

Beyond Focus Groups Panel Discussion

Wednesday, October 24th, 2012

WELCOME!



Featured Speakers

- * **Hosted by Dr. Michael Weisman**, Professor in Residence, Cedars-Sinai Medical Center
- * **Co-Host, Dr. Lenore Arab**, Professor, GIM & HSR, UCLA
- * **Dominick Frosch**, Associate Staff Scientist, Health Services Research, Palo Alto Medical Foundation
- * **Deborah Glik**, Professor, Public Health – Community Health Science, UCLA
- * **Marjorie Kagawa-Singer**, Professor, Public Health, Community Health Science, UCLA
- * **Marian Katz**, Assistant Researcher, GIM & HSR, UCLA
- * **Gery Ryan**, Senior Behavioral Scientist, RAND

AGENDA

- 2:00 – 2:10pm** Welcome and Introduction by **Dr. Weisman**
- 2:10 – 2:20pm** Brief overview of state of the art techniques and current limitations with focus groups; alternatives to going beyond focus groups by **Dr. Marian Katz**
- 2:20 – 2:40pm** Discussion of Opportunity for Attendees to present specific research issues to panelists for consideration
- 2:40 – 2:50pm** Specific example of new methods in qualitative methodology from **Dr. Marjorie Kagawa-Singer**
- 2:50 – 3:10pm** Discussion
- 3:10 – 3:20 pm** Presentation of a specific example of new methods in qualitative methodology from **Dr. Deborah Glik**
- 3:20 – 3:40pm** Open Discussion
- 3:40 – 4:00pm** Roundtable discussion and closing remarks

* **Dr. Michael Weisman**, Professor in Residence,
Cedars-Sinai Medical Center

Welcome and Introduction

* **Dr. Marian Katz**, Assistant Researcher, GIM & HSR,
UCLA

Considerations in Using Focus Groups in Patient-Centered Health Services Research

“Shoot the Focus Group”?

- * “Asking someone to explain [their behavior and intent] is not only a psychological impossibility ... but it biases them in favor of the conservative, in favor of the known over the unknown.”
 - * -Malcolm Gladwell. *Blink*
- Move away from focus groups in R&D and marketing
- Social media and other technologies get information from more people faster than focus groups
- Observational methods like ethnography get more accurate information about real life activities, challenges, and decisions
- Do the same issues apply to patient-centered research?

How Are Qualitative Methods Different From Quantitative Methods?*

Qualitative

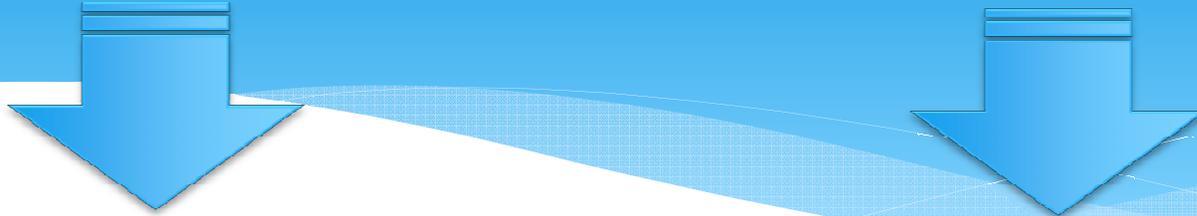
- * Insider Perspective
- * Person-Centered
- * Holistic
- * Contextualized
- * Focus on Depth of Knowledge
- * Inductive
- * Researcher experience can be part of data and analysis

Quantitative

- * Outsider Perspective
- * Variable-Centered
- * Particularistic
- * De-contextualized
- * Focus on Breadth of Knowledge
- * Deductive
- * Researcher experience separate from data and analysis

*Adapted from Padgett, D. 2012. *Qualitative and Mixed Methods Research in Public Health*.
Dr. Katz

Scope of Qualitative Research



Elicited

Individuals and/or Group

Interviews

Focus groups;
Delphi groups,
NGT

Naturally Occurring

Observation of real life activities in-person or media

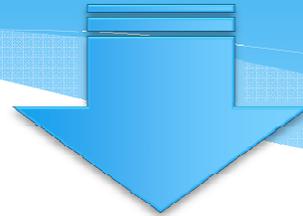
Recording, observation

Primary Data

Naturally Occurring Data: An Underutilized Resource?

- * A common social science methodology
- * Social scientists as a resource
 - * A solution to the problem of stakeholder bias
- * Challenges to having findings embraced by decision makers

Qualitative Research



Pre-existing Documents

e.g., brochures, web sites, chart notes, etc.



Secondary Data

Qualitative Data Collection

Typically Results in Texts

Primary Data

Transcripts from interviews, focus groups, etc.

Pre-existing Documents

Notes from in-person or media observation

Secondary Data

What Are Focus Groups?

- * Focus groups are a form of primary data collection
- * Group interview, conversation, or meeting?
- * Information is elicited by the researcher/facilitator
- * Focus groups can be analyzed in terms of both content and/or process
- * Analysis requires a written record, either a full transcript, or detailed or summary notes
- * The unit of analysis is the entire group. Thus, findings can only be valid at the group (i.e. with one focus group, N=1)

Why Do Researchers Use Focus Groups?

- * They are quick and relatively easy to set up
- * The group dynamic can provide useful information that individual data collection does not provide
- * They may be useful in gaining insight into a topic that may be more difficult to gather through other data collection means.

Adapted from “Data Collection Methods for Program Evaluation: Focus Groups”
CDC Evaluation Brief No. 13, July 2008

Disadvantages of Focus Groups

Reviewers may dislike focus groups because:

- * They are susceptible to facilitator bias
- * They can be dominated or sidetracked by a few individuals
- * Data analysis is time consuming
- * Resulting data is not valid at the individual level
- * Information is not representative of other groups

Other Factors to Consider: When Might Advantages Outweigh Disadvantages

- * What it is important to “give voice” to a marginalized group
 - * Ex. Early HIV/AIDS research
 - * Obtain a group perspective that may be very different from researchers perspective
- * When there is a goal of “empowering” clients
 - * Participants “exercise a fair degree of control over their own interactions” balances power between researchers and participants

(Morgan DL. 1996. “Focus Groups.” Annu. Rev. Sociol. (22)129-52)

Other Factors (Cont'd)

- * May increase comfort talking about sensitive topics
 - * Ex. Youth talking about menstruation (Kissling, 1996)
- * Encourage participants to elaborate their ideas and/or challenge/debate with others; establish “extent of consensus and diversity among participants” (Wilkinson, 2004; Morgan 1996)
 - * Ex. Drug dealing in B&C; range of B&Cs (FSP study)
- * “Structured Eavesdropping”: Opportunity to hear the language and vernacular used by respondents

Focus Group Example: FSP Study

- * One focus group for each of 20 programs
- * More comfortable or articulate clients sometimes helped less comfortable clients to express themselves
- * Issues arose in groups that we didn't anticipate and we could then pursue those issues with the group (e.g. various issues involving room and boards: living conditions, guest policy, variation)
- * Gauge relative importance of issues within the group
- * Opportunity to observe interaction among clients and client presentations of self

One-to-One Interviews Example: Pediatric Pain Study

- * Interviewer: So, why is it that you decided to try the Pediatric Pain Clinic?
- * Amelia¹: Because I want to be able to function- I am not on a high dose medication, but it's a lot of medication for my body. So **I want to...figure out if there's anything that's as effective as the medication is but less harm to my body.**

¹ Pseudonym

Example: Pediatric Pain Study

- * Interviewer: It sounds like they helped you to understand your pain differently...?
- * Karen: Probably to cope differently, and understand, yeah. I think that coping and understanding are sort of together... I know that I'm very tense, so that's part of understanding. I know I'm very tense...I have a tense personality, and also that I'm physically very tense, so I need to learn how to relax. (Continued on next slide)

PPS Example Continued

Now I know how to relax, and I know how to stretch, and I know how to strengthen. So I know things that I can do to help. I also know that it's okay to be in pain and that it's okay that I feel the way I do. **I don't know how to explain it, just that they understand and that they're trying to help, and that's really therapeutic in itself...**I don't feel guilty about it, so now I can work on improving it, so that's good. I think it all comes so slowly.

Summary & Conclusion



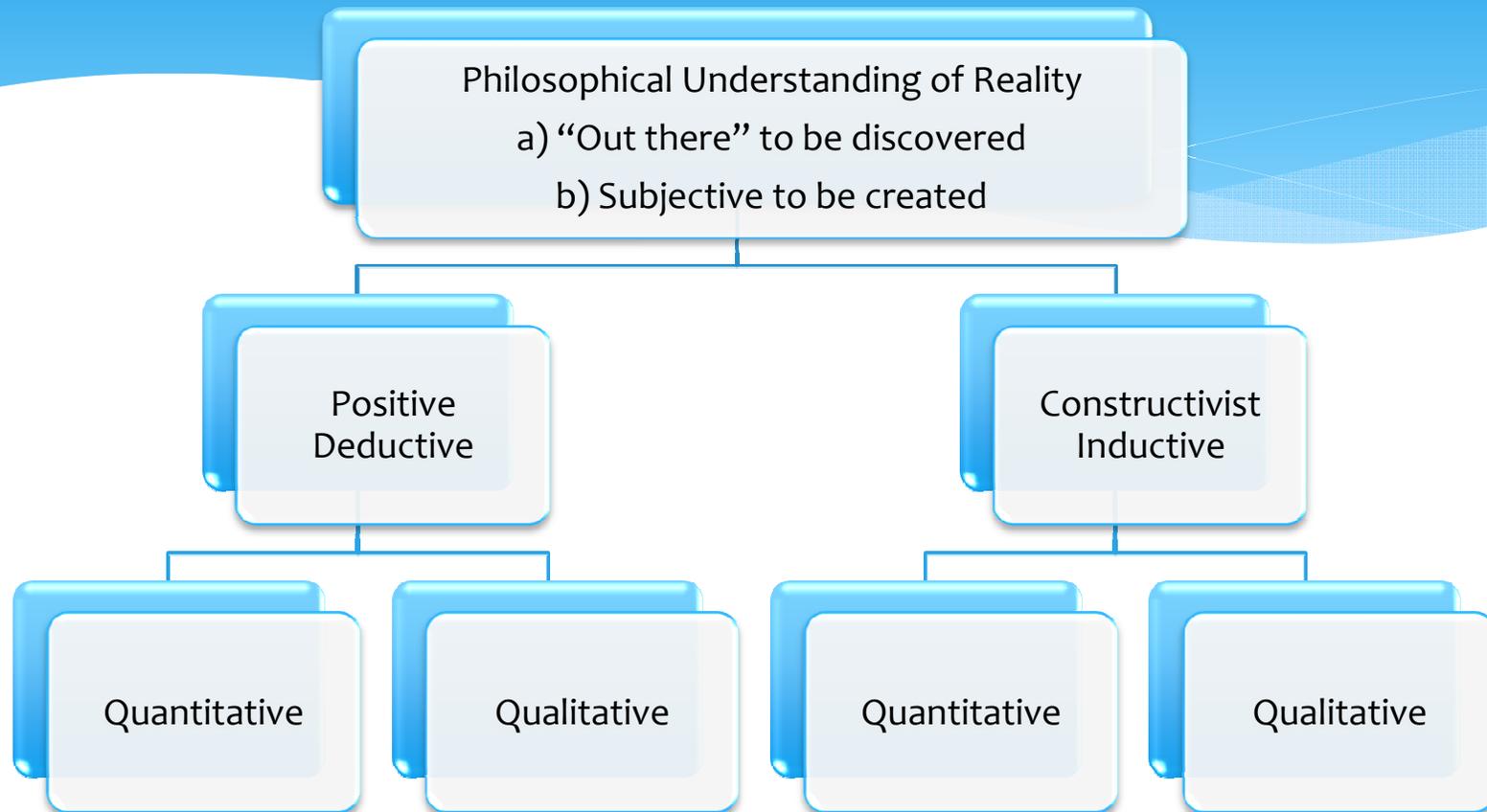
Discussion and Opportunity for Attendees
to Present Specific Research Issues to
Panelists for Consideration

* **Dr. Marjorie Kagawa-Singer**, Professor, Public Health, Community Health Science, UCLA

Beyond Focus Groups - What are we looking for?

Epistemology of Science

How do we know what we know?



A. Role of Researcher: Expert or Student?

B. Choice of paradigm: Knowledge: Structure

- 1. Research question and**
- 2. How much is known about topic**

Research PARADIGM

Inductive

Deductive

Methods

Qualitative

Quantitative

Qualitative

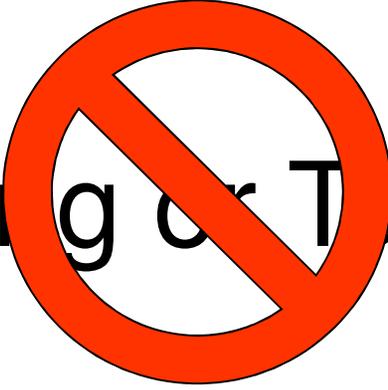
Quantitative



Purpose of Inductive Qualitative methods is to find the UNIQUE – what you don't know
you don't know

Not necessarily the
GENERALIZABLE

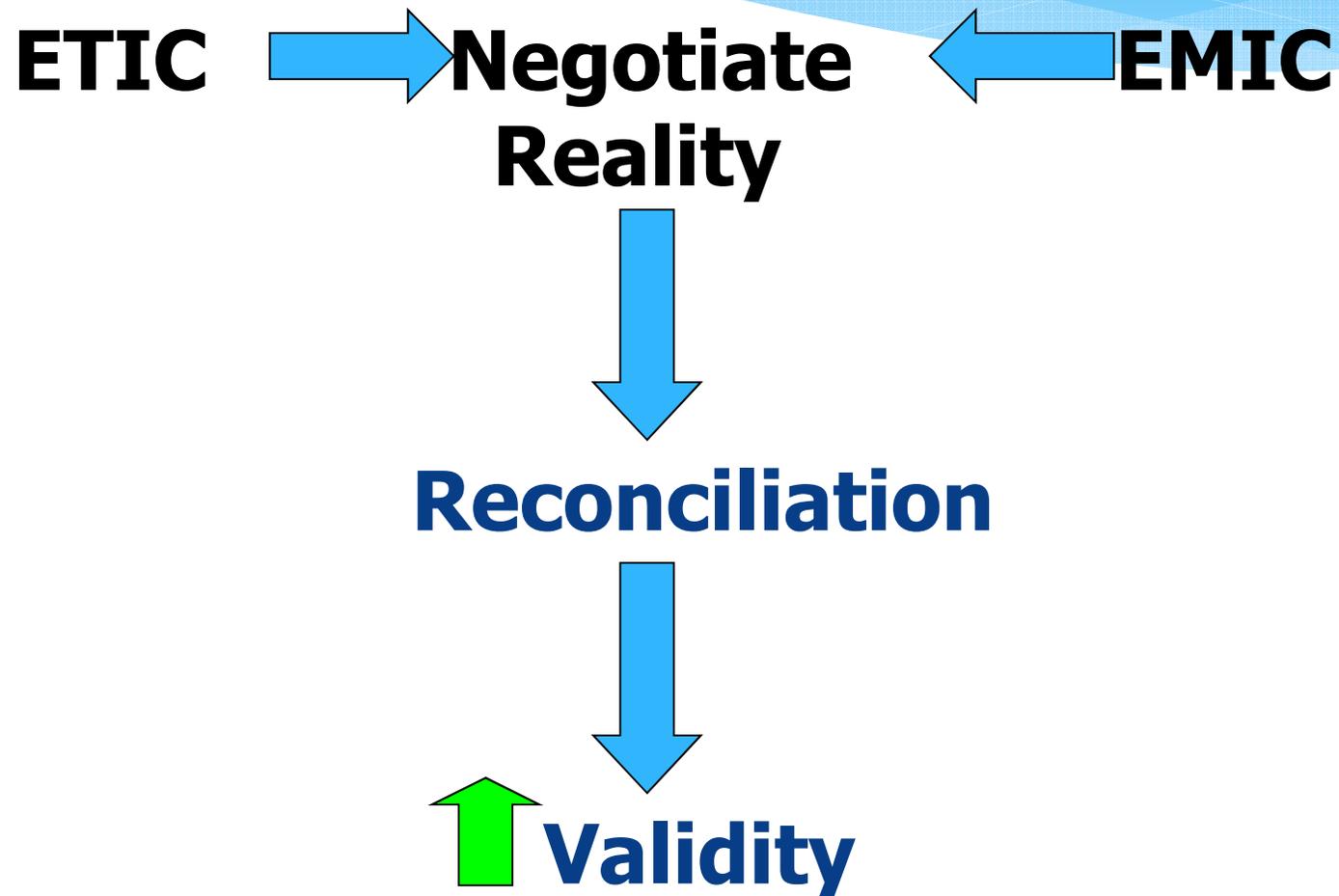
Tailoring or Targeting



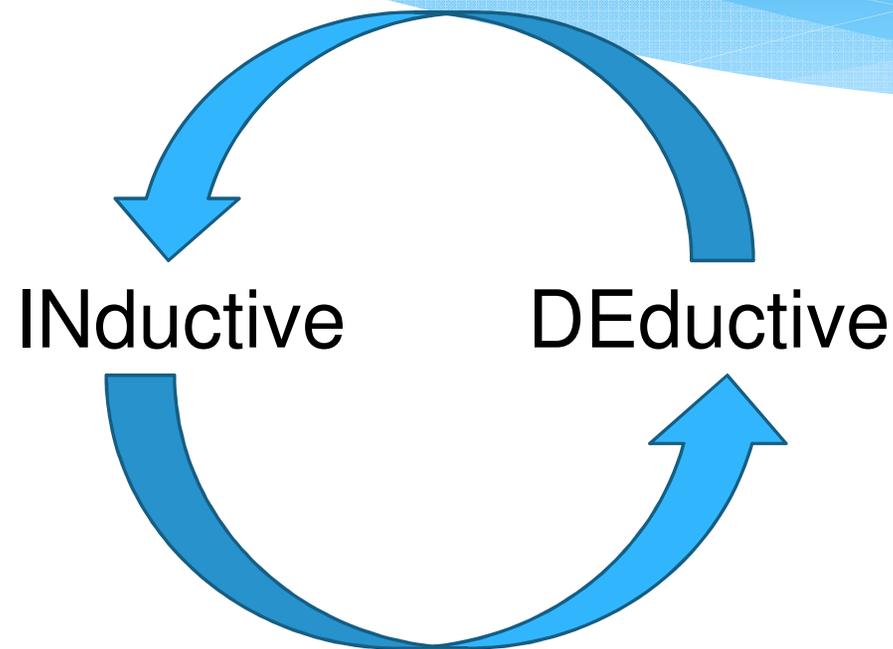
Theoretical Approaches

Inductive	Deductive
Hypothesis Generating	Hypothesis Testing
Emic (insider's view)	Etic (outsider's view)
Naturalistic (Lived Reality)	Controlled
Iterative	Linear

Inductive Research

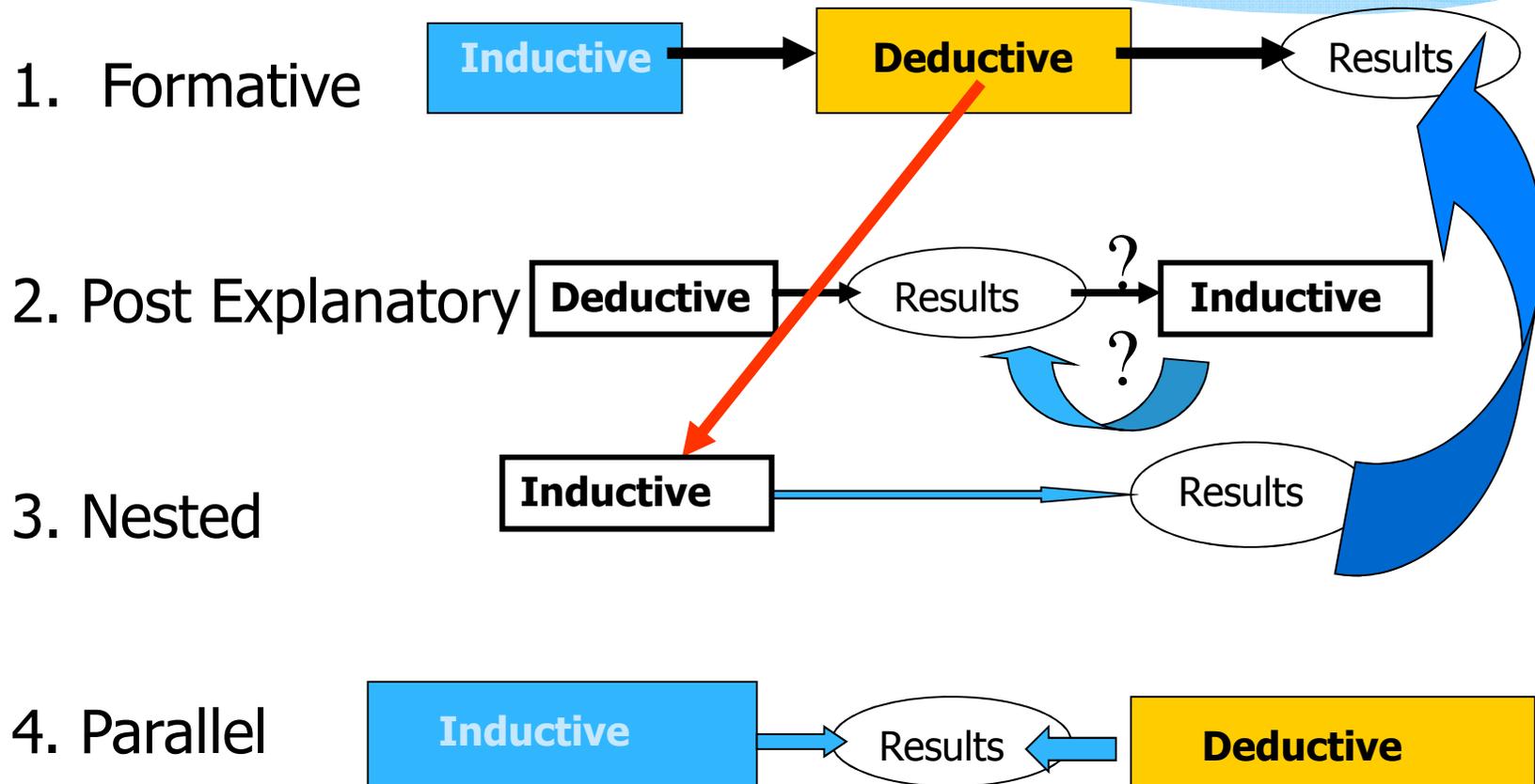


Circular Process



The choice of the paradigm is dependent upon the question being asked and the current knowledge about the issue of focus and its potential universality

Modes of mixed methods



Open Discussion

* **Dr. Deborah Glik**, Professor, Public Health,
Community Health Science, UCLA

Virtual Focus Groups

Case Study 1: Message Response Testing for Pandemic Flu

- * Issue : Spring 2009 : a/H1N1 outbreak
- * Government and public health agencies aired messages to keep the public safe.
- * Problem : Planned messages with intended effects have also stimulated audience responses which may or may not be valid.
 - * E.g. pigs cause flu, vaccine is dangerous, its not a serious flu event
 - * This has to do with exponential development of social, interactive and online media as well as groups who are organized and have issues with governmental 'control'.

Case Study 1: Message Response Testing for Pandemic Flu

- * These non public health messages get amplified in ways unplanned, potentially creating misinformation and unintended consequences.
- * Thus current crisis risk communication must balance between generating accurate, relevant, consistent and clear messages, and rumor control to counter misinformation.
- * It is important to understand which messages are getting through to whom and how to create counter messages in a real time context.

Case Study 1: Message Response Testing for Pandemic Flu

- * Solution : test a prototype rapid message testing exercise that uses online and video conferencing to conduct focus group interviews, to test audience responses to public health and non public health messages and counter messages during A/H1N1 influenza outbreak among vulnerable populations..
- * ‘virtual’ focus groups :
 - * respondents contacted on- line from panels of target audience
 - * interviews conducted with online with video and teleconferencing technologies

Case Study 1: Message Response Testing for Pandemic Flu

- * Knowledge Networks, Inc. recruits focus group participants from its KnowledgePanel[®], its representative, probability-based panel sample with online access.
- * Based on available technology, geographically dispersed participants can view both the focus group moderator and content on the Web, and engage in discussions with the moderator and the other participants in an interactive discussion group through teleconferencing.
- * Responses are digitally recorded.
- * This allows for rapid data retrieval and analysis by providing data files and audio tapes immediately after the field period ends.

Case Study 2: Online Chats with Teens

- * Part of a larger project on teen health literacy
- * Created a website T2X.me
- * For chats , recruited teens through classrooms
- * Set up online chat methodology where teens go on line at home in evening (7 – 8 pm)
- * Teens select a moniker so identity is masked
- * Used ‘Quartz’ software, worked with an expert (Michael Fiore, EPG technologies)

Case Study 2: Online Chats with Teens

- * Facilitator starts discussion and teens comment and also ask questions
- * 12 – 20 kids average, 20-40% are active participants
- * all the comments are published (put on line) so they are public after being monitored for appropriateness
- * We have done online chats on sex, talking to your doctor, infectious disease, bullying
- * Used 'Quartz' software, worked with an expert

Case Study 2: Online Chats with Teens: Cyber Bullying

- * [Teen] i just wanted to know: how many suicides have been committed this year because of cyberbullying?
- * [Host] are there good numbers on that? The number of suicides ?
- * [Expert] So suicide - difficult to say because no one commits suicide from any single issue. Of course, there's been lots of media attention on cyberbullying and suicides lately. Lots. Megan Meier was one of the first.
- * [Expert] Good news though in that suicide among young people is actually on the decline. There's more resources available for kids in crisis, including and especially online.

Case Study 2: Online Chats with Teens: Cyber Bullying

- * [[Expert] The media has latched onto cyberbullying as a cause of suicide but it's more accurate to describe it in some of the most high profile situations as a contributing factor. Our 24/7 news obsession also allows us to learn of tragedies in far off cities so it can sometimes feel like an epidemic.
- * [Teen] what site has the most cyberbullying?
- * [Expert] TQ, I bet you can guess. what site are most people on? 500 million people to be exact.

Case Study 2: Online Chats with Teens: Cyber Bullying

- * [Expert] BTW, I meant Facebook. Most young people are OBSESSED with it.
- * [Teen] true. but i dont have a facebook yet
- * [Expert] I don't mean to pick on Facebook, it's a great site and I use it. But wherever young people gather online, is where cyberbullying will exist.

Conclusions

- * Focus group interviews are still important tools for
 - * Planning : formative research, evidence based programs implementation
 - * Pretesting : for audience response to messages , survey questionnaire pretesting
- * New technology means they can be conducted virtually
- * Can also reach the hard to reach
 - * Case 1: Flu : isolated, have chronic disease,
 - * Case 2: T2x.me : Teens from disparities populations



Roundtable Discussion and Closing Remarks

Thank You!

Contact us at: RRT@mednet.ucla.edu or
(310) 267-4258

Complete Our Evaluation Survey Online at :
<http://www.surveymonkey.com/s/WFGPN3Q>

