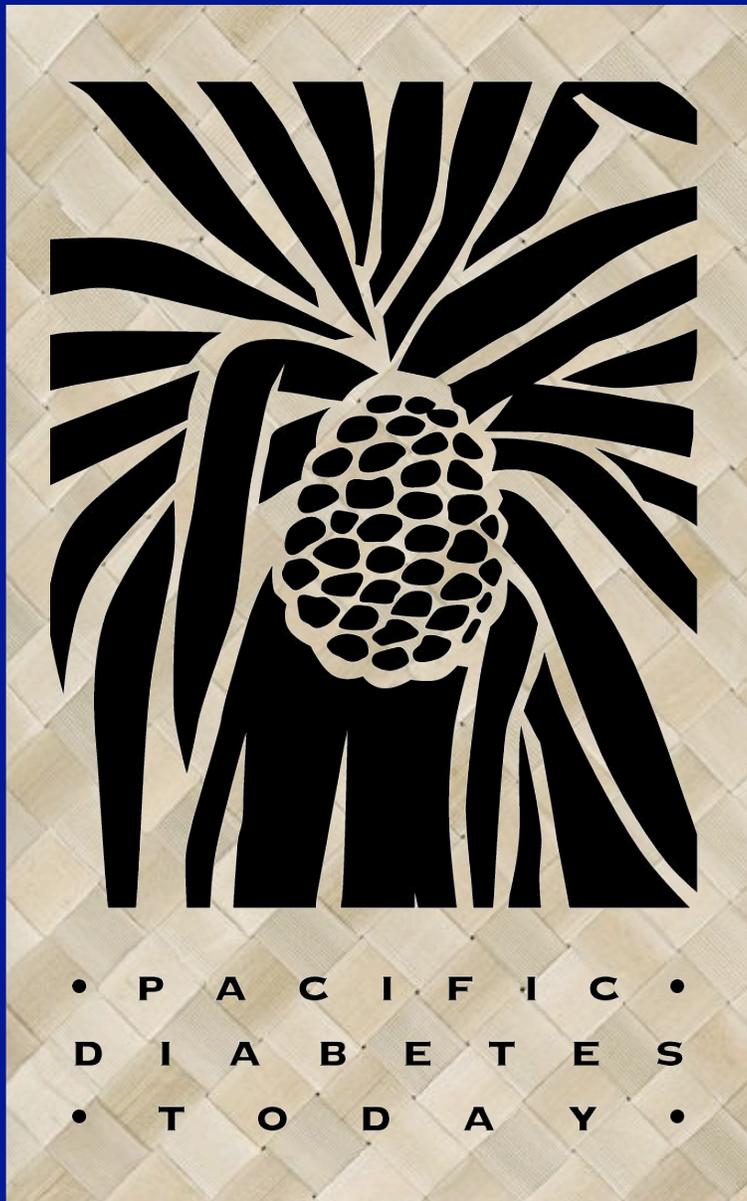




Community Assessment Guidebook



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Pacific Diabetes Today Resource Center

COMMUNITY ASSESSMENT GUIDEBOOK

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We would like to express our
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Introduction

This Community Assessment Guidebook has been developed specifically for use in the revision of *Diabetes Today* in the Pacific Region. It contains step-by-step information on how to conduct *community discussion groups*.

This Guidebook will help you to:

- ✓ Conduct community discussion groups.



How to Use this Guidebook

This Community Assessment Guidebook was developed by the Pacific Diabetes Today Resource Center for contractors in Hawai'i and the Pacific who were collecting information about diabetes.

This Guidebook provides step-by-step instructions for collecting data, and includes the data collection tools.



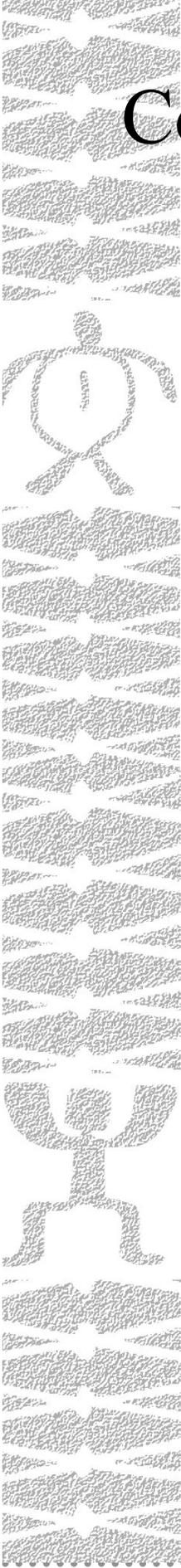
Community Involvement

Why should we get our community involved?

It is important to get the community involved from the very first step in project planning. This means the community needs to play an active role in assessing their own community.

Community involvement is important for many reasons. Advantages of community involvement and participation are:

- Culturally appropriate solutions to problems;
- Greater community ownership;
- Improved community organization;
- Greater skill in solving other problems;
- Self-confidence and pride leading to increased self-reliance;
- Support (buy-in) and acceptance from the community.



Community Discussion Groups

What Is a Community Discussion Group?

A community discussion group is like a “talk story” session. It is a valid research process that is especially useful when:

- The researcher wants to find out **how** and **why** something happens.
- The researcher just wants to understand more about how people think about or approach an issue.

This method allows individuals to freely express their thoughts and feelings. It also allows the researcher to observe how people in the group change their opinion, as group and individual opinions may influence each other.

In some cases, the researcher might have to adapt this “talk story” approach and meet one-on-one or in pairs, depending how people feel about being interviewed.

In this project, discussion groups will be used to:

- Learn how a community experiences diabetes.
- Find out about successful health programs.
- Discover what would help communities take action leading to better diabetes prevention and control.

Organizing Community Discussion Groups

Talking in a group is not easy for everyone. Generally speaking, it is best to have Discussion Groups that are made up of individuals with similar backgrounds and experiences.

This guidebook provides questions for 2 distinctive groups:

- ➔ People with diabetes
- ➔ Family members of persons with diabetes

When organizing community discussion groups, be sure to consider how cultural norms or practices may influence the composition of your Discussion Group.

Remember to consider cultural values like whether women will speak in front of men, or children will speak in front of parents. In cases like this, you might want to hold separate focus groups for men and women, or by age groups.

Size. Ideally, Discussion Groups consist of **5-10** people. If you have too few members, you will not get much information or interaction. If you have too many, some people will get bored and drift off. If you have talkative participants, 5-6 members are enough. If you have quieter participants, 8-10 members are better.

Language. The use of language is one of the most powerful ways culture is transmitted. We encourage you to use the language that the participants find most comfortable to express their ideas. Allow enough preparation time for translating the Consent Forms, the Background Data Sheets and the scripts. In addition, make sure that time and resources are available for transcribing and translating the information gathered back to English.

Invitations. When inviting people to participate, be sure to tell them what to expect. Here is a sample letter from our diabetes project.

Dear (Persons Name),

We are interested in finding out the best way to design a program for people with diabetes. We would like to invite you to join a small Group Discussion. We are interested in learning about Diabetes from you.

***(Insert appropriate group: “people with Diabetes” or “family members of people with Diabetes”)**

*We are looking for 5 to 10 people to come to a meeting about these issues. The meeting will be held at this place:
_____, on this date _____. We will start at this time _____, and the meeting will last about 90 minutes.*

We will have some food and talk story. We will be leading the group. The sessions will be audio taped. Please let me know if you can come.

Thank you very much.

Your Name

Preparing for a Community Discussion Group

Space. A quiet and comfortable setting is needed for the discussion group. A small round table is ideal. This will allow tape recording of the session and will give people a place to write and put name cards, refreshments, etc.

Of course, your individual setting may vary. Be creative! Any quiet and comfortable place is fine.

Food. Hospitality in Hawaiian and Pacific cultures includes food. You can serve it before the meeting to give people something to do while waiting for others to arrive, or after the meeting to give participants a chance to relax and share. Serving food makes people feel good and feel welcome. Serve foods that are nutritious, like fruits and vegetables. This can also be an opportunity to promote foods from the traditional diets of the region.

Stand-up Name Cards. Bring paper for each person. Have them fold an 8 1/2 x 11" piece of paper into thirds and write their name in BIG LETTERS on one of the sides. Unfold the paper so it looks like a triangle from each end. This shape stands on the table by itself in front of the person. This way, the group leader can read each person's name easily.

Pens and Pencils. Bring plenty of pens or pencils for people to use when they fill out forms. Also bring colored magic markers – you will need these to make name cards and for recording data on the flip charts.

You will need flipcharts (with topic headings pre-printed), extra flipchart paper, and masking tape or push pins.

For Tape Recording, bring 2 tape recorders and at least 4 blank audiocassettes, already marked with the date and name of the discussion group.

Conducting a Community Discussion Group

In Appendix B, you will find detailed scripts for leading the discussion groups. Here are some general suggestions for conducting Community Discussion Groups.

Make people feel welcome. As people arrive, greet them warmly and thank each person for coming. Offer them some refreshments, and help them find a seat. Chat a bit and introduce them to others who have come. When it feels right, you can help fix their name cards, and encourage them to complete the one-page Background Data Sheet (Appendix B).

Getting Started. Once most of the people have arrived, have them make their name cards and place it in front of them. You are ready to start. Begin by thanking them for coming. Remind them of the purpose of the group. Introduce yourself and the staff assisting with note taking and explain your roles.

Set the Tone.

- We encourage you to include appropriate cultural protocol to set the right tone. For example, some groups may want to start with a prayer or with a greeting from an elder. This is an important consideration when inviting people to share their voices and experiences.
- Let group members know that there are no right and wrong answers.
- Let group members know that you will listen to all the people's thoughts, may call on people who are quiet, and may ask talkative ones to "hold that thought" so everyone is heard.

Consent Forms. Before having the participants sign the consent forms, explain the following:

- The purpose of the discussion group,
- That the discussion will be tape recorded, and
- That their answers will be included in a report, and that no one's name will be used in the reports to maintain confidentiality.

Once Consent Forms are completed and collected, you may proceed to the first question.

The First Question. The first question should serve as a warm up. This question should:

- Be easy to answer
- Be non-threatening
- Allow everyone to introduce themselves
- Disclose some information
- Help people become **ma`a** (used to) talking

Going from the General to the Specific. Once people are warmed up, questions should go from the general to the specific. In this way, you can better “hear” how people feel about and prioritize issues without biasing their responses with your personal agenda.

Listen for the Long Answer. The purpose of holding a community discussion group is to get people to talk. So your questions should be open-ended. That means that they can't be answered by a “yes” or a “no.” We're listening for a longer answer.

Be Interested. Don't Pass Judgment. It is important for the facilitator to be nonjudgmental and interested in what each person has to say. A good facilitator responds to each participant with statements like, "very good," "how interesting," or "thank you for that contribution."

Ask "How many?" The facilitators can also try to get a sense of how prevalent an issue is by asking, "Several of you have mentioned _____, how many others feel that way?" The recorders should note the level of agreement or disagreement.

Time Limits Are Relative. Use your good judgment and cultural sensitivity when it comes to how much time you need. An average gathering might be 90 minutes altogether, including the initial gathering, the eating, and the talking phases. But if clock-watching is not part of your group's usual perspective – don't be limited to 90 minutes. Be respectful of participant's time. If the session will benefit by going over the time allotted, ask the group members if they will stay longer.

Close. Ask for any last thoughts. Thank participants again.

- If you have included cultural protocol throughout your discussion group, a specific closing may be part of this protocol.
- A gift of appreciation is often given to someone who has shared something of value with you. You should investigate and plan for this type of "thank you."
- Remind the group about the usefulness of the data. Ask if they would like to participate in a future discussion group where the findings are shared.

See Appendix A for the Community Discussion Group Scripts.

Recording the Data

The facilitator will work very closely with a team of recorders. It is best to have two or three recorders for each Community Discussion Group.

Recorders are responsible to make sure people's thoughts and feelings are written down. Several tools will be used including:

- **Data Sheets.** People will be asked to write information on prepared forms. See **Appendix B** for copies of:
 - Consent Forms, and
 - Background Data Sheets asking for the person's age, gender, and other demographic items.
- **Flip Charts.** A scribe, or recorder will write information shared by the participants on flip chart sheets. The sheets should be prepared ahead of time with the proper headings that correspond with the facilitator's script (Appendix C.) Recorders will also count and record "how many" people agree with certain answers. Pages should be numbered and taped on the wall for all to see as the meeting progresses.
- **Tape Recorder.** The entire discussion will be recorded on cassette tape. If the community's language is not English, the transcript of the discussion will need to be transcribed then translated to English so the data can be added to the collective results for the project.

If possible a simultaneous English translation of the discussion may be done. A simultaneous translation involves, one person translating and speaking into a tape recorder while a second person listens to this simultaneous translation and takes notes. Whew! It's not an easy task, but it's one way to accurately capture the meaning of the speakers.



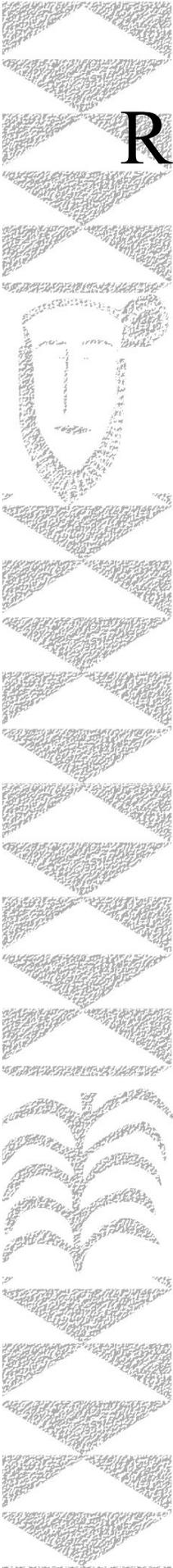
Analyzing and Reporting Data

Analysis. Data should be analyzed by staff with the support of a qualitative analysis consultant.

Reporting. The findings from the Community Discussion Groups need to be presented or reported in forms that are usable and informative for the audience. A summary of highlights may be useful for participants who are interested in the assessment outcome.

Pay careful attention to remove any information that identifies any individual participant. This includes more than names and addresses. A description like “80 year old female from Kona” may be enough to identify an individual in a rural area.

Sample reports are enclosed in APPENDIX _____
(use PDTRC and AAPCHO samples – get AAPCHO permission)



Responsibilities

When you decided to organize and conduct a community discussion group, you agreed that:

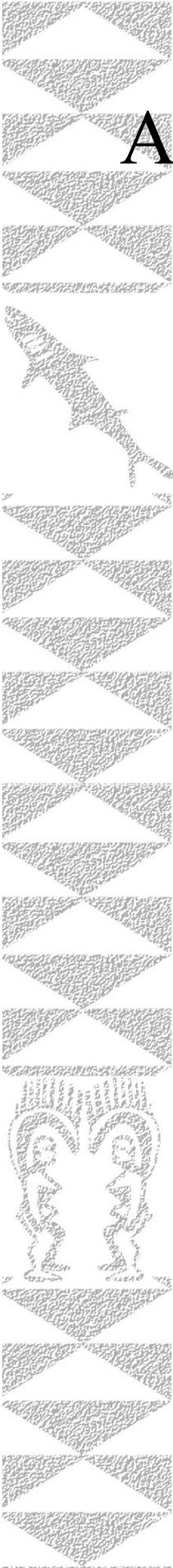
- Your discussion topic is a serious problem in your community.
- You know the people in your community who have life experiences to share about the issue.
- Your group has the passion and the people to:
 - ⇒ **Organize**
 - ⇒ **Listen Respectfully**
 - ⇒ **Record and Pass Along** the information you receive

Is your purpose research? Research is described as:

If you plan to report your findings as generalized knowledge or publish your findings, then it is considered “research.” This means that your group will need to get Institutional Review Board (IRB) clearance. You can get more information on IRBs at Papa Ola Lōkahi.

Responsibilities

- Identify, invite, and convene participants.
- Identify your team to cover the roles of facilitating, recording, transcribing, analysis, and report writing.
- **Record the Data**
 - having participants complete the consent forms and data sheet
 - writing on the flip chart sheets
 - tape recording the group discussion
- **Transcribe Data into English**
- **Review the Data and Transcripts.** Once the community discussion group is completed, the Data Sheets and transcripts must be reviewed. The discussion group leader will review it individually and then with others.
- Analyze data.
- Review findings to verify accuracy.



Appendices

A. Community Discussion Group Scripts

B. Background Data Sheets and Consent Forms

C. Flip Chart Sheets

Appendix A

Community Discussion Group Scripts

These scripts were developed for a Diabetes project that wanted to solicit information from:

- *People with diabetes*
- *Family members of people with diabetes*

These scripts can easily be adapted for different topics.

Script for Focus Group with People with Diabetes

<p>Welcome and Introduction</p> <p>Aloha and welcome to this focus group. My name is _____. Let me also introduce _____ and _____ who will be helping today. We are working with the (local agency/sponsor) which is doing this project with the Pacific Diabetes Today Resource Center in Honolulu. This focus group is part of a project sponsored by the Centers for Disease Control and Prevention in Atlanta, Georgia. We are in the first year of a five-year project called Diabetes Today.</p> <p>We are interested in finding out the best way to design a program for people with diabetes that would include ideas and opinions from people with diabetes and their families, health care providers, and community leaders. People in this community need to have a chance to talk story before action can be taken to do a better job of preventing and managing diabetes. Your participation is very important to your community, as it will help plan for current and future diabetes management programs.</p> <p>Since we are very interested in what you have to say, we are going to tape record this session. When you sign the consent form, you give us permission to record what you say. The audiotape will help us to know that we have correctly recorded the information you shared. Your identity will be kept private. These tapes will be kept confidential, stored in a locked cabinet and destroyed at the end of the project.</p> <p>You may hear comments that you may not agree with, but all answers are OK. We'll have a chance to discuss more on diabetes later.</p> <p>We are interested to hear whatever you have to say, no matter what or how unusual it may seem. There are no right or wrong answers to our questions.</p> <p>If you have not filled out the Consent Form and Background Data Sheet 1, please do that now. This information you give us today will be used for educational purposes, but what you say or write will be kept confidential and nothing will be linked to your name. If you would like a copy of the results of the discussion group, please provide your mailing address on the sign in form.</p> <p>Thank you very much for agreeing to talk story with us today. At the end of today's session, we invite you to have some refreshments and have a small appreciation gift for your contribution today.</p>	<p style="text-align: center;">Notes for the Facilitator and Recorders</p> <p>Facilitator: If possible, please review Consent Form and Background Data Sheet 1 with participants as they arrive. Help them fill out forms if needed.</p> <p>Facilitator: Please explain this procedure and note that they give their permission for taping in the consent form.</p> <p>Facilitator: If participants have not already done this, give everyone time now to fill them out.</p>
<p>Opener</p> <p>Let's introduce ourselves. Tell us your name and how long you have lived in this community.</p>	<p>Facilitator: It is important that the participants understand what "community" you are referring to. In this case, you mean the island or area where you are holding the focus group meeting.</p>

<p>Questions</p> <p>1. We'd like to get an idea about what you feel are the major community problems here. Think about five things you think are the most important problems on this island. I'll ask you to share your thoughts with the group.</p> <p>-One at a time, tell us one of the problems on your list. Just tell us the problem; we'll have more time to discuss problems later.</p> <p>-How many also have that problem listed?</p> <p>-Someone else tell us one of the problems on their list.</p> <p>-How many also have that problem listed?</p> <p>-Etc.</p> <p>-Before we go to the next question, tell us one problem that you think is most critical for this community.</p>	<p>Facilitator: Give everyone a minute to write. Then ask one person to read one problem. Ask the group how many others listed that problem. Ask another person to share a different problem and ask how many in the group also had that problem written down. Continue until no new problems are identified (whether they were originally written down or thought of later). Limit discussion at this point.</p> <p>Recorder: As each person gives a problem, write it on the flip chart. Next to it, write the number who thinks it's a problem. Use Flip Chart 1.</p> <p>Facilitator: Before going to the next question, ask everybody to write on their paper the one problem that they think is most critical for their community.</p>
<p>2. What about diabetes? Is diabetes a problem in your community? Compared to other problems mentioned, how important is diabetes? Explain</p>	<p>Facilitator: Whether diabetes has been mentioned or not, try to get an idea of its importance in relationship to the other problems mentioned. Try to get people to explain their answers.</p> <p>Recorder: Use Flip Chart 2.</p>
<p>3. What do you know about what people can do to manage their diabetes?</p>	<p>Facilitator: Ask this question in an open ended, non-threatening style. Avoid asking, "What do you do" since some individuals may feel they will be "judged" by their answers, or are reluctant to talk about what they actually do vs. what they know they should do. If not mentioned, probe to see if anyone uses traditional healers or remedies.</p> <p>Recorder: Use Flip Chart 3.</p>

<p>4. Looking at this list, we would like to learn about the things that may make it hard or easy to do these things. So for the first item listed, which is _____. What are some of the things you feel make it hard or easy to do this?</p> <p>(Repeat this question until all of the items mentioned are covered. It is expected that this will include 5 to 6 basic self-management items, i.e. exercise, diet, regular check-ups, stress management, quit smoking, monitoring blood sugar, etc.)</p>	<p>Facilitator: Recorder should list on Flip Charts 4 – 9, the six items that participants feel are most important things people can do to manage diabetes. Give each participant an opportunity to respond to the question.</p> <p>Recorder: Use Flip Charts 4-9. Notice that there is a separate piece of flip chart paper for each item, but you may need more paper to record everything about some items.</p>
<p>5. What are some things that your family can do to help you manage your diabetes?</p>	<p>Facilitator: It may be useful to start this discussion by asking each participant to think of something their family has done to help them control their diabetes.</p> <p>Recorder: Use Flip Chart 10.</p>
<p>6. What are some things that your family members do that makes it hard to manage your diabetes?</p>	<p>Recorder: Use Flip Chart 11.</p>
<p>7. What services or programs already exist in your community for people with diabetes?</p>	<p>Facilitator: Ask participants to list all of the programs that they feel may be helpful to people with diabetes, and point out that these may not always be medical services only. Prompt local services if not mentioned, such as Public Health Nursing, exercise groups, etc.</p> <p>Recorder: Use Flip Chart 12.</p>
<p>8. Which of these services or programs have you used? Why have you used that service?</p>	<p>Facilitator: For services used, try to get participants to explain why they used it, e.g. conveniently located, child-care provided, etc.</p> <p>Recorder: Use Flip Chart 13.</p>
<p>9. Which of these services or programs have you not used? Why haven't you used them?</p>	<p>Facilitator: For services not used, try to get participants to say what it was about the services that kept them from using the service, or participating in the program.</p> <p>Recorder: Use Flip chart 14.</p>

<p>10. What services or programs could be added?</p>	<p>Facilitator: If people are slow to respond to this question, a prompt could be used, such as: If you could design a program to help you manage your diabetes, what would it look like?</p> <p>Recorder: Use Flip Chart 15.</p>
<p>11. What agency or groups in your community could help to develop these programs?</p>	<p>Facilitator: Encourage participants to consider non-traditional (non-medical) groups as well as governmental agencies.</p> <p>Recorder: Use Flip Chart 16.</p>
<p>12. What would be the best way to inform people about these programs?</p>	<p>Facilitator: It may be helpful to ask people to tell you how they normally get information about services or programs in their community.</p> <p>Recorder: Use Flip Chart 17.</p>
<p>13. How would you get people to use these services or programs?</p>	<p>Facilitator: You may want to ask participants to consider what has motivated them to make use of certain services or programs that help them to manage their diabetes.</p> <p>Recorder: Use Flip Chart 18.</p>
<p>14. We're almost at a close. Is there anything else anyone would like to say? Any last thoughts about this?</p>	<p>Facilitator: Encourage open discussion, answer questions.</p> <p>Recorder: Note participant questions, concerns, and comments on Flip Chart 8.</p>
<p style="text-align: center;">Close</p> <p>Thank you very much for sharing your thoughts with us today. We learned a lot. We will be analyzing the data and bringing back a summary to (the agency organizing the Discussion Group).</p>	<p>Facilitator: Work with the PDTRC staff to find out when the data will be ready. Inform participants if they will have an opportunity to see copies of the findings and how this will be done (another meeting?, mail report?)</p>

Script for Focus Group with Family Members of People With Diabetes

<p>Welcome and Introduction</p> <p>Aloha and welcome to this focus group. My name is _____. Let me also introduce _____ and _____ who will be helping. We are working with the (local agency/sponsor) which is doing this project with the Pacific Diabetes Today Resource Center in Honolulu. This focus group is part of a project sponsored by the Centers for Disease Control and Prevention in Atlanta, Georgia.</p> <p>We are interested in finding out the best way to design a program for people with diabetes that would include ideas and opinions from people with diabetes and their families, health care providers, and community leaders. All three groups of people in this community need to have a chance to talk story before action can be taken to do a better job of preventing and managing diabetes. Thank you very much for agreeing to talk story with us today.</p> <p>Since we are very interested in what you have to say, we are going to tape record this session. When you sign the consent form, you give us permission to record what you say. However, these tapes will be kept confidential and destroyed at the end of the project.</p> <p>We are interested to hear whatever you have to say, no matter what or how unusual it may seem. There are no right or wrong answers to our questions.</p> <p>If you have not filled out the Consent Form and Data Sheet 1, please do that now. This information you give us today will be used for educational purposes, but what you say or write will be kept confidential and nothing will be linked to your name.</p>	<p style="text-align: center;">Notes for the Facilitator and Recorders</p> <p>Facilitator: If possible, please review Consent Form and Background Data Sheet 1 with participants as they arrive. Help them fill out forms if needed.</p> <p>Facilitator: In some cases, focus groups may be videotaped. If so, please explain this procedure and note that they give their permission for taping in the consent form.</p> <p>Facilitator: If participants have not already done this, give everyone time now to fill them out.</p>
<p>Opener</p> <p>Let's introduce ourselves. Tell us your name and how long you have lived in this community.</p>	<p>Facilitator: It is important that the participants understand what "community" you are referring to. In this case, you mean the island or area where you are holding the focus group meeting.</p>

<p>Questions</p> <p>3. We'd like to get an idea about what you feel are the major community problems here. Think about and write down the five things you think are the most important problems on this island, and then I'll ask you to share your thoughts with the group.</p> <p>-One at a time, tell us one of the problems on your list. Just tell us the problem; we'll have more time to discuss problems later.</p> <p>-How many also have that problem listed?</p> <p>-Someone else tell us one of the problems on their list.</p> <p>-How many also have that problem listed?</p> <p>-Etc.</p> <p>-Before we go to the next question, tell us the one problem that you think is most critical for this community.</p>	<p>Facilitator: Give everyone a minute to write. Then ask one person to read one problem. Ask the group how many others listed that problem. Ask another person to share a different problem and ask how many in the group also had that problem written down. Continue until no new problems are identified (whether they were originally written down or thought of later). Limit discussion at this point.</p> <p>Recorder: As each person gives a problem, write it on the flip chart. Next to it, write the number who thinks it's a problem. Use Flip Chart 1.</p> <p>Facilitator: Before going to the next question, ask everybody to write on their paper the one problem that they think is most critical for their community.</p>
<p>4. What about diabetes? Is diabetes a problem in your community? Compared to other problems mentioned, how important is diabetes? Explain</p>	<p>Facilitator: Whether diabetes has been mentioned or not, try to get an idea of its importance in relationship to the other problems mentioned. Try to get people to explain their answers.</p> <p>Recorder: Use Flip Chart 2.</p>
<p>3. What do you know about what people can do to manage their diabetes?</p>	<p>Facilitator: Ask this question in an open ended, non-threatening style. Avoid asking, "What do you do" since some individuals may feel they will be "judged" by their answers, or are reluctant to talk about what they actually do vs. what they know they should do. If not mentioned, probe to see if traditional healers and remedies are being accessed and used.</p> <p>Recorder: Use on Flip Chart 3.</p>

<p>4. Looking at this list, we would like to learn about the things that may make it hard or easy for your family member with diabetes to do these things. So for the first item listed, which is _____. What are some of the things you feel make it hard or easy to do this?</p> <p>(Repeat this question until all of the items mentioned are covered. It is expected that this will include 5 to 6 basic self-management items, i.e. exercise, diet, regular check-ups, stress management, stop smoking.)</p>	<p>Facilitator: Recorder should list on Flip Charts 4-9, the six items that participants feel are most important things people can do to manage diabetes. Give each participant an opportunity to respond to the question.</p> <p>Recorder: Use Flip Charts 4-9. Notice that there is a separate piece of flip chart paper for each item, but you may need more paper to record everything about some items.</p>
<p>5. What are some things that you can do to help your family member to manage their diabetes?</p>	<p>Facilitator: It may be useful to start this discussion by asking each participant to think of something they have done to help their family member control their diabetes.</p> <p>Recorder: Use Flip Chart 10.</p>
<p>6. What are some things that you may do that are not helpful?</p>	<p>Recorder: Use Flip Chart 11.</p>
<p>7. What services or programs already exist in your community for people with diabetes?</p>	<p>Facilitator: Ask participants to list all of the programs that they feel may be helpful to people with diabetes, and point out that these may not always be medical services only.</p> <p>Recorder: Use Flip Chart 12.</p>
<p>8. Which of these services or programs has your family member used? Why do you think they used that service?</p>	<p>Facilitator: For services used, try to get them to explain why they used it, e.g. conveniently located, child-care provided, etc.</p> <p>Recorder: Use Flip Chart 13.</p>
<p>9. Which of these services or programs have they not used? Why do you think they have not used that service or program?</p>	<p>Facilitator: For services not used, try to get participants to say what it was about the services that kept their family member from using the service, or participating in the program.</p> <p>Recorder: Use Flip chart 14.</p>

<p>10. What services or programs could be added?</p>	<p>Facilitator: If people are slow to respond to this question, a prompt could be used, such as: If you could design a program to help your family member manage their diabetes, what would it look like?</p> <p>Recorder: Use Flip Chart 15.</p>
<p>11. What agency or groups in your community could help to develop these programs?</p>	<p>Facilitator: Encourage participants to consider non-traditional (non-medical) groups as well as governmental agencies.</p> <p>Recorder: Use Flip Chart 16.</p>
<p>12. What would be the best way to inform people about these programs?</p>	<p>Facilitator: It may be helpful to ask people to tell you how they normally get information about services or programs in their community.</p> <p>Recorder: Use Flip Chart 17.</p>
<p>13. How would you get people to use these services or programs?</p>	<p>Facilitator: You may want to ask participants to consider what has motivated them to make use of certain services or programs.</p> <p>Recorder: Use Flip Chart 18.</p>
<p>14. We're almost at a close. Is there anything else anyone would like to say? Any last thoughts about this?</p>	<p>Facilitator: Encourage open discussion, answer questions.</p> <p>Recorder: Note participant questions, concerns, and comments on Flip Chart 8.</p>
<p style="text-align: center;">Close</p> <p>Thank you very much for sharing your thoughts with us today. We learned a lot. We will be analyzing the data and bringing back a summary to you. We will invite you to a meeting to hear about the findings and to help us interpret them.</p>	<p>Facilitator: Work with the PDTRC staff to find out when the data will be ready to share with the participants.</p>

Appendix B

Sample Background Data Sheets and Consent Forms

- *People with Diabetes*
- *Family Members of People with Diabetes*

Background Data for People with Diabetes

1. What is your date of birth? _____

2. Male Female

3. What is your ethnic background? (Please check all that apply)

Hawaiian Samoan Marshall Islander Carolinian

Chamorro Palauan Pohnpean Caucasian

Yapese Kosraean Chuukese Japanese

Filipino Korean Chinese Other _____

5. If more than one box is checked, please write down which group you most identify with.

5. How many people in your family have diabetes? _____

6. How are they related to you? (check all that apply)

Grandparent(s) mother's side

Grandparent(s) father's side

Parent

Brother or Sister

Aunt or Uncle

Other (Please describe) _____

7. Do you have any other serious health problems? Yes No

If yes, please explain _____

6. Do you think any of these were caused by diabetes? Yes No

If yes, which ones? _____

When was the last time you saw a doctor for your diabetes? Yrs.____ Mos.____

Background Data for
Family Members of People with Diabetes

1. What is your date of birth? _____
2. Male Female
3. What is your ethnic background? (Please check all that apply)
 Hawaiian Samoan Marshall Islander Carolinian
 Chamorro Palauan Pohnpean Caucasian
 Yapese Kosraean Chuukese Japanese
 Filipino Korean Chinese Other _____
4. If more than one box is checked, please write down which group you most identify with.

5. How many people in your family have diabetes? _____
6. How are they related to you? (check all that apply)
 Grandparent(s) on mother's side
 Grandparent(s) on father's side
 Parent
 Brother or Sister
 Aunt or Uncle
 Other (Please describe) _____
7. Does your relative(s) have any other serious health problems? Yes No
If yes, please explain _____

8. Do you think any of these were caused by diabetes? Yes No
If yes, which ones? _____
9. When was the last time your relative saw a doctor for their diabetes? Yrs.____ Mos.____

Consent form for People with Diabetes

I agree to participate in a *Discussion Group* for people with diabetes. The *Discussion Group* will be made up of six to twelve people who have diabetes. The purpose is to learn what is needed to improve diabetes knowledge and care in the Pacific. I understand that I will be asked questions on how I feel about diabetes, and what I think can be done to reduce the problem of diabetes where I live.

I understand that the discussion group will be tape recorded, but that my name will not appear in any written or oral report about the results of this discussion. All tapes and written records from this *Discussion Group* will be kept in a locked file. These tapes and survey forms will be destroyed after 3 years.

I understand that the *Discussion Group* is expected to take about two hours, and that I will be asked to provide personal information to complete a short form at the beginning of the discussion group. I understand that I will be paid \$20.00 (in the form of a gift certificate, medical services, cash etc.) upon completion of the discussion to help cover my time and travel costs. I know that I am taking part in this project of my own free will, and that I have the right to change my mind and leave the *Discussion Group* at any time for any reason.

I certify that I have read this form, or I have had it read to me.

Print Name

Signature

Date

NOTE: If you cannot obtain good answers to your questions, or you have comments about your treatment in this study, please contact Ms. Audrey Young, Project Director for the Pacific Diabetes Today Resource Center, by phone (808) 597-6555; fax (808) 597-6555, or: e-mail – audreyyoung23@yahoo.com, or write to:

Pacific Diabetes Today Resource Center
C/O Papa Ola Lokahi
894 Queen Street
Honolulu, HI 96813

Consent form for family members of people with diabetes

I agree to participate in a *Discussion Group* for family members of people with diabetes. The *Discussion Group* will be made up of six to twelve people who have a close family member with diabetes. The purpose is to learn what is needed to improve diabetes knowledge and care in the Pacific. I understand that I will be asked questions on how I feel about diabetes, and what I think can be done to reduce the problem of diabetes where I live.

I understand that the discussion group will be tape recorded, but that my name will not appear in any written or oral report about the results of this discussion. All tapes and written records from this *Discussion Group* will be kept in a locked file. These tapes and survey forms will be destroyed after 3 years.

I understand that the *Discussion Group* is expected to take about two hours, and that I will be asked to provide personal information to complete a short form at the beginning of the discussion group. I understand that I will be paid \$20.00 (in the form of a gift certificate, medical services, cash etc.) upon completion of the discussion to help cover my time and travel costs. I know that I am taking part in this project of my own free will, and that I have the right to change my mind and leave the *Discussion Group* at any time for any reason.

I certify that I have read this form, or I have had it read to me.

Print Name

(Signature)

Date

NOTE: If you cannot obtain good answers to your questions, or you have comments about your treatment in this study, please contact Ms. Audrey Young, Project Director for the Pacific Diabetes Today Resource Center, by phone (808) 597-6555; fax (808) 597-6552, or: e-mail – audreyyoung23@yahoo.com, or write to:

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C/O Papa Ola Lokahi
894 Queen Street
Honolulu, HI 96813

Appendix C

Flip Chart Sheets

- *People with Diabetes*
- *Family Members of People with Diabetes*

The flip chart sheets are prepared before the meeting and correspond to the questions that the group will be asked. Some questions may require more than 1 sheet. Be sure to number the pages. Some facilitators prefer to tape the pages around the room before the meeting, if space allows.

Flip Chart Sheets for People With Diabetes

1. Problems in your community

2. How big a problem is diabetes in your community?

3. What do you know about what people can do to control their diabetes?

4. _____
Hard
Easy

5. _____
Hard
Easy

6. _____
Hard
Easy

7. _____

Hard

Easy

8. _____

Hard

Easy

9. _____

Hard

Easy

10. What are some things your family can do to help manage your diabetes?

11. What are some things that your family members do that makes it hard to manage your diabetes?

12. What services or programs already exist in your community for people with diabetes?

13. Services Used – WHY?

14. Services Not Used – WHY?

15. What services could be added?

16. What agency could help to develop these programs?

17. What would be the best way to inform people about these programs?

18. How would you get people to use these services or programs?

*Flip Chart Sheets for Family Members of
People with Diabetes*

**1. Problems in your
community**

**2. How big a problem is
diabetes in your community?**

**3. What do you know about
what people can do to control
their diabetes?**

4. _____
Hard
Easy

5. _____
Hard
Easy

6. _____
Hard
Easy

7. _____

Hard

Easy

8. _____

Hard

Easy

9. _____

Hard

Easy

10. What are some things that you can do to help your family member manage their diabetes?

11. What are some things that are not helpful for your family member to manage their diabetes?

12. What services or programs already exist in your community for people with diabetes?

13. Services Used – WHY?

14. Services Not Used – WHY?

15. What services could be added?

16. What agency could help to develop these programs?

17. What would be the best way to inform people about these programs?

18. How would you get people to use these services or programs?