



Effective Communication
in Outbreak Management for Europe

[Guideline: how to prepare and conduct focus group discussions on future pandemics and vaccinations?]

This tool may facilitate end-users when preparing and conducting focus groups in their own country.

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Many guidelines exist (see section 'More information' for examples) that might be of help when preparing and conducting focus group discussions. The aim of this guideline is therefore more specific: to facilitate end-users when preparing and conducting focus groups to gain insights in public opinion and attitudes regarding future pandemic outbreaks and vaccination in other European countries than those included in Work Package 5 of the E-com@eu project (the Netherlands, Poland, Spain and Sweden).

This guideline is based on the focus group study of Work Package 5 and consists of three parts: 1) Before the focus group discussions, 2) During the focus group discussions, 3) After the focus group discussions. Additionally, it includes the use of theoretic behavioural models in the preparation of focus group discussions (Appendix A), the focus group discussion guide 'future pandemics and vaccines' that we used in E-com@eu (Supplement B) and the coding tree, based on the Health Belief Model (Supplement C).

Before the focus group discussions

- Define the research question: make sure it is clear why the research is conducted, which information needs to be collected, how this information is to be used and who needs this information. In the case of E-com@eu: what is the public opinion and attitude regarding future pandemics and vaccination?
- Select participants from the target population: for a focus group discussion to be successful, at least 6 participants need to be present during the meeting. These participants need to represent the target group, in the case of the E-com@eu example above the general public, and need to be a group of mixed people (not all young people, but also some older people, etc.). Conduct at least two focus group discussions per country.
- Buy gifts, e.g. gift vouchers, to reward participants for their contribution and time, and develop a list where participants can sign after receiving the gift voucher. This procedure may depend on local tax requirements. If participants are recruited by a professional agency, this step is not necessary.
- Develop a topic list to structure the discussion: this list should include all topics to be discussed during the group discussion, as well as instructions for the moderator of the discussion. See supplement B for the topic list that we used in E-com@eu. Start the discussion with a short introduction into the research, the topic and an explanation of the structure and rules of the meeting (e.g. confidentiality, no smoking). Hereafter, prepare some warm-up questions, followed by the key questions. End with a summary of the discussion. Reserve time for questions and suggestions from respondents. The topic list should, if possible, be based on behavioral models (see Supplement A for an explanation of the Health Belief Model that might be used in the case of a FGD about vaccination).

- Prepare necessary forms: create an information letter for participants regarding the meeting and its purposes. Develop a short questionnaire on socio demographic characteristics, e.g., age, gender, vaccination status, etc. Optional (depending on local regulations): create an informed consent form that participants need to sign.
- Organize a venue where the focus group can take place. Make sure drinks, e.g. coffee and tea, are present. Have pencils and papers available so that all participants can write their names on name plates. Have an audio recorder available to be able to audiotape each focus group discussion.
- Test the topic list by conducting a pilot focus group discussion. This can be achieved by simply asking colleagues to participate. Afterwards: update the topic list using the input of the pilot discussion.
- Arrange a moderator to conduct the focus group (or do it yourself). Always have an assistant available during the focus group.
- Conduct focus groups until there is 'data saturation', i.e. no new findings emerge during the last discussion. Note that not all steps of this phase need to be repeated when multiple focus groups are conducted on the same topic)

During the focus group discussions

- Use the topic list to structure the discussions.
- Please keep in mind that the group needs to discuss, the moderators are there to structure the discussion and raise the issues in the topic list only. Ask for clarification if something that is said by participants is unclear. Invite everyone to contribute to the conversation to prevent one or two persons dominating the discussion.
- Make notes of interesting statements or findings.
- Make sure no questions remain unanswered before ending the meeting.

After the focus group discussions

- Directly afterwards, discuss the feelings / findings of the discussion with the focus group assistant. How did the participants react to the topic and the questions? Are there findings that stand out? What can be improved next time?

- Transcribe the audio taped discussion verbatim.
- If the focus groups are conducted for use in health policy: analyse the transcripts, together with the notes made during the discussion, to summarize relevant findings. If the focus groups are conducted for scientific purposes: Analyse the data (two or more people): read the transcript in-depth and examine the content. Identify and code relevant text passages in the transcript, based on a provisional coding tree (Supplement C). Discrepancies between coders need to be discussed until consensus is reached. Software, such as NVivo or Atlas.ti, can enable systematic comparisons between the codes of different focus group discussions.

More Information

E-com@eu project Website: <https://www.ecomeu.info>

Video summary of E-com@eu project: https://www.youtube.com/watch?v=_u5B-QNhjkk&feature=youtu.be

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Janz NK, Becker MH. The Health Belief Model: a decade later. *Health Educ Q* 1984;11(1):1-47.

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Supplement A: Behavioural model

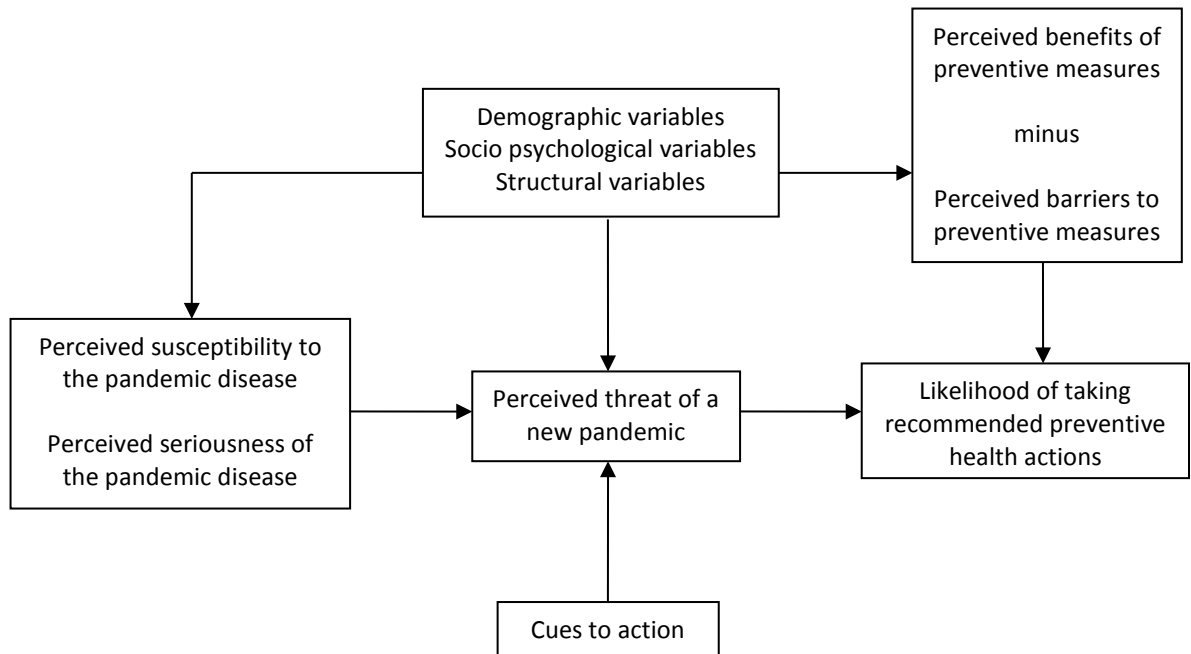


Figure 1. Overview of Health Belief Model, adapted for the current study to new pandemic outbreaks.

The basic idea underlying the HBM (Figure 1) is that people react to a perceived threat, in this case a new pandemic outbreak, by performing some action. The perceived threat depends on both the perceived susceptibility to the disease (a person’s perception of the chance that he/she will contract the disease) and the perceived severity of the disease (a person’s belief on how serious contracting the disease would be for him/her, both medical and social consequences). According to the HBM model, people weigh this perceived threat to the perceived benefits of actions (beliefs regarding the effectiveness of preventive measures in reducing the disease threat) and to the perceived barriers of actions (potential negative aspects of the preventive measures). The HBM posits that prevention is more likely if there is a high threat, if people believe an available action will reduce their susceptibility or severity of the condition and if the barriers to actions are outweighed by the benefits. If perceived severity and susceptibility are low, people will not perceive the disease as threatening and will consequently not be inclined to act. Besides weighing the perceived threat to the perceived efficacy of the vaccination program, the HBM states that ‘cues to action’ (strategies to activate readiness) are affecting someone’s intention as well. These cues can either be internal (e.g. symptoms) or external (e.g. mass media campaigns, advice from others, illness of family member or friend, newspaper or magazine article, reminder)). Furthermore, according to the HBM the decisions people make are also dependent on certain variables that can be classified as: demographic (age, sex, race, ethnicity, etc.) and social psychological (personality, social class, peer and reference group behaviour, etc.) and structural (knowledge about the disease, prior contact with the disease).

Supplement B: Focus group discussion guide ‘future pandemics and vaccines’

----- Request for the discussion leader:

- Ask the participants to sign and hand in the informed consent form
- Ask the participants to write their first names on the nameplates.

----- Topic list, to be discussed during the focus group discussion:

Welcome

- Welcome to this focus group discussion about vaccinations. Thanks for coming!
- My name is ... and I will lead the discussion today. Next to me is ..., a researcher at ... and she will assist me today.

Introduction by researcher

- Why do we do this study? It could be that there will be an outbreak of a new contagious disease in the future. Then, it's important to know whether people are willing to get vaccinated against this disease. It's also important to know what reasons people may have to get vaccinated or not.
- Goal of today: discuss people's opinions about vaccination and whether they are willing to get vaccinated against a new contagious disease. We are interested in your opinions as ... citizens. So for tonight, imagine that you are living in ... again.

Practical issues

- Rules: everybody is free to give their opinion. There is no need to reach consensus. My role is limited; I will only lead the discussion, you will discuss as a group.
- I would like to ask you to keep everything that will be said today confidential.
- The discussion will be recorded by using a voice recorder, so that we know what has been said literally later. When analysing the discussion, this will be done anonymously, no names will be mentioned.
- What does this meeting look like? The discussion will last for approximately 2 hours. Halfway, there will be a short break from 5 to 10 minutes. You'll first discuss the new contagious disease. Thereafter you will discuss about a vaccination against this new disease.

- Are there any questions before we'll start?

I will now turn on the voice recorder

[Turn on the voice recorder]

Introduction questions

We'll start with a short introduction:

- What is your name and the reason that you are participating today?
- Is there anyone who can remember it: what was the last vaccination you got?
 - o Which vaccination was it? When was it?
 - o What were reasons for you to get vaccinated then?

Main questions

From now on, we'll focus on vaccinations against new contagious diseases.

Imagine, a new contagious disease emerged abroad. People already died of the disease there. People got sick in ... as well, but no one died yet.

- What would you like to know about this disease? And why?
- Are you actively going to search for information? Where are you looking for this information?
- Which media do you use to search for information about this new disease?
- How would you like to get informed about the new disease?
- Who needs to give this information?

- Are you afraid to get sick? Why do you? Why don't you?
- Will you look for preventive measures you can take against the disease? Which measures?

Imagine, a vaccination has to be produced against this new disease. Some people only get vaccinated if they think the vaccination is 'good'.

- What do you think is a good vaccine/ when do you think a vaccine is 'good'? What attributes does the vaccine need to have?
- How much would you like to pay for the vaccination?
- What role does the price play in your decision to get vaccinated or not?

Break

We'll have a short break of 5 – 10 minutes. We'll start again at.... am/pm.

After the break

Now, imagine that the vaccine has been produced and you are eligible to get a vaccine as well.

- Will you be informed of this? If yes, by whom will you be informed?
- Will you be going to ask for advice before deciding about uptake of the vaccine? If yes, whom would you ask? And what do you do with this advice?
- Do you take the decision to get vaccinated only based on facts? If no, what is also important?
- Do your previous experiences with vaccinations influence the decision you have to make now?

Imagine, a person that is really important for you has already been vaccinated.

- Does this affect your own decision, and if yes, how?

Imagine, you've searched for information about the disease and the vaccine and you discussed about the vaccine with your friends and family. If you have decided to get vaccinated, you have an opportunity to do this tomorrow.

- Is there anything that can stop you from getting vaccinated? If yes, what?
- What practical matters are important now?

We will now discuss a couple of situations.

Scenario 1: All over the world more people get sick and more people are dying from the new disease. Also in ..., more people are getting sick. The first ... person died.

- The situation has changed. What does this change mean for you?

Scenario 2: The whole world is under the spell of the new disease. More people died in ... as well, because of the disease. Also a healthy ... girl died.

- The situation has changed. What does this change mean for you?

Scenario 3: Now, also someone in your close circle got infected with the new disease. It is unclear if he or she will survive. This person wasn't vaccinated against the new disease.

- The situation has changed. What does this change for you?
- What if this person has been vaccinated, but still contracted the disease?

All the previous questions were about a vaccination for yourself. You now have to decide if you want your child to get vaccinated against the new disease. If you do not have children, please imagine for now that you have.

- What (other) reasons are important now, when you need to decide if your child gets the vaccination or not?

Until now, we discussed about what you would do if a new contagious disease will break out. Now, think back at the Mexican flu (or swine flu, or H1N1) outbreak from a couple of years ago. Remember, we are talking about the ... situation.

- Were you worried to get sick then? Why? Why not? Did anyone in your close circle got sick with the H1N1?
- What did you think of the information available about the H1N1 and the precautions that you could take against the H1N1?
- What did you do to avoid getting the H1N1?

The last question: Do you think there are differences between ... and other European countries in how people react to a new disease and in reasons to get vaccinated or not? If yes, what are those differences? Also think about differences in which things are organized.

----- *Requests for discussion leader:*

- *Ask the participants if they have anything to add to the things that are said today?*
- *Ask the participants if they have other questions or remarks about the discussion?*

[turn off the voice recorder]

- *End the conversation. Thank the participants for their participation.*
- *Ask the participants to fill in the questionnaire.*
- *(if applicable: distribute the gift vouchers. Ask the participants to sign after receiving the voucher)*

Supplement C: Coding tree, based on the Health Belief Model.

1. Perceived seriousness of contracting the disease
2. Perceived susceptibility of contracting the disease
3. Perceived benefits of preventive measures
4. Perceived barriers to preventive measures
5. Self-efficacy
6. Cues to action
 - a. Mass media
 - b. Advice from others
 - National level
 - Personal level
 - c. Illness of friends and family
7. Variables
 - Demographic variables
 - a. Having children
 - Socio psychological variables
 - b. Peer behavior
 - c. Population characteristics
 - Structural variables
 - d. Knowledge about the disease
 - e. Prior contact with similar diseases and vaccinations
8. Health authorities