

ATTACHMENT 4: FOCUS GROUP MATERIALS

Attachment 4.a. Focus Group Screener (English)

Medicaid Incentives for Prevention of Chronic Diseases Beneficiary Satisfaction Focus Group Screening Instrument

If outbound call:

Hello, my name is _____ and I'm from RTI International, a nonprofit research organization. I am calling because you [ARE PARTICIPATING IN A CHRONIC DISEASE PROGRAM /EXPRESSED INTEREST IN PARTICIPATING IN A FOCUS GROUP ABOUT YOUR SATISFACTION WITH A CHRONIC DISEASE PREVENTION PROGRAM]. We are inviting groups of Medicaid beneficiaries from <INSERT PROGRAM> to discuss their experiences.

Is something you would be interested in hearing more about?

Yes 1 [CONTINUE]
No 2 [END]

If you qualify for this project, and participate in our focus group, you will receive \$75 for your participation and to cover any travel expenses.

If inbound call:

Hello, my name is _____ and thank you for calling RTI International, a nonprofit research organization. The focus groups we are currently conducting are about your satisfaction with [INSERT PROGRAM] and we are inviting several beneficiaries from <INSERT PROGRAM> to participate in a focus group to discuss their experiences with the program. If you qualify for this project, and participate in the group, you will receive \$75 as a thank you for your time and to cover any travel expenses. If you are still interested, we can now determine your eligibility.

Both outbound and inbound calls:

To see if you are eligible for this study, I need to ask you some personal questions. It is your choice to answer these questions. Your answers will be kept confidential. You can refuse to answer any question or stop at any time.

If you are not eligible or choose not to be part of the study, all responses you give to me today will be destroyed and you will not be contacted again.

My questions will only take a few minutes. May I ask you the questions now?

Yes 1 [CONTINUE]
No 2 [END]

Procedures for Recording and Limiting Information:

- Only record information for the questions in the screener
- If an informant reveals additional personal information, thank them for being helpful, but guide them back to the questions: “That is interesting to learn, but can I now ask you about. . .”

Screener Questions

1. What is your age in years? SPECIFY: _____ [RECORD RESPONSE IN YEARS]
 - a. Under 18 years old 1 [NOT ELIGIBLE]
 - b. 18 years and older 2 [CONTINUE]
2. Is your primary language English, Spanish, or some other language?
 - a. English 1 [CONTINUE]
 - b. Spanish 2 [CONTINUE]
 - c. Other language (specify): 3 [NOT ELIGIBLE]
3. Are you currently enrolled in Medicaid?
 - a. Yes 1 [CONTINUE]
 - b. No 2 [NOT ELIGIBLE]
4. Have you participated in <INSERT PROGRAM>?
 - a. Yes 1 [CONTINUE]
 - b. No 2 [NOT ELIGIBLE]
5. In what city is the program you participate/ed in located? _____
6. Did you participate in the program within the past 6 months?
 - a. Yes 1 [CONTINUE]
 - b. No 2 [NOT ELIGIBLE]
7. How would you describe your participation in the program in the past 6 months? Would you say that you participated...
 - a. very frequently/in most of the program activities 1 [CONTINUE]
 - b. somewhat frequently/in some of the program activities 2 [CONTINUE]
 - c. not frequently at all/in a few of the program activities 3 [NOT ELIGIBLE]

8. It is possible the program you participate/ed in could have help/ed you with different kinds of health issues, such as diabetes prevention, diabetes control, tobacco use, weight management, blood pressure, or cholesterol. The program may help you with one or more than one of these health issues. Which health issue(s), if any, was the program about? [INTERVIEWER READ EACH RESPONSE. **SKIP FOR TEXAS.**]

[NOTE: PLACE ON HOLD, CONTINUE WITH QUESTIONS, AND READ PENDING SCRIPT IF ONLY "YES" TO ONE OR MORE OF THE FOLLOWING AND NO OTHERS]:

- BLOOD PRESSURE
- CHOLESTEROL
- OTHER/DON'T KNOW/NOT SURE

a. Diabetes prevention	Yes	1
<i>A diabetes prevention program is for people who have a risk of getting diabetes. The program can help you so you don't get diabetes.</i>	No	2
b. Diabetes control	Yes	1
<i>A diabetes control program is for people who have been told by a doctor that they have diabetes. The program can help you to control your diabetes.</i>	No	2
c. Tobacco use	Yes	1
<i>A tobacco program can help you quit smoking or quit using other kinds of tobacco.</i>	No	2
d. Weight management	Yes	1
<i>A weight management program could help you manage your weight or help you lose weight.</i>	No	2
e. Blood pressure	Yes	1
<i>A blood pressure program could help you manage or lower your blood pressure.</i>	No	2
f. Cholesterol	Yes	1
<i>A cholesterol program could help you manage your cholesterol or lower your cholesterol.</i>	No	2
g. Other/don't know/not sure	Yes	1
	No	2

9. These programs may offer different types of rewards or incentives. Rewards or incentives could be cash or a debit card, a gift card, points you can use to pick something from a catalog, membership in a gym or health program, or something else.

Did you get any rewards or incentives for participating in the program?

- a. Yes 1 [CONTINUE]
- b. No 2 [NOT ELIGIBLE – GO TO INELIGIBLE SCRIPT]

10. What type of reward or incentive do/did you get for participating in the program?
[RECORD ALL THAT APPLY. ELIGIBILITY WILL DEPEND ON STATE INCENTIVE PLAN]

- a. Cash or a debit card 1
Example:
- *A bank card or Visa gift card that you can spend on anything that you want*
- b. A gift card 2
Example:
- *A gift card that you have to spend at a specific store such as a grocery store or a restaurant*
- c. Other (specify): _____ 3
Examples:
- *Spending wellness account (for example, a bank account that you can spend on items)*
 - *Points you can use to pick something from a catalog*
 - *Supplies or medicines that can help you improve your health (for example, digital scale; nicotine replacement patch)*
 - *Activities that can help you improve your health (for example, gym membership; Weight Watchers membership, counseling sessions)*
 - *Transportation, mileage, childcare, or other support to help you participate in the program*

11. You had mentioned you were enrolled in Medicaid, are you also currently enrolled in Medicare?

- a. Yes 1 [NOTE AS DUAL ELIGIBLE]
- b. No 2

12. Gender [RECORD BUT DON'T ASK]

- a. Female 1
 - b. Male 2
 - c. Not sure 3
13. Are you Hispanic or Latina?
- a. Yes 1
 - b. No 2
14. We will have group discussions in both English and Spanish. Would you prefer to participate in an English-speaking group or Spanish-speaking group?
- a. English-speaking 1
 - b. Spanish-speaking 2
15. Are you of Hispanic or Latino origin?
- a. Yes, Hispanic or Latino 1
 - b. No, not Hispanic or Latino 2
16. Please select one or more of the following categories that describes your racial background.
[READ ALL]
- a. White 1
 - b. Black or African American 2
 - c. American Indian or Alaska Native 3
 - d. Asian 4
 - e. Native Hawaiian or Other Pacific Islander 5
17. What is the highest grade or level of school that you completed?
- a. 8th grade or less 1
 - b. Some high school, but did not graduate 2
 - c. High school graduate or GED 3
 - d. Some college or 2-year college degree 4
 - e. 4-year college degree 5
 - f. More than 4-year college degree 6

Ineligible Closing Script

Thank you for answering all of my questions. Unfortunately, you are not eligible to participate in this project. There are many possible reasons that people may not be eligible. These reasons were decided earlier by the project team. We value your interest in the focus groups. Thank you for being willing to help us.

Pending Script

Thank you for answering all of my questions. We are looking for program participants who have a variety of background characteristics. At this time, we need to include program participants with different background characteristics than yours. However, we would like to keep your name and contact information and if a slot opens up we will call you. Would that be OK? What is the best way to reach you? Do you have an alternate telephone number? Do you have an e-mail address you would like to share with us? We value your interest in the focus groups. Thank you for being willing to help us.

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone: _____

E-mail: _____

Invitation Script

Thanks for answering all of my questions. As I mentioned, we will be talking to Medicaid beneficiaries about their satisfaction with chronic disease prevention programs. We would like to invite you to take part in a group discussion with about eight other program participants. The focus group will take place on [FILL IN DATE, TIME, AND LOCATION].

The group discussion will last about 90 minutes. You will not be asked to buy anything. You will be asked your first name only, but can choose to use a made-up name if you prefer. You will be contacted a day or two before the discussion as a reminder. We will not share your information with anyone outside the study, and your name will not appear in any report.

We're simply interested in your own experience and thoughts. But if you begin to feel uncomfortable at any time, you can refuse to answer questions or leave the discussion. Your participation in this study poses no **physical** risks to you.

If you have questions about the study, call the RTI project director, Thomas Hoerger, at 1-800-334-8571 ext. 21746. Leave a message with your name and phone number, and someone will call you back as soon as possible.

For participating in the group, you will be paid \$75 for your time and effort and to help repay you for your travel expenses. Additional travel vouchers may be available in select locations.

We will be audio-recording the group. **To participate in the group, you must agree to be audio-recorded. During some discussions, staff will be either observing or listening to the group.** As I said, if you choose to attend, whatever you say will be kept private. In the group discussions, we will ask all other group members to keep what is said private. We will never link your name with any comment you make in any report that we write.

Also, we need to let you know that there will not be any childcare provided at the facility, so please make the appropriate childcare arrangements.

Will you be able to join us on [FILL IN DATE, TIME, AND LOCATION]?

- | | |
|-------------------------------|-------------------------------|
| a. Yes | 1 [GO TO CONFIRMATION SCRIPT] |
| b. No (Refuse to participate) | 2 [GO TO THANKS] |

OK, thanks for your time today.

[MAKE SURE YOU HAVE RECORDED ACCEPTANCE/REFUSAL]

CONFIRMATION SCRIPT

I would like to send you a confirmation letter and directions to the facility. I would also like to call you to remind you. To do so, could you please tell me your mailing address (or e-mail address) and phone number where you can be reached?

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone: _____

E-mail: _____

Date of Focus Group: _____ Time: _____

We are only inviting a few people, so it is very important that you notify us as soon as possible if for some reason you are unable to attend. Please call **Stephanie Teixeira-Poit at 1-800-334-8571, ext. 25915** if this should happen. We look forward to seeing you on [DATE] at [TIME].

Thank you so much for your time today.