


**Health Resources and Services Administration (HRSA)
Office of Planning, Analysis and Evaluation
Oral Health Awareness, Education, and Literacy Campaign**

**DISCUSSION BOARD FORUM RECRUITMENT SCREENER
3 TOTAL DISCUSSION BOARD FORUMS**

DEMOGRAPHIC BREAKS FOR EACH OF THE THREE ONLINE DISCUSSION BOARD FORUMS				
<i>The final participant sample will reflect a mix of genders, ages, and races/ethnicities, as possible.</i>				
	3 Target Audiences 	Audience 1 Families with young children	Audience 2 People with HIV	Audience 3 Adults ages 45 and older
	Categories			
*Recruit 1-2 participants from each of these 3 categories for each of the 3 target audiences.	Living in Rural Areas	DISCUSSION BOARD FORUM 1: Recruit 5 Participants Total	DISCUSSION BOARD FORUM 2: Recruit 5 Participants Total	DISCUSSION BOARD FORUM 1: Recruit 5 Participants Total
	HRSA Health Center Patients			
	Living in Non-Rural Areas			

**Participants may qualify for more than one category. For example, a person living with HIV could qualify as a HRSA patient and/or a person living in a rural area. In this example we would count the participant as ONE recruit for filling the rural quota and ONE recruit for filling the HRSA patient quota.*

QUOTAS AND ELIGIBILITY

- Overrecruits from focus group or cognitive interview recruitment are eligible to participate in one of three online discussion board forums.
- Recruit 18 total participants across three target audiences (six for each of the three target audiences) to participate in an online discussion board forum. Target audiences include (1) families with young children (parent/guardian of a child age 6 months through 3 ½ years), (2) people with HIV, and (3) adults ages 45 years and older.

- ✓ Two to three participants in each target audience must be categorized as living in a rural area **[see response c in Q5]**.
- ✓ Two to three participants in each target audience must be categorized as a HRSA health center patient **[see response to Q6B]**.
- Participants may qualify for more than one category. For example, a person living with HIV could qualify as a HRSA patient and/or a person living in a rural area. In this example we would count the participant as ONE recruit for filling the rural quota and ONE recruit for filling the HRSA patient quota.

Introduction

Hello, my name is _____ and I'm calling from _____ about an upcoming project sponsored by the Health Resources and Services Administration, a federal government agency in the U.S. Department of Health and Human Services. We will be referring to it as "HRSA." HRSA is the primary federal agency for improving health care to people who are geographically isolated and economically or medically vulnerable.

We want to get your feedback on some short messages and information to help consumers/patients know more about mouth and teeth health and to understand concerns consumers/patients like you might have on this topic. We will be conducting online discussion board forums to talk about how HRSA can better reach consumers/patients like you with important health information.

We are asking that you spend no more than 45 minutes total over a 2-day period responding to questions or prompts in an online discussion board forum. You may log-in at your leisure (at whatever time you want, from wherever you want). You may also complete part of the questions, log off and log back in, and continue where you left off. Day two questions will not be available for you to respond until the second day. Do not worry about spelling accuracy when typing your answers. We are very interested in your feedback and opinions. We will send you a web link beforehand for you to access the online discussion board forum. To maintain participants' privacy, we will use first names only (no last names) in the online discussion board forum. Your name and personal information will not be used in any project materials.

In appreciation for your time, we will give you a monetary token of appreciation. To see if you qualify to participate, I need to ask you a few questions. These questions will take less than 10 minutes.

ADMINISTRATION OF THE FOLLOWING HEALTH LITERACY TEST, "THE NEWEST VITAL SIGN", MUST BE ADMINISTERED IN THE INITIAL SCREENING PROCESS.

[*NOTE TO RECRUITERS: ONLY CONDUCT PHONE FOLLOW-UP, USING THE REST OF THIS SCREENER, AMONG THOSE WHO SCORED THREE OR LESS ON THIS TEST.***]**

Please look at this nutrition label from the back of a container of a pint of ice cream. After you read it, answer the questions below about it.

Nutrition Facts	
Serving Size	1/2 cup
Servings per container	4

Amount per serving	
Calories 250	Fat Cal 120

	%DV
Total Fat 13g	20%
Sat Fat 9g	40%
Cholesterol 28mg	12%
Sodium 55mg	2%
Total Carbohydrate 30g	12%
Dietary Fiber 2g	
Sugars 23g	
Protein 4g	8%

* Percent Daily Values (DV) are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.

Ingredients: Cream, Skim Milk, Liquid Sugar, Water, Egg Yolks, Brown Sugar, Milkfat, Peanut Oil, Sugar, Butter, Salt, Carrageenan, Vanilla Extract.

**ANSWER
CORRECT?**

YES NO

READ TO SUBJECT: This information is on the back of a container of a pint of ice cream.

QUESTIONS

1. If you eat the entire container, how many calories will you eat?

Answer 1,000 is the only correct answer

2. If you are allowed to eat 60 g of carbohydrates as a snack, how much ice cream could you have?

Answer Any of the following is correct:

1 cup (or any amount up to 1 cup)

Half the container

Note: If patient answers "2 servings," ask "How much ice cream would that be if you were to measure it into a bowl?"

3. Your doctor advises you to reduce the amount of saturated fat in your diet. You usually have 42 g of saturated fat each day, which includes 1 serving of ice cream. If you stop eating ice cream, how many grams of saturated fat would you be consuming each day?

Answer 33 is the only correct answer

4. If you usually eat 2500 calories in a day, what percentage of your daily value of calories will you be eating if you eat one serving?

Answer 10% is the only correct answer

Pretend that you are allergic to the following substances:
Penicillin, peanuts, latex gloves, and bee stings.

5. Is it safe for you to eat this ice cream?

Answer No

6. (Ask only if the patient responds "no" to question 5): Why not?

Answer Because it has peanut oil.

Total Correct

[NOTE TO RECRUITERS: ADMINISTER THE FOLLOWING QUESTIONS ONLY TO THOSE WHO SCORE THREE OR LESS ON THE HEALTH LITERACY TEST.]

Eligibility Questions

1. Note for recruiters: Ask your typical **articulation question** (e.g., If you could have a dinner conversation with anyone, who would it be and why?). Check here if the potential participant speaks English fluently and articulates verbally well enough to participate in a meaningful discussion: ____ Yes

2. We will be conducting these discussion board forums online. To participate, you need to have access to one of the following: a desktop/laptop computer or tablet [table-type or handheld computer device]. Which one(s) do you have? [CIRCLE ALL THAT APPLY.]

- a. Desktop/laptop computer
- b. Tablet
- c. None of these [THANK AND DISMISS.]

2A. [ASK ALL] Do you have internet access?
____ Yes ____ No [THANK AND DISMISS.]

3. How do you describe yourself?

- a. Male
- b. Female
- c. Self-identify as: _____
[RECRUIT A MIX.]

4. What is your current age _____? [ADD ACTUAL AGE AND CHECK CORRESPONDING CATEGORY BELOW.]

- a. Under age 18 [THANK AND DISMISS.]
- b. 18-44
- c. 45-74
- d. 75-84
- e. 85 or older [THANK AND DISMISS.]

[RECRUIT b FOR AUDIENCES 1 AND 2.]

Those in categories c and d recruit for AUDIENCE 3 ["ADULTS"] .
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5. Which of the following best describes the type of area you live in? [READ LIST.]

- a. Urban (city)
- b. Suburban
- c. Rural [RECRUIT 2-3 PARTICIPANTS PER TARGET AUDIENCE.]
- d. Small city or town
- e. American Indian/Alaska Native reservation [CLASSIFY AS RURAL.]
- f. Frontier [CLASSIFY AS RURAL.]
- g. Other. Please specify: _____
[RECRUIT A MIX.]

5A. In what state do you live? _____

- a. Northeast: Connecticut, Massachusetts, Maine, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont
 - b. South: Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia
 - c. Midwest: Iowa, Illinois, Indiana, Kansas, Michigan, Minnesota, Missouri, North Dakota, Nebraska, Ohio, South Dakota, Wisconsin
 - d. West: Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, New Mexico, Nevada, Oregon, Utah, Washington, Wyoming
- [RECRUIT A MIX OF STATES/GEOGRAPHIC REGIONS, AS POSSIBLE.]*

6. Which of the following best describes the location where you most often get your health care? [CHECK ONE ONLY]. IF RESPONDENT DOESN'T KNOW, ASK FOR THE NAME OF THE PLACE AND VERIFY IN 6B.

- a. Office-based physician/doctor in private practice
- b. Hospital emergency room (emergency department)
- c. Urgent Care Center
- d. Community Health Center *[VERIFY AS HRSA PATIENT IN 6B.]*
- e. Public Health Department (i.e. city, county, state hospital/clinic) *[VERIFY AS HRSA PATIENT IN 6B.]*
- f. Other. Specify: _____ *[VERIFY AS HRSA PATIENT IN 6B.]*

6A. [ASK IF Q6 RESPONSE IS d, e, or f] What is the name of the place where you most often get your health care? Can I also get the name of your city and state so I can write it in correctly?

Name of health care facility _____
City _____ State _____

BELOW IS THE VERIFICATION LINK. IF THE LOCATION PARTICIPANT USES IS FOUND ON THIS LINK, THE PARTICIPANT IS CLASSIFIED AS A HRSA PATIENT. RECRUIT 3-4 HRSA PATIENTS FOR EACH TARGET AUDIENCE.

6B. HRSA VERIFICATION LINK: <https://findahealthcenter.hrsa.gov/>

- a. Yes, HRSA patient *[RECRUIT 2-3 PARTICIPANTS FOR EACH OF THE 3 TARGET AUDIENCES.]*
- b. No

[NOTE: ONLY THOSE WITH A YES IN 6B CAN BE CATEGORIZED AS A HRSA PATIENT.]

7. What kind of health insurance, if any, do you have now? [This question is not an eligibility question; this question is for descriptive and analysis purposes only.]

- a. Employer-provided insurance (a plan from your or your partner's employer/work)
- b. Individually purchased insurance (a private, direct-purchased plan)
- c. Obamacare or the Affordable Care Act
- d. Parents' insurance

- e. Student insurance plan
- f. Medicare
- g. Medicaid or some other form of public insurance
- h. Military health care
- i. I don't know
- j. No to all/Uninsured

8. Do you have dental insurance?

- a. Yes; What kind of dental insurance do you have?
 - Employer-provided insurance (a plan from your and your partner's employer/work)
 - Individually purchased insurance (a private, direct-purchased plan)
 - Obamacare or the Affordable Care Act
 - Parents' insurance
 - Student insurance plan
 - Medicare
 - Medicaid or some other form of public insurance
 - Military health care
 - I don't know
 - No to all/Uninsured
- b. No
- c. Not sure

8A. [ASK ONLY IF AUDIENCE 3.] Which of the following best describes you?

- a. I have all or some of my adult teeth
- b. I do not have any of my adult teeth

[RECRUIT A MIX WITH MOST COMING FROM RESPONSE A.]

9. Do you have any of the following health conditions?

- a. High blood pressure
- b. Diabetes
- c. HIV/AIDS

• How long ago were you diagnosed with HIV/AIDS? __ Years __ Months
[CONTINUE RECRUITING FOR AUDIENCE 2. CATEGORIZE AS AUDIENCE 2 AND SKIP TO Q11.]

10. [DO NOT ASK IF AUDIENCE 3.] Are you the parent or primary caregiver (caregiver of a child for at least 20 hours a week) to a child between 6 months and 3½ years of age?

- a. Yes, parent *[GO TO 10A.]*
- b. Yes, primary caregiver *[GO TO 10A.]*
- c. No *[THANK AND DISMISS.]*

10A. [IF YES in Q10 ASK.] Do you live in the same household as the child(ren)?

- a. Yes **[RECRUIT FOR AUDIENCE 1: FAMILIES & CHILDREN.]**
- b. No *[THANK AND DISMISS.]*

- 11. Which of these best describes your ethnicity (choose one)?**
- a. Hispanic or Latino
 - b. Not Hispanic or Non-Latino
- 12. Which of these best describes your race (choose one or more)?**
- a. American Indian or Alaska Native
 - b. Asian
 - c. Black or African American
 - d. Native Hawaiian or Other Pacific Islander
 - e. White

RECRUITER: CHECK WHICH FORUM THE PARTICIPANT QUALIFIES FOR:

Audience 1 _____

Audience 2 _____

Audience 3 _____

Suggested language when terminating a call:

Thank you very much for your time today. We are required to recruit a wide variety of participants to help with this project. Unfortunately, we have filled participant slots with your background. However, we thank you for your interest in this project.

INVITATION

Thank you for answering my questions. We would like to invite you to participate in an online discussion board forum over the course of a 2-day period. If you agree and participate, we will send you a monetary token of appreciation for your time.

Are you interested and able to participate?

- a. Yes *[SCHEDULE FOR ONLINE DISCUSSION BOARD FORUM XX.]*
- b. No *[THANK AND DISMISS.]*

FOR SCHEDULED PARTICIPANTS

You have been scheduled to participate in an online discussion board forum from *Month/Day, 2021, through Month/Day, 2021*. You can respond to the forum at any time that is convenient for you during this 2-day period. We ask that you spend no more than 45 minutes total during this 2-day period to respond to questions and prompts in the online discussion board forum.

Before your scheduled forum, we will send you a confirmation text or email. The text or email will also include instructions on how to join the online discussion board forum. We will also contact you the day before the forum begins as a reminder.

If you decide not to participate, please let us know immediately, so we can find someone to take your place. My name is _____ and you can reach me at _____.

OMB No. 0915-
0212
Exp. Date 7/31/2021

Thank you!

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 and expires 07/31/2021. This Information Collections Request is voluntary. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including the time for reviewing instructions 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 14N136B, Rockville,