed
 - A thank you
 - Distribution of incentives and any requested information
- **Discussion and debriefing among the moderator/facilitator, observer/note taker, and any observers follow each focus group,** to capture lessons learned and to refine the outline and procedures as needed.

- **Summary or comprehensive focus group reports are prepared**, in a format appropriate to the effort, such as a stand-alone summary or a summary plus individual focus group reports. Comparisons are made among focus groups composed of different subpopulations. The reports are prepared as soon as possible after focus groups are completed, and are reviewed by the moderator and observers.

Sample Focus Group Recruitment/Selection Plan and Criteria

Focus Group for People with HIV Who Have Been Out of Care

Purposes of Focus Groups:

- To obtain information about structural and personal barriers that keep some people living with HIV (PLWH) in the service area from accessing or remaining in HIV-related primary medical care
- To identify the factors that encourage PLWH to enter care

Time length for Focus Group: 2 hours

Time Frame for Focus Groups: October and November, 2020

Number/Types of Focus Groups to be Conducted: Four focus groups with PLWH who recently entered care after being out of care for at least 12 months, are not in care, or were diagnosed in the past 2 years and were not linked to care until at least 6 months after diagnosis, targeting four populations:

1. Young African American men who have sex with men (MSM) – age 30 and under
2. Young Spanish-speaking Latino MSM – age 30 and under (conducted in Spanish)
3. Transgender PLWH
4. Recently incarcerated PLWH

Assurance of Confidentiality:

- Individual participants will not be identified by name or traceable characteristics in any transcripts/notes.
- Information collected will be reported in the aggregate and/or generalized to avoid identification of specific persons and organizations.

Documentation:

- Audiotape
- Notes taken on a laptop during the session, plus some handwritten notes from the moderator/facilitator
- Participant profile based on a mini-questionnaire to be completed before the focus group by each participant

Personnel: 1 Moderator/facilitator and 1 observer/note taker

Overall approach:

To assure an adequate number of participants for each focus group (e.g., 8-12), 15-18 individuals will be recruited for each group. Typically, about one-third of those who agree to

participate will not be no-shows, so it is important to “over-recruit.” It would not be productive to conduct a focus group with less than 5-6 participants.

Because this set of focus groups focuses on people who are or recently were out of care for at least 12 months, they will be recruited primarily from the following groups:

1. Clients entering RWHAP-funded medical care or medical case management during the past six months – may be either new clients or re-entering former clients who (according to intake data) were out of care for 12 months or more but are now RWHAP clients, and are receiving HIV-related primary medical care, whether funded through the AIDS Drug Assistance Program (ADAP) directly or through Affordable Care Act (ACA) insurance or Medicaid. The medical and medical case management providers screen new intakes and contact individuals to determine their willingness to participate in a focus group.
2. Clients of RWHAP-funded providers who are receiving non-medical services and are believed not to be receiving HIV-related primary medical care, recruited through fliers in food baskets and through the efforts of peer and other staff of these providers, again with clients indicating their willingness to have their names and contact information shared with the focus group screeners.
3. Individuals with HIV who are not in care but are known to Consumer Committee members or other RWHAP Planning Council members and who have been contacted and indicated their interest in being considered for a focus group.
4. Individuals associated with several non-RWHAP programs and groups, such as social organizations, who respond to fliers asking for PLWH not in care to indicate an interest in being part of a focus group.

Sample Focus Group “Script” or Discussion Guide For PLWH Who are Out of Care or Recently Entered Care Group

As participants arrive

Greet participants as they arrive. Get their names and check them off using your master list of participants. Ask them to take a seat and make themselves comfortable. Point out refreshments, and encourage them to help themselves.

Distribute the profile/demographic 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. Offer to interview anyone who would prefer that. Tell the participants that you will never use any identifying information such as their name or identify them as clients or a particular agency in any of our reports. Offer to “interview” participants who would prefer this.

Also, distribute consent form/confidentiality agreement for participants to review.

INTRODUCTION

1. Introduction of facilitator/moderator and note taker

Welcome and thank you for coming today. My name is _____ and this is _____. _____ is a member of the Consumer Committee of the Ryan White HIV Health Services Planning Council in MetroCity, BigState, the group that makes decisions about how HIV/AIDS treatment funds are to be used. I am a consultant helping the Committee with its annual needs assessment. We are conducting this focus group as part of our information gathering for the needs assessment, to provide information the Council needs to make sound decisions about services and how available funding should be allocated – and especially about what we need to do to help people living with HIV enter and remain in care.

I will be leading today’s discussion. My most important role is to make sure that we get all our questions answered, keep to the time frame, and make sure that you all share your knowledge and experiences. My colleague, _____ will help me, and will also be taking notes. In addition we will be audio taping the session, which will ensure that we don’t miss any of your answers. The discussion session today will take about two hours total, including the break.

2. Purpose of the focus group session

As I mentioned earlier, the Consumer Committee is helping to identify the needs of people living with HIV in the metropolitan area of MetroCity. The purpose of this focus group is to learn more about why people with HIV sometimes are not receiving regular HIV-related medical care and treatment. We know some of you are currently out of care, and others recently started receiving care.

We have asked you here to talk about your experiences with testing and care, including reasons you have been out of care and what factors have helped or might help you and other people like you get into care and stay in care.

3. Confidentiality

All the information we collect here today is confidential. We will use the information you provide, but we will not identify any of the participants in anything we do related to this meeting. For example, we will not use your name, address, or any other identifying information in reports or other materials related to this focus group.

4. Consent forms and participant questionnaire

Before we begin the discussion, I would like you to sign the consent form given to you when you came in. The consent form will be our record that you agreed to participate in the focus group and that you agree to the taping, and that you understand that we will keep information confidential.

The consent form also says that everyone in the room should respect confidentiality. If you know each other, we ask that you not talk about specific individuals and the information they shared. It is fine to talk about the discussion, but not to identify who said what.

We would also like to collect the questionnaire that we asked you to complete when you arrived. As we explained before, the questionnaire will give us some information about your background. We will combine the information from all participants and use it to describe the group. We will never use any identifying information about you as an individual in our reports.

Please pass the signed consent form and completed demographic questionnaire to _____.

[Recorder: Collect signed consent forms and completed questionnaires]

5. Reimbursement/Incentive

(Describe travel reimbursement and incentive arrangements)

INSTRUCTIONS

Let me begin our discussion by reviewing a few things about the focus group.

During this discussion, we would like you to focus on some specific topics. We are interested in what everyone has to say about these topics. 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. Sometimes I may have to interrupt the discussion in order to bring us back to the topic or to move on to another question or topic, to make sure that we cover everything on our agenda.

We will follow several practical guidelines during this session:

- We want everyone to express your opinions about the discussion topics. We are interested in different points of view about them. There are no right or wrong answers, and we are not here to resolve any issues you may bring up or to reach agreement. We just want to understand your views.
- Give us only your first name or a nickname. No one needs identifying information about you. If you know each other, we ask that you agree to keep information confidential – if you discuss the views stated here, do not identify the people who stated those views.
- Feel free to agree or disagree with what other people say, while respecting their views.
- Please do not hold side conversations. We want to be able to hear from everyone, and side conversations will make that harder. We also want to make sure that we hear what everyone says.
- Please wait to be recognized by the moderator before speaking.
- Sometimes we will go around the table. You can always “pass” if you prefer not to comment on a particular topic.
- Because we are also recording the session, it would really help us if you could speak up so that everyone can hear you.

Do you have any questions so far?

FOCUS GROUP DISCUSSION [Start time _____]

Participant introductions: Now, let’s go around the room and have each of you introduce yourselves; give your first name, how long you have lived in this area, and how long you have been HIV-positive.

1. **What is your care status – are you currently receiving regular HIV-related medical care?**
[Probes: Are you currently receiving HIV-related medical care? Are you on anti-retroviral drugs? If you are not currently in care, have you received HIV care in the past? If yes, when did you enter care? How long were you out of care? How long has it been since you entered or got back into care?]

2. **If you are or have been in care, where have you received your HIV-related medical care?** Where do you or did you go to receive care? [*Probes:* At a clinic or health center? Which one? At an HIV clinic? From a private doctor?] Are you receiving or have you received other HIV-related services? [*Probes:* For example, have you received services like case management, or transportation assistance, oral health/dental, mental health, support groups, or substance abuse treatment? Food baskets or home-delivered meals? Emergency financial assistance? HIV-related housing assistance?]
3. **When you first found out you had HIV, what did you do?** [*Probes:* How did you react? How did you learn about the disease? Did you have someone who helped you deal with the diagnosis? Did another person living with HIV give you advice?]
4. **Right after you were diagnosed, did someone at the testing place try to help you get linked to care?** [*Probes:* Where were you tested? Did someone associated with the testing site encourage you to go to a doctor immediately? What did they offer? What information did they provide? Did they provide a referral or offer to go with you to enroll? How helpful were they and why?]
5. **Did you try to get care right after you found out you are HIV-positive, or did you decide to wait?** What did you do and why? If you didn't immediately get care, tell us why. We'd like to understand your *personal* reasons. [*Probes:* (for example, other health issues, or a difficult personal situation, or being in jail or in prison, or not feeling ready to deal with the disease?)] We'd also like to understand *program-related* reasons – things about the clinic or system of care that made it hard to you. [*Probes:* Did you know that free or low-cost services were available if you couldn't pay? Did you know about the importance of taking antiretroviral medication as soon as possible, to stay healthy?]

[Now or about halfway through your time period, give people a 10-minute break, to go to the restroom and to have some refreshments.]

6. **Some of you have been in care, then dropped out – or have been in and out of care several times – or you may know other people who have had that experience. Why does this happen?** [*Probes:* What leads people to drop out of care? Did you have bad experiences at a service agency? What could be done to keep people from leaving care? What leads people to come back into care? How important are access issues, like transportation and hours of operation?]
7. **How important is stigma or concern about having people know your HIV status – to what extent does it keep people out of care?** [*Probes:* Do you know people who don't seek care because of worries about having people know their HIV status? Would you hesitate to get care if it meant lots of people would know your HIV status?]

8. **At the time you were diagnosed with HIV, did you have a “medical home” – a regular doctor or a clinic where you received your medical care?** [*Probes:* Did you get regular physical examinations? Where did you go when you got sick – to a regular provider? An emergency room?]
9. **What difference would it make to people who are newly diagnosed if there was a peer to help them get ready for HIV-related care and get medical care for the first time?** This would be a person living with HIV who is receiving regular medical care to help them – someone who could help you learn about available care, provide information about HIV disease, go with you to your first few appointments, and help you find your way through the care system.
10. **How useful would it be to have a peer who could help PLWH stay in care or get back into care?** [*Probes:* Could a peer be helpful with improving adherence to medications? Making sure people get to their medical appointments, providing information and encouragements?]
11. **If you could make one change to make it easier for people to get into HIV-related medical care, what would you do?**
12. **Is there anything else we should understand in order to help ensure that people are tested and get into care as quickly as possible after they are infected?**

Closing Remarks

Thank you very much for participating in this focus group. The information you have provided has been very helpful. It will be used to help the Planning Council and Health Department make informed decisions about strategies for helping people with HIV enter and remain in care.

Are there any questions that I can answer before we end the session?

Thank you again for your help. We really, really appreciate your time and your knowledge.

Don't forget to pick up your transportation reimbursement and gift card before you leave.

SAMPLE FOCUS GROUP PARTICIPANT PROFILE QUESTIONNAIRE

[Adjust questions to fit your community and purpose]

Note: All the information collected here will be kept anonymous and strictly confidential. Your name will not be put on it. If you feel uncomfortable answering any question, you can leave it blank.

1. **Gender**
 - Female
 - Male
 - Transgender/Transsexual

2. **Age**
 - 13 to 17
 - 18 to 24
 - 25 to 34
 - 35 to 44
 - 45 to 54
 - 55 to 64
 - 65 or older

3. **Racial/ethnic background**
 - African American/Black
 - Asian or Pacific Islander
 - Hispanic/Latinx
 - White non-Hispanic
 - American Indian/Alaska Native
 - Mixed Race/Other (specify) _____

4. **Where are you living now?**
 - Rent/house/apartment
 - Own house/condo
 - Halfway house or temporary housing
 - Homeless shelter
 - Move around – family, friends
 - On the street - no home
 - Other (specify) _____

5. How many people live in your household?
 - 1 (myself)
 - 2
 - 3-4
 - 5-7
 - 8 or more

6. How long have you lived in _____?
 - Less than 1 year
 - 1-3 years
 - 4-9 years
 - 10-19 years

- 20 or more years
7. **Sexual orientation**
- Heterosexual/straight
 - Gay/Lesbian
 - Bisexual
 - Transgender
 - Questioning
 - Other: _____
8. **Country of birth**
- U.S.
 - Other (specify) _____
9. **Preferred language?**
- English
 - Spanish
 - Other _____
10. **Highest level of education completed**
- 8th grade or less
 - Some high school
 - High school degree or GED
 - Some college
 - Associate (2-year) degree
 - Bachelor's (4-year) graduate
 - Graduate work or degree
11. **Current employment status**
- Employed full-time
 - Employed part-time
 - Unemployed
 - Full-time student
 - Disabled
 - Retired
 - Other (specify) _____
12. **Annual household income**
- Less than \$10,000
 - \$10,000 to \$19,999
 - \$20,000 to \$39,999
 - \$40,000 to \$59,999
 - \$60,000 to \$79,999
 - \$80,000 or more

Sample Focus Group Participant Consent Form

DISCUSSION GROUP PARTICIPANT CONSENT FORM

The Consumer Committee is assisting the MetroCity HIV Health Services Planning Council and Department of Health to carry out a needs assessment. The information will be used to help improve the system of prevention, testing, and care within the metropolitan area. As part of that process, we are gathering information from stakeholders, including people who may need or be receiving HIV-related services funded or managed by the Department of Health.

The Committee is not affiliated with any service provider in the area. We are volunteers who are assisting with the needs assessment process, with the help of an independent consultant.

This focus group will be tape recorded to help the team write a summary report (to assure that the important points of our conversation are adequately recorded). Your participation in the discussion is totally voluntary. You do not have to respond to any question you do not wish to.

Your responses and comments will remain completely confidential. Information other than the summary will not be reviewed anyone except by the Committee and consultants working on this needs assessment. The information will be pulled together with no names attached. Your name will not be used or associated with any response or comment, and will not be given to any other individuals or organizations.

In participating in this focus group, you will help us to understand your views about issues related to access to and retention in HIV-related care, and how the Ryan White HIV/AIDS Program can help people with HIV enter and remain in care.

You may know some of the participants. We ask you not to share with anyone else information on who said what – do not identify the people who expressed various viewpoints.

If you agree to these conditions, please sign below. Your signature means that you agree to participate in the focus group, you allow us to tape record it, and you agree to keep people's individual views confidential. Thank you so much for participating!

Signature

Date