Staff Focus Group

I. Purpose

The Staff Focus Groups are designed to explore issues that are more suited to discussion and conversation than a survey, such as elements of organizational culture that support skills and practices critical for addressing health inequities. The focus groups also can be used to get deeper and more contextualized information about some of the same elements of the Matrix of Workforce Competencies and Organizational Characteristics for Addressing Health Inequities addressed or assessed in the Staff Survey.

Advantages: The focus groups offer a way to elicit in-depth information about staff perceptions, experiences, knowledge and ideas about the LHD's capacity to address the root causes of health inequities. The richness of this qualitative information adds depth, context and clarity to the Staff Survey findings and can be used to further explore issues raised in the survey.

Use staff focus groups to:

- Facilitate discussion about organizational culture and other matters difficult to capture in a survey.
- More deeply explore issues identified by the staff survey.
- Provide a safe space for staff to talk with each other about organizational factors affecting their ability to contribute to health equity work and elevate their feedback to the attention of LHD leadership.

Challenges and Limitations: Because focus groups are most effective with relatively small numbers of participants, some voices and perspectives may be missed. However, in combination with the Staff Survey, this is a minimal concern. The large amount of qualitative data generated by the focus groups is time-consuming to analyze and must be done by someone with experience and skill in synthesizing such content.

The specific elements addressed by the focus groups include:

Organizational Characteristics	Workforce Competencies
• Institutional commitment • Hiring to address health inequities • Structure that supports true community partnerships • Support staff to address health inequities • Transparent and inclusive communication • Institutional support for innovation	• Personal attributes • Knowledge of public health framework (e.g. Ten Essential Services, public policy development, advocacy, data) • Understand social determinants of health • Community knowledge • Leadership • Collaboration skills • Community organizing • Problem solving • Cultural competency/humility

II. Implementation

Staff Time and Resources

The table on the following page provides an estimate of the investment required for implementing the Staff Focus Groups.

Focus Group Implementation Task	Who	Estimated Staff Time
Reviewing focus group protocol and customizing to reflect survey findings and LHD priorities	Facilitator, with assistance from Implementation Team member	10 hours
Selecting and Scheduling Staff	Facilitator, with assistance from Implementation Team member	1 hour to manage and randomize staff lists, 2 hours to schedule
Preparing for and Facilitating Focus Groups	Facilitator	2 hours per focus group, plus travel time if necessary
Participating in the Focus Group	Selected Staff	90 minutes
Qualitative Data Analysis	Analyst/Consultant	15-20 hours; this will vary depending on the number of focus groups

Additional Resources Needed:

- Private meeting room, possibly off-site (but nearby), in which to conduct the focus groups.
- *Optional:* Digital recorder to record interviews and funds for a professional transcription service.
- If not trading facilitation services with a colleague organization/neighboring LHD, funds to secure a consultant to facilitate the focus groups and analyze the data.
- Refreshments for participants.

See below for additional discussion regarding third-party facilitation for staff focus groups and analysis of focus group data.

Implementation Plan

The checklist below provides recommended steps for convening Staff Focus Groups:

☐ **Determine an Appropriate Facilitator**

The facilitator chosen to implement this component of the Toolkit should have experience in leading focus groups, and should have knowledge of public health practice, social determinants of health and health inequities. To ensure a safe environment for staff participants, it is **strongly recommended** to have an individual external to the LHD facilitate the focus groups. If resources are not available to hire a consultant, one cost-saving solution is to partner with a neighboring LHD that would also like to engage in the Self-Assessment, and find an appropriate staff member in each LHD to facilitate the focus groups of the partnering LHD.

Another option for minimizing costs is to hire a consultant to facilitate the groups and provide transcripts of the focus groups with any identifying comments removed, so that the analysis of these qualitative data can be performed by internal LHD staff with the capacity and skills to do so.

☐ **Review and Customize the Focus Group Protocol**

The Implementation Team or a subset should review the protocol to ensure that the language and questions are relevant to the LHD, and to prioritize questions based on Staff Survey findings and other agency needs. Use the Roadmap in *Appendix III* to help guide the customization.

- [ ] **Determine the Number of Focus Groups to be Held**

The number can vary with the size of your LHD. If possible, more than one focus group should be held to provide a broad set of perspectives. In the pilot, the City of Berkeley Public Health Division conducted one focus group with management level staff and two with program-level staff.

- [ ] **Designate a Coordinator/Liaison**

Select a member from the Implementation Team to serve as a coordinator and liaison to work with the facilitator.

This coordinator/liaison will be responsible for:

- Compiling a contact list of all staff with their name, email and phone contact information, job title, and agency site or division, as applicable.
- Creating stratified "pools" of staff from which the facilitator can randomly select focus group participants; each pool should be constructed based on similar staff level and include staff from a mix of program areas, sites, and racial/ethnic backgrounds to provide as diverse a voice as possible in each group.
- Providing the facilitator/consultant with contact and other relevant information about the staff in each pool so that the facilitator can directly select focus group participants without sharing identities with the Implementation Team.
- Assisting the facilitator with securing a focus group site as needed.
- Providing the facilitator with the focus group protocol and any background information about the LHD and the Self-Assessment that would be relevant to their role as facilitator.

- [ ] **Communicate with Staff about the Focus Groups**

As with the survey, it is important that staff understand this to be both an agency priority and an approved use of their time. After the facilitator is selected and the agency is ready to implement the focus groups, the the public health official or lead executive should send a communication to all staff announcing the focus groups, discussing their purpose and why they are important, and making explicit that staff members have permission to use work time to participate in the group if they are contacted by the facilitator, and in fact are strongly encouraged to do so. See *Appendix IV* for sample staff communications about the focus groups.

- [ ] **Select the Focus Group Participants**

To maintain confidentiality and a safe space for focus group participants to be candid, management and program-level staff should participate in different focus groups. In addition, the facilitator should be the one to select the actual staff members that will participate in the focus groups. From the stratified pools of potential staff, the facilitator will randomly select 8-10 people to make up each group. One easy way to do this is to assign each person in each pool a consecutive number, and then use an online random number generator, such as http://www.randomizer.org to randomly select 8-10 numbers from each pool.

- [ ] **Schedule and Conduct the Focus Groups**

The facilitator finds times that work for the selected participants, works with the Implementation Team Liaison to secure a site for the confirmed group time, and conducts the groups. The groups should be scheduled for 90 minute sessions and refreshments should be provided.

- [ ] **Thank the Staff for their Participation**

  The facilitator should follow up with participants to let them know their time and participation was appreciated. See *Appendix IV* for sample thank you letters to email the participants after the focus groups.

See Appendix VII for technical guidelines on managing and analyzing Staff Focus Group data.

III. Key Considerations

Selecting Staff

The Staff Focus Groups are important not only in their ability to capture rich, contextual qualitative data beyond the capabilities of a survey, but also it is an opportunity to give direct meaningful voice to those with the least power in the organization. Random selection of participants by a neutral facilitator helps protect against selection bias. It can also facilitate inclusion of a more diverse set of views from across the department that can help produce a more accurate assessment. Ensuring that the levels of staff that are least often involved in decision-making are most represented in the focus groups is a way to increase equity of participation in the Self-Assessment and elevate the insights and experiences of these staff in a way that might not otherwise happen.

Emphasize Confidentiality

Because the issues and experiences discussed by staff in the focus groups are often sensitive and personal, it is of utmost importance to establish clear confidentiality guidelines and communicate them clearly to the staff participating. Let them know all the ways that their identities will be protected, from the random selection by an external facilitator to the anonymous nature of the notes captured in the groups.

It is also important for staff to know who else is in the room with them. Especially in larger LHDs, staff may not all know each other and may assume that management level staff members are in the room with them. Start by asking people to introduce themselves and their positions so that a tone of equality can be established in the room and people can feel more comfortable sharing information that they may not normally share at work.