**OMB No. 0915-0212**

 **Exp. Date: XX/XX/20XX**

# Attachment A: Focus Group Recruitment Screener

**Project:** NHSC Brand and Materials Testing Focus Groups with Potential Members

**Client:**  Health Resources and Services Administration**,** National Health Service Corps

**Locations/Dates:**

* Total of 6 focus groups in 3 locations.
* To facilitate client observation, Location 1 will be the Washington, DC area.
* Based on HRSA data on Health Professional Shortage Areas and Medically Underserved Areas and the presence of health professional schools, the following locations are proposed for Location 2 (rural):
	+ Lawrence/Topeka, KS (rural)OR Lincoln/Omaha, NE (rural)
* Based on the same data sources, the following locations are proposed for Location 3 (non-rural):
	+ Phoenix, AZ (non-rural) OR San Francisco or Los Angeles, CA(non-rural)
* Final sites for the focus groups will be determined at a later date.

 **Recruit 9participants per focus group for 7to 8 participants to show.**

**OMB Public Burden Statement:** An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0212. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-33, Rockville, MD20857

**INTRODUCTION**

Good morning/afternoon/evening. My name is \_\_\_\_\_\_\_\_\_\_, and I’m working with **[name of facility]** in **[LOCATION].**I’m calling today on behalf of the U.S. Department of Health and Human Services, Health Resources and Services Administration, or HRSA. HRSA is conducting focus groups with current and future healthcare providers to get their reactions to marketing materials that will be used to promote a government program to increase primary healthcare in medically underserved areas. We are looking for people to take part in several small, in-person discussion groups in your area. We are not selling any products or services.The discussion groups will be held on **[DATES] in [LOCATION].** The group discussion will last no more than one hour and fifteen minutes. Each participant will receive an honorarium of **$\_\_\_\_** as a thank-you. I would like to ask you a few questions to determine whether I can invite you to participate in this focus group – it will only take a couple of minutes. Do you have time now to answer a few questions?

[IF THEY DO NOT HAVE TIME NOW, ASK IF THERE IS A TIME WHEN THEY WOULD BE ABLE TO TALK, or a better phone number to use]

When would be a better time for you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (record and re-contact)

1. Which of the following best describes your current position or role?
2. Already a practicing healthcare provider \_\_\_\_\_
3. Enrolled in a training program to become a healthcare provider **[Skip to Q7]**\_\_\_\_\_
4. Not in training to be or a practicing healthcare provider **[Terminate]** \_\_\_\_\_

**NOTE:** Use the following language to “**TERMINATE**” call throughout screening process:  *“Thank you for taking the time to answer our questions. Unfortunately, the category you fall into is currently full. If it should open back up, may we call you back?”*

1. How long have you been a practicing healthcare provider? **Record**\_\_\_\_\_\_\_\_\_\_
	1. 12 years or less…………………………………....... **[Recruit to Groups #2, 4 or 6]** \_\_\_\_\_
	2. Over 12 years **[Terminate]** \_\_\_\_\_
2. Are you obligated to repay educational loans incurred while you were undergoing training to become a healthcare provider?
3. Yes \_\_\_\_\_
4. No **[Terminate]** \_\_\_\_\_
5. At this point in your career, would you consider serving in a medically underserved area if, in return, you got a portion of your student loans repaid in addition to a salary from your employer?
6. Yes, I would consider it \_\_\_\_\_
7. Maybe, I might consider it \_\_\_\_\_
8. No, definitely not **[Terminate]** \_\_\_\_\_
9. I am already participating in such a program

 **[Terminate – Ask and record program name]**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How would you describe the setting in which you now practice?
	1. Urban **[Recruit to Groups # 2 or 6]** \_\_\_\_\_
	2. Suburban **[Recruit to Groups # 2 or 6]** \_\_\_\_\_
	3. Rural **[Recruit to Groups # 4]**\_\_\_\_\_
2. What type of healthcare provider are you? [DO NOT READ LIST BELOW UNLESS TRYING TO CLARIFY PROVIDER TYPE]

Physicians

1. General practitioner \_\_\_\_\_
2. Family practitioner \_\_\_\_\_
3. Primary care physician \_\_\_\_\_
4. Internist \_\_\_\_\_
5. Pediatrician \_\_\_\_\_
6. Obstetrician/Gynecologist \_\_\_\_\_
7. Other specialist (e.g., oncologist, endocrinologist, surgeon) **[Terminate]** \_\_\_\_\_

Dentists

1. Dentist (General) \_\_\_\_\_
2. Dentist Specialists (e.g., orthodontist, periodontist) **[Terminate]** \_\_\_\_\_

Nurses

1. Nurse practitioner \_\_\_\_\_
2. Any other type of nurse **[Terminate]** \_\_\_\_\_

Physicians Assistants

l. Physician assistant \_\_\_\_\_

m. Any other type of assistant or office staff **[Terminate]**  \_\_\_\_\_

Mental Health Professionals

n. Social workers \_\_\_\_\_

o. Any other type of mental health professional (e.g., psychologist) **[Terminate]**  \_\_\_\_\_

 All Other Types of Healthcare Providers………………………………… **[Terminate]** \_\_\_\_\_

**(Skip to Q11 – See RECRUITMENT GOALS chart on Page 5)**

1. Will you be obligated to repay educational loans for the training that you are currently undergoing?
2. Yes \_\_\_\_\_
3. No **[Terminate]** \_\_\_\_\_
4. After you finish your formal training, would you consider serving in a medically underserved area if, in return, you got a portion of your student loans repaid in addition to a salary from your employer?
5. Yes, I would consider it \_\_\_\_\_
6. Maybe, I might consider it \_\_\_\_\_
7. No, definitely not **[Terminate]** \_\_\_\_\_
8. I am already applying to such a program

 **[Terminate – Ask and record program name]**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What type of healthcare provider are you training to become? [DO NOT READ LIST BELOW UNLESS TRYING TO CLARIFY PROVIDER TYPE]

Physicians

1. General practitioner \_\_\_\_\_
2. Family practitioner \_\_\_\_\_
3. Primary care physician \_\_\_\_\_
4. Internist \_\_\_\_\_
5. Pediatrician \_\_\_\_\_
6. Obstetrician/Gynecologist \_\_\_\_\_
7. Other specialist (e.g., oncologist, endocrinologist, surgeon) **[Terminate]** \_\_\_\_\_

Dentists

1. Dentist (General) \_\_\_\_\_
2. Dentist Specialists (e.g., orthodontist, periodontist) **[Terminate]** \_\_\_\_\_

Nurses

1. Nurse practitioner \_\_\_\_\_
2. Any other type of nurse **[Terminate]** \_\_\_\_\_

Physicians Assistants

l. Physician assistant \_\_\_\_\_

m. Any other type of assistant or office staff **[Terminate]**  \_\_\_\_\_

Mental Health Professionals

n. Social workers \_\_\_\_\_

o. Any other type of mental health professional (e.g., psychologist) **[Terminate]**  \_\_\_\_\_

 All Other Types of Healthcare Providers………………………………… **[Terminate]** \_\_\_\_\_

**(See RECRUITMENT GOALS chart on Page 5)**

1. How would you describe the setting in which you now live and study?
	1. Urban **[Recruit to Groups # 1 or 5]** \_\_\_\_\_
	2. Suburban **[Recruit to Groups # 1 or 5]** \_\_\_\_\_
	3. Rural **[Recruit to Groups # 3]** \_\_\_\_\_
2. Are you comfortable talking about issues related to student loans, career choices, and related government programs among a small group of current and future health professionals?
	1. Yes………………….. \_\_\_\_\_
	2. No …………………………………………………………………………….**[Terminate]**\_\_\_\_\_

**(Recruit only those who are comfortable talking about this topic)**

1. In the past year have you participated in any market research or other projects where you discussed healthcare related topics?
	1. No………………….. **[Invite to GROUP]** \_\_\_\_\_
	2. Yes ………………………………………………………………………….**[Terminate]** \_\_\_\_\_
2. Finally, what is your age? **Record**\_\_\_\_\_\_\_\_\_\_
3. [Do not ask. REcord whether respondent is male or female.]
4. Female \_\_\_\_\_
5. Male………….. \_\_\_\_\_

**RECRUITMENT GOALS: HEALTHCARE PROVIDER TYPE**

|  |
| --- |
| **RECRUITMENT GOALS** |
| **Provider Type** | ***Per group:*** |
| Physicians  | 3 |
| Dentists  | 2 |
| Social Workers | 2 |
| Nurse Practitioners  | 1 |
| Physicians Assistants | 1 |
| **Total** | **9** |

**INVITE TO FOCUS GROUP**

Thank you for answering my questions. As I mentioned, the Health Resources and Services Administration is interested in hearing from current and future healthcare providers about your reactions to marketing materials being developed to promote a government program to encourage providers to serve in medically underserved areas. This is not a sales effort of any kind and no one will call on you as a result of your participation.

I would like to invite you to participate in a group discussion with seven or eight other health professionals and a moderator. The discussions will last about one hour and fifteen minutes. Groups are scheduled to take place on **[Date]** at **[Time]**. They will be held at **[Location]**. You will also be asked to complete a brief assignment prior to participating in the group. This pre-group assignment should be fun and will take you no longer than 30 minutes to complete. To compensate you for your time, you will be provided with an honorarium of $­­­\_\_\_\_ after participating in the discussion group. Can we schedule your participation?

So that we can start and end on time, please come about 15 minutes early to pick up your nametag and to have some snacks. Please be sure to contact us as soon as possible if something comes up and you can't come. **(Give phone number).** If you wear reading glasses or use a hearing aid, please remember to bring them with you to the discussion.

Before we hang up, let me get the correct spelling of your name, your address, email address, and phone numbers so we can send you the pre-group assignment, a letter with directions, and give you a reminder call the day of the group.

**Contact and Scheduling Information**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (DAY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (EVE) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (CELL) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thanks again for your time and we'll see you at the group!**

***This participant will attend… (check one)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Group | Location | Date &Time | Audience |
|  | #1 | Washington, DC | TBD | Students |
|  | #2 | Washington, DC | TBD | Early/Mid-Career HCPs |
|  | #3 | Location 2 - Rural, TBD | TBD | Students |
|  | #4 | Location 2 - Rural, TBD | TBD | Early/Mid-Career HCPs |
|  | #5 | Location 3 – Non-rural, TBD | TBD | Students |
|  | #6 | Location 3 – Non-rural, TBD | TBD | Early/Mid-Career HCPs |