

**OIDP Social Norming of Pediatric Vaccines Campaign
Parent/Guardian Focus Group - Eligibility Screener Questions**

March 17, 2022

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0459. The time required to complete this information collection is estimated to average 90 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

Recruitment Screening Criteria:

- Parents/guardians must be currently parenting at least one child under the age of 5 OR one child between the ages of 5 and 8.
- Parents/guardians must have at least one child under 5 OR one child between the ages of 5 and 8 who is not up to date on routine vaccines (regardless of reason).
- Parents/guardians must be responsible for health-related decision making for their child(ren).

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 parent/guardian focus groups.

Desired Parent/Guardian Focus Group Composition (n ≤14 groups)

1. African American parents/guardians of children under 5 years old (2 groups)
2. African American parents/guardians of children 5–8 years old (2 groups)
3. Hispanic/Latino (non-White, non-Black) parents/guardians of children under 5 years old (2 groups)
4. Hispanic/Latino (non-White, non-Black) parents/guardians of children 5–8 years old (2 groups)
5. Parents/guardians of children under 5 years old (heterogenous race/ethnicity)
6. Parents/guardians of children of children 5–8 years old (heterogenous race/ethnicity)
7. Parents/guardians living in rural areas (heterogenous race/ethnicity)
8. Parents/guardians living in urban areas (heterogenous race/ethnicity)
9. Parents with household income <\$75k (heterogenous race/ethnicity)
10. Parents with household income >\$75k (heterogenous race/ethnicity)

Notes:

- Recruit for conduct of 9 focus groups
- Participants will receive a \$95 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 \$95 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 (**TERMINATE, GO TO END**)
- No

2. Are you currently the parent/guardian of at least one child under the age of 8?

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

3. How old are you?
- Younger than 18 years old **(TERMINATE, GO TO END)**
 - 18 to 24 years
 - 25 to 29 years
 - 30 to 34 years
 - 35 to 39 years
 - 40 to 44 years
 - 45 to 49 years
 - 50 to 54 years
 - 55 to 59 years
 - 60 years or older
 - Decline to answer **(TERMINATE, GO TO END)**
4. What are the ages of your children (select all that apply)?
- 0 to 4 years
 - 5 to 8 years
 - 9 years and older **(if they also have children 8 and under, hold for potential inclusion; if this is the only response selected, TERMINATE, GO TO END)**
5. Is your child [under 5 years old] OR [between ages 5 and 8) fully caught up on their recommended vaccines? Recommended vaccines include those such as such as chickenpox, measles/mumps/rubella (MMR), polio, and hepatitis.
- Definitely yes **(TERMINATE, GO TO END)**
 - Probably **(TERMINATE, GO TO END)**
 - Unsure
 - No
6. Are you responsible for health-related decision making for your child(ren)?
- Yes
 - No **(TERMINATE, GO TO END)**
7. How willing are you to vaccinate your children against things like chickenpox, measles/mumps/rubella (MMR), polio, and hepatitis?
- Unwilling **(TERMINATE, GO TO END)**
 - Somewhat unwilling
 - Neutral
 - Somewhat willing
 - Willing

8. Do you trust government sources of public health information?
- I don't trust them at all (**TERMINATE, GO TO END**)
 - I sometimes trust them
 - I am neutral
 - I usually trust them
 - I fully trust them
9. Do you have access to the internet to participate in a Zoom session?
- Yes
 - No (**TERMINATE, GO TO END**)

Additional Screening Attributes

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

Optional Attributes:

If feasible, enrich the pool with parents/guardians in the younger child age range with those who have children ages 2 and younger.

10. What is your gender?
- Male
 - Female
 - Other
 - Decline to answer
11. Would you describe yourself as Hispanic or Latino?
- Yes
 - No
 - Prefer not to answer
12. 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

13. How would you best describe the setting in which you live?

- Rural
- Suburban
- Urban

14. In which state is do you live?

- Open-ended

15. What is your approximate total household income?

- Less than \$75,000 a year
- More than \$75,000 a year

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 (OR GET 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:	
Email:	

Parent/Guardian Screener

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