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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

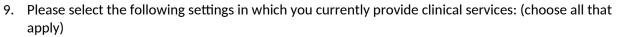


we	elcome		
He	ello. My name is	and I work with [<mark>Name of Recruiting Firm</mark>]. We are wo	rking with the
U.S	S. Department of Healt	th and Human Services Office of Infectious Disease and HIV/AID	S Policy (OIDP)
to	obtain feedback on me	essages and materials related to pediatric vaccinations in order	to develop a
soc	cial norming campaign	to motivate parents/guardians and clinicians to stay up to date	with routine
chi	ildhood vaccines (includ	iding measles, HPV, whooping cough, and tetanus) and promptl	ly catch up on
rou	utine vaccines that hav	ve been missed or delayed. Your participation will help us to ass	sess campaign
ma	aterials for further refin	nement and finalization for dissemination. The focus group will	last about 90
mir	nutes and will be held	online using Zoom. We will not ask you any questions about yo	ur own health
sta	atus or personal health	issues. If you participate in the focus group, you will receive \$2	250 as a token of
app	preciation for your time	ie.	
		ticipating in a focus group?	
	Yes (Continue with scre	·	
Ш	No (Thank person for t	time and end conversation.)	
Ма	ay I ask you a few quest	stions to determine whether or not you are eligible for the focus	s group?
□ '	Yes (Continue with scre	eener.)	
	No (INELIGIBLE, thank	person for time and end conversation.)	
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Inc	clusion/Exclusion Crite	eria (Required)	
		eria (Required) ecord and keep all screener data.	
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4. About what portion of your patient population is children (under 18 years of age)?



HCP Screener
 □ 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



☐ Community health center



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?

 \square 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:	



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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].

<u>END</u>

