

Eunice Kennedy Shriver National Institute of Child Health and Human Development

***Health Native Babies In-Person Focus Groups
Participant Recruitment Screener***

Focus group for: Mothers Fathers Elders Mixed Care Providers

We are conducting five (5) in-person focus groups, or talking circles, with Native [FILL IN AS APPROPRIATE: MOTHERS, FATHERS, ELDERS, PRIMARY CARE PROVIDERS] of infants in Northern Tier Indian Health Service Areas to talk about infant health issues. We are not selling or promoting any product or service. The focus groups, or talking circles, will inform the next phase of the *Healthy Native Babies Project*, which is part of the safe infant sleep campaign implemented by the *Eunice Kennedy Shriver National Institute of Child Health and Human Development* at the National Institutes of Health. Everyone who participates in the focus group will receive \$40 as a token of appreciation for their time. The focus group will last 120 minutes (2 hours). The discussion will be audio-recorded and information you provide will not be disclosed to anyone but the investigators conducting the study, except as otherwise required by law. First names only will be used during the discussion. In the final summary report, your individual name will never be connected to a comment you make during the discussion. To see if you qualify to participate in the focus group discussion, we need to ask you a few questions. These questions will take less than five minutes.

RECRUIT 10-12 TOTAL PARTICIPANTS FOR 1 FOCUS GROUP (8-10 PARTICIPANTS WILL BE SEATED; ALL PARTICIPANTS WHO SHOW, EVEN THOSE WHO ARE EXCUSED, WILL RECEIVE THE INCENTIVE).

Check gender: Male Female

1. Which term best describes your role?

- [IF FEMALE] Biological mother
- [IF MALE] Father
- Adoptive or foster parent
- Grandparent or elder
- Primary care provider for a relative (such as brother/sister, niece/nephew)

2. Do you currently have or provide care for an infant who is 18 months old or younger?

- Yes
- No → Terminate

* Public reporting burden for this collection of information is estimated to average 5 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0643). Do not return the completed form to this address.

3. Which category best describes your age?

- younger than 18 → Terminate
- 18-24
- 25-34
- 35-44
- 45-54
- 55 or older

4. What is your highest level of education?

- High School Diploma or GED
- Some College
- College degree or higher

5. Which of the following categories best describes your ethnic background?

- Not Hispanic or Latino
- Hispanic or Latino
- Intentionally withheld

6. Which of the following categories best describes your racial background?

- American Indian or Alaska Native
- White
- Black or African American
- Asian
- Native Hawaiian or Other Pacific Islander
- Intentionally withheld

ALL PARTICIPANTS SHOULD BE AMERICAN INDIAN/ALASKA NATIVE.

[Use the following language when terminating a call:

“Thank you very much for your time today. We are looking to recruit a wide variety of individuals from across the Indian Health Service Northern Tier to help with this study. Unfortunately, we have filled participant slots with your specific characteristics. Again, thank you for your interest.”]

INVITATION

Thank you for answering our questions. We would like to invite you to participate in an in-person focus group discussion, or talking circle, with other service providers to hear your thoughts on safe infant sleep. If you agree to participate you will receive \$40 as a token of appreciation for your time.

1. Are you willing to participate?
 Yes *SCHEDULE*
 No *THANK AND TERMINATE*

FOR SCHEDULED PARTICIPANTS:

What is your first name? _____

What is the best telephone number to reach you? _____

We will contact you again, the day before the in-person focus group discussion, as a reminder.