

OIDP Social Norming of Pediatric Vaccines Campaign
Health Care Provider (HCP) Focus Group - Eligibility Screener Questions
March 17, 2022

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Recruitment Screening Criteria:

- HCPs must be an actively practicing clinician (e.g., pediatricians, pediatric nurse practitioners [NPs], other pediatric providers (e.g., registered nurses or physician assistants in pediatric practices, family practitioners with a substantial pediatric patient population), and school nurses (with current experience with parents/families).
- HCPs must currently recommend routine pediatric vaccinations.
- HCPs must currently administer routine pediatric vaccinations (if appropriate).
- HCPs must have 25% or more of patient population be children through age 18.

NOTE TO RECRUITER: Continue through all questions before letting individual know if they are eligible for the focus groups. See below for the segmentation for HCP focus groups.

Desired HCP Focus Group Composition (n ≤5 groups)

1. Pediatricians and pediatric NPs in rural practices (including community health centers)
2. Pediatricians and pediatric NPs in urban practices (including community health centers)
3. Pediatricians and pediatric NPs with a patient population that is >50% African American
4. Pediatricians and pediatric NPs with a patient population that is >50% Hispanic/Latino
5. Registered nurses and physician assistants in pediatric practices; school nurses (≤2 school nurses)

Notes:

- Recruit for conduct of 5 focus groups
- Participants will receive a \$250 incentive
- Focus groups will last up to 90 minutes
- Focus groups will be held virtually
- Focus groups will be recorded (audio and video) for internal purposes only
- Respondent's identity will remain confidential

Welcome

Hello. My name is _____ and I work with [**Name of Recruiting Firm**]. We are working with the U.S. Department of Health and Human Services Office of Infectious Disease and HIV/AIDS Policy (OIDP) to obtain feedback on messages and materials related to pediatric vaccinations in order to develop a social norming campaign to motivate parents/guardians and clinicians to stay up to date with routine childhood vaccines (including measles, HPV, whooping cough, and tetanus) and promptly catch up on routine vaccines that have been missed or delayed. Your participation will help us to assess campaign materials for further refinement and finalization for dissemination. The focus group will last about 90 minutes and will be held online using Zoom. We will not ask you any questions about your own health status or personal health issues. If you participate in the focus group, you will receive \$250 as a token of appreciation for your time.

Are you interested in participating in a focus group?

- Yes (Continue with screener.)
- No (**Thank person for time and end conversation.**)

May I ask you a few questions to determine whether or not you are eligible for the focus group?

- Yes (Continue with screener.)
- No (**INELIGIBLE, thank person for time and end conversation.**)

Inclusion/Exclusion Criteria (Required)

NOTE TO RECRUITER: Record and keep all screener data.

1. Are you a federal government employee?

- Yes
- No (**TERMINATE, GO TO END**)

2. Do you currently see patients as a practicing:

- Pediatrician
- Pediatric Nurse Practitioner
- Registered Nurse
- Physician Assistant
- Family Practitioner
- School Nurse
- Registered Nurse
- None of the above apply (**TERMINATE, GO TO END**)

3. Do you currently discuss, recommend, and/or administer routine pediatric vaccines?

- Yes
- No (**TERMINATE, GO TO END**)

4. About what portion of your patient population is children (under 18 years of age)?

- Less than 25% **(TERMINATE, GO TO END)**
- 25% to 50%
- More than 50%
- Don't know **(TERMINATE, GO TO END)**

5. Are you considered a national or regional expert in vaccinations?

- Yes **(TERMINATE, GO TO END)**
- No

Additional Screening Attributes

NOTE TO RECRUITER: The following questions relate to required and optional participant attributes.

Required Attributes:

Selected sample must be diverse based on the following characteristics, with AT LEAST

- ≤6 participants of the same gender within a group
- ≥3 participants from specific racial/ethnic groups (American Indian, Black or African American, Hispanic, Latino, Asian, Native Hawaiian or Pacific Islander) within each group

Optional Attributes:

6. What is your gender?

- Male
- Female
- Other
- Decline to answer

7. Would you describe yourself as Hispanic or Latino?

- Yes
- No
- Prefer not to answer

8. How would you describe your racial background? (choose all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Prefer not to answer

9. Please select the following settings in which you currently provide clinical services: (choose all that apply)

- Community health center

- State or local health department
- Hospital setting
- Private medical practice
- K-12 school
- Other

10. How would you best describe the setting in which you practice?

- Rural
- Suburban
- Urban

11. Do you accept medical insurance? (including private and Medicaid)

- Yes
- No

12. In which state is your practice located?

- Open-ended

Thank You

TERMINATION SCRIPT:

"We appreciate your willingness to answer each of the questions. Unfortunately, you are not eligible to participate in the focus group. Thank you for your time."

ELIGIBLE SCRIPT:

Good news! You are eligible to participate in the focus group. Are you still interested in participating?

- Yes
- No (**Thank person for time, terminate and end the conversation.**)

I'm glad that you will be able to join us! The focus group will last about 90 minutes. It will be held online using ZOOM. The focus group time is scheduled for: [date and time here]

Does this date and time work for you?

- Yes
- No, but still interested (ask about other available times that might work)
- No (**Thank person for time, terminate and end the conversation.**)

Please confirm your name, phone number, and e-mail so we can send you instructions on participating in this digital focus group. We will also send reminders to this e-mail address.

Name:	
Address:	
Phone:	

HCP Screener

Email:	
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Please contact [Recruiter] at [PHONE NUMBER] if your plans change so that we may invite someone from the waiting list to attend instead. Otherwise, we'll look forward to hearing from you on [Month/Day/Year] at [Time].

END