# *Eunice Kennedy Shriver* National Institute of Child Health and Human Development

# *Safe to Sleep* In-Person Focus Groups

# Participant Recruitment Screener

# --Focus Groups with Service Providers--

We are conducting five (5) in-person focus groups, or talking circles, with service providers who care for Native pregnant or postpartum women, or infants under one year of age and their families in Northern Tier Indian Health Services Areas. 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. We will be talking about infant health issues. We are not selling or promoting any product or service. 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, neither your individual name, nor the tribe or organization you work for, will 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. Do you regularly provide services for any of the following: pregnant or postpartum women, infants one year of age or younger, or parents of infants one year of age or younger?**

\_\_\_\_\_ Yes

\_\_\_\_\_ No 🡪 Terminate

**2. Are the majority of your clients or patients American Indian or Alaska Native?**

\_\_\_\_\_ Yes

\_\_\_\_\_ No 🡪 Terminate

**3. What type of work are you currently employed in?**

\_\_\_\_Public Health Nursing

\_\_\_\_Community Health Representative

\_\_\_\_WIC

\_\_\_\_Other Home Visiting (Healthy Start)

\_\_\_\_OBGYN or Labor and Delivery

\_\_\_\_Pediatrics

\_\_\_\_Health Education and Promotion

\_\_\_\_Behavioral Health

\_\_\_\_Injury Prevention

\_\_\_\_Child Care or Early Childhood Education

\_\_\_\_Child Welfare, Protective Services, or Social Services

\_\_\_\_Other Law Enforcement

\_\_\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. How long have you been in this field?**

\_\_\_\_\_ 0-5 years

\_\_\_\_\_ 5-10 years

\_\_\_\_\_ 10-15 years

\_\_\_\_\_ 15-20 years

\_\_\_\_\_ More than 20 years

**5. What is your highest level of education?**

\_\_\_\_\_ High School Diploma or GED

\_\_\_\_\_ Some College

\_\_\_\_\_ Associate’s or Technical Degree without a license (*e.g., MA, NA*)

\_\_\_\_\_ Bachelor’s Degree or Technical Degree with license (*e.g., LPN, RN, BSN*)

\_\_\_\_\_ Graduate or Professional Degree (e.g., MD, PA, CNM, MPH, MSW)

INCLUDE PROVIDERS WITH A MIX OF EDUCATION LEVELS, WITH AN EMPHASIS ON THOSE WITH AND WITHOUT PROFESSIONAL EDUCATION/LICENSE.

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

\_\_\_\_ Not Hispanic or Latino

\_\_\_\_ Hispanic or Latino

\_\_\_\_ Intentionally withheld

**7. 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

*ENSURE AT LEAST HALF OF FOCUS GROUP PARTICIPANTS ARE 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 service providers 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 in appreciation for your time.

1. Are you willing to participate?

( ) Yes *SCHEDULE*

( ) No *THANK AND TERMINATE*

**FOR SCHEDULED PARTICIPANTS:**

What is your 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.