

---

---

# eAPPENDIX

## Semi-Structured Focus Group Discussion Guide

### I. WELCOME and INTRODUCTIONS

Welcome to our focus group today and thank you all for your time. My name is [moderator name] and I will be leading the discussion today. Focus groups are informal group discussions, and they provide a way for us to learn how a group of people feel about a particular topic or issue. We are conducting this focus group as part of a research study; our main purpose here today is to learn your thoughts about current practices, barriers, and facilitators to weight management for Veterans with spinal cord injuries and disorders (SCI/D). Understanding current practices will inform subsequent weight management implementation activities and adaptations for SCI/D care throughout the SCI/D System of Care. The efforts of this work will facilitate next steps and future goals to address weight management and incident overweight/obesity in Veterans with chronic SCI/D. If you would like to learn more about this research, you can contact me at [*moderator contact information*] after today's session.

Before we begin, there are a few “housekeeping” issues we need to address.

- First, we'll be audio-taping this discussion so that we can focus on what you are saying and not have to concentrate on taking detailed notes.
- Remember, there are no right or wrong answers. Everyone's opinion is welcomed, appreciated, and important.
- Please feel free to say anything that you want. Everything that you say will be kept confidential. If we use what you have shared with us today, we will not identify you as the speaker.
- Please contribute as much as possible, as it is truly your thoughts and ideas that matter to us.
- Also, please know that, if at any time, for any reason, you wish to stop your participation in this focus group discussion, you are free to do so.

Does anyone have any questions about today's discussion?

### II. FOCUS GROUP QUESTIONS (*developed using literature/expert guidance, 3 Consolidated Framework for Implementation Research readiness for implementation subconstructs, and MOVE! implementation best practices*)

What are the current strategies/approaches used by SCI providers to address weight management in Veterans with SCI/D?

Probes: “to treat obesity” and “to prevent overweight/obesity”

What have been the barriers/facilitators to any type of weight management strategies for Veterans with SCI/D?

What have been the barriers/facilitators to MOVE!-related weight management strategies for Veterans with SCI/D?

- What are the barriers to referring individuals with SCI/D to the MOVE! program?

Who is involved with these efforts at your facility (in SCI/D care)?

- What staff members are involved with obesity treatment/prevention in your SCI center/primary care team?
- Probes: Behavioral health specialists, nutrition health specialists, physical activity specialist, physician/physician assistant/nurse practitioner, nursing
- Briefly tell me about the roles that other staff members have with respect to patient weight management.
- How do these disciplines coordinate with each other? How do they coordinate with MOVE!?

[Intervention source]

How did your facility become involved with a weight management program in SCI/D? The MOVE program for SCI/D?

- Would you say the implementation of weight management efforts/MOVE! was more externally driven or internally motivated? Why?
- Did you feel like your SCI facility's participation was voluntary?

[Evidence quality/strength]

What kind of information have you seen that showed whether weight management efforts would work in the SCI/D cohort?

- Information from your own research, consensus guidelines, published literature, or other sources?
- From coworkers? From supervisors?

What are your thoughts about the availability of evidence for weight management in SCI?

- What are you using?
- What do you feel is missing?

[Relative advantage/complexity]

What kind of services are you currently offering to Veterans with SCI/D who are overweight or obese at your facility?

- To what extent are the existing services multidisciplinary? Which disciplines are involved?
- Was MOVE! viewed as a better alternative than other weight management interventions that may have been available for Veterans with SCI/D? Why or why not?
- To what degree was there "competition" for funds, time, or attention because of other initiatives that may have been taking place concurrently?

[Patient needs/resources]

Do you feel that the weight management practices at your facility meet patients' needs?

- Better patient outcomes? Which outcomes?

[Networks/communications]

Which type of communication – formal communication (eg, email communications through the chain-of-command) or informal communication (eg, a hallway conversation with a coworker) – has tended to be most helpful for you to accomplish your weight management–related activities?

- Was communication a facilitator? Lack of communication a barrier?

[Adaptability]

How could weight management programs, such as MOVE!, be more flexible for Veterans with SCI/D?

How could weight management programs better accommodate unique differences at your facility?

[Relative priority; Leadership engagement]

How would you describe the commitment of involved staff at your facility?

How would you describe the commitment of leadership to SCI/D weight management efforts at your facility?

Who oversees weight management (treatment and prevention) efforts in SCI/D at your facility?

How do recommendations for management and prevention of overweight/obesity in Veterans with SCI/D get communicated to SCI staff/providers?

- What are barriers to carrying out these recommendations? Facilitators?

[Process: planning/engaging]

What mechanisms are in place to facilitate the effective implementation of weight management practices at your facility?

How did advanced planning influence implementation?

What strategies are used to engage SCI teams in weight management practices?

[Access to information and knowledge]

Do health care providers at your facility have access to education? Access to experts? With regard to weight management in SCI/D?

[Information and knowledge]

Is training provided to SCI providers with information specific to weight management practices for persons with SCI?

Do you use a standard curriculum in program education?

Probes: Formal patient education in SCI Center/Patient Care Team, formal patient education through MOVE! [adaptability, complexity]

- Tailored dietary plan?
- Tailored physical activity plan?
- Behavioral modification strategies?
- Medications?
- Surgery?

[Structural characteristics]

Does the size status/location of your facility impact the weight management practices at your facility? (spoke/hub; small/large; rural/urban; small/large patient volume)

[Individual identification with organization]

Describe the willingness of individuals within your facility to use weight management practices in the SCI/D cohort?

- How do individuals perceive their relationship with your facility?
- Summarize, as a whole, how committed the SCI staff is to your SCI facility?
- To the weight management efforts at your facility?

[Available resources, adaptability]

Please discuss the facility resources available to maintain and manage weight in Veterans with SCI/D.

- Are resources available to SCI providers for use in SCI/D care? Such as existing materials (eg, MOVE!) adapted for use in SCI/D or other cohorts with mobility impairments?
  - What have been the issues in using these resources in SCI/D?
  - Are resources available, eg, special scales? Extra staff to help facilitate measurement/patient movement to table and/or use of lift equipment?
  - Is guidance available on how/when to assess weight and height in this population?
  - Is time allotted to do so?
- Are VA MOVE! resources available/adaptable for SCI/D?
  - Educational materials: Diet materials suited to individuals with SCI/D?
  - Educational materials: Physical activity materials suited to individuals with SCI/D?
  - Educational setting: Space/room for wheelchairs? Peers with SCI/D?
- Are there strategies that the overall MOVE! program is using that might be more or less appropriate for the SCI population (eg, teleMOVE, My HealtheVet, peer support)?
- Discuss the role of telehealth options in weight loss for Veterans with SCI/D (eg, is there a potential role for teleMOVE in SCI/D? Are there barriers?).

What are the ways you assess/measure body mass index (BMI) status in Veterans with SCI/D at your facility?

[Moderator: They may not measure BMI. Proceed by probing for barriers.]

- How do you measure weight? Special scale? Skinfold? Waist circumference? Etc?
- How do you obtain height information for Veterans with SCI/D at your facility?
  - Measure: How you measure height weight in Veterans with SCI/D (eg, supine)?
  - Existing data: Historical height?

How do you assess patient readiness for weight management?

How do you handle patients who drop out of treatment or fail to show up for treatment?

- Could you tell me reasons you've heard about why patients choose to stop participating?
- After an individual completes treatment, what are the challenges of providing post-treatment follow-up? What are the facilitators?
- Based on your observations, which aspects of treatment have been the most helpful to patients with SCI/D?
  - Most feasible?
- Based on your observations, which aspects of treatment have been the least helpful to patients with SCI/D?
  - Least feasible?
- Is SCI/D patient data used to assess program quality or outcomes at your facility?
  - What are the barriers and facilitators to patient data and documentation for persons with SCI/D?
  - Have you made any changes to your program based on these results (eg, quality improvement)? Examples?

### III. DISCUSSION WRAP-UP

Thank you very much for the time you spent with us today. Your ideas and responses will really help us as we work toward next steps and future goals to address weight management and incident overweight/obesity in Veterans with SCI/D.

Do you have any questions for us?