**Attachment B:   
ODPHP Presidential Youth Fitness Program Screener for School Administrator Focus Groups**

OMB Control Number: 0990-0281

December 30, 2021

**Submitted to:**

Sherrette Funn

Office of the Chief Information Officer

U.S. Department of Health and Human Services

**Submitted by:**

Jennifer Bishop, ScD, MPH

Acting Director, Division of Health Promotion and Communication

Office of Disease Prevention and Health Promotion

U.S. Department of Health and Human Services

**Study Summary**

|  |  |
| --- | --- |
| Study Format | 75-minute remote focus groups |
| Number of Sessions | 3 focus groups   * **Total:** Recruit 18 to seat 15 * **Per focus group:** Recruit 6 to seat 5 |
| Dates of Testing | January, 2021 |
| Participants | School administrators |
| Inclusion Criteria | Participants must:   * Work full-time as one of the following: an elementary, middle, or high school principal or assistant principal; district level administrator like superintendent; or some other role that includes curriculum administration at the district or school level (like an athletic director) |
| Hard Quotas | * Recruit at least 5 female participants * Recruit at least 5 male participants * Recruit at least 5 non-white participants * Recruit participants from at least 5 different geographic regions [on this page](https://www.hhs.gov/about/agencies/iea/regional-offices/index.html) |

### Recruiter Script

Hello, I’m [recruiter] and I’m calling from [recruitment firm]. We are a consumer research organization. I’m calling because you expressed interest in participating in a study. This study is funded by the U.S. Department of Health and Human Services and will help inform updates to the Presidential Youth Fitness Program. The session will be for market research purposes only — we are not trying to sell you anything.

If you qualify, you will receive a payment of [$200 (will update based on market rates)] for your participation. The session will be held remotely the week of [month, day] and will be approximately 75 minutes in length.

Does this sound like something you would be interested in?

* Yes
* No 🡪 TERMINATE

Great. Let’s find out if you qualify. My questions will only take a few minutes. Any information you provide will be kept private. You can stop at any time or skip any question. I will also ask some questions about you, such as your education level and ethnic background, to make sure we include a variety of people.

Would you like to keep going?

* Yes
* No 🡪 TERMINATE

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 0990-0281. The time required to complete this information collection is estimated to average 70 to 85 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

### Screening Questionnaire

#### Audience criteria

1. [Role]Do you work as a school administrator for elementary, middle, or high school(s)?

* Yes
* No

1. [Title] What is your title?

* School principal or assistant principal (elementary)
* School principal or assistant principal (middle school)
* School principal or assistant principal (high school)
* District level administrator (e.g. superintendent)
* Curriculum administration
* Athletic director
* Other, please specify: \_\_\_\_🡪 **CONTINUE, but put on HOLD**

1. [Public/Private]What type of school do you work in? **[Recruit a mix]**

* Public
* Private
* Other: \_\_\_\_\_\_

1. [Employment]What is your current employment status?

* Full time employed 🡪 Must Say
* Other\_\_\_\_\_\_ 🡪 TERMINATE

1. [PYFP Familiarity]How familiar are you with the Presidential Youth Fitness Program (PYFP)?

* Very familiar
* Somewhat familiar
* Not familiar at all

1. [PYFP Implementation]Has your school (or district) implemented PYFP? **[Recruit a mix]**

* Yes
* No
* I don’t know

1. [PYFP Resources]Has your school (or district) received any tools or resources from PYFP?

* Yes
* No
* I don’t know

#### Remote testing technology

[Device Preference] {Read all, mark one} Which of the following devices do you prefer to use when accessing the internet — particularly for health information?

* A desktop or laptop computer
* A smartphone
* A tablet
* None of the above 🡪 TERMINATE

[Device Access]Are you able and willing to use your [device from Q8] for a video teleconference?

* Yes
* No 🡪 TERMINATE

[Internet Access]Do you have access to high-speed internet for your [device from Q8]?

* Yes
* No 🡪 **CONTINUE, but put on HOLD**

[Webcam]Does your [device from Q8] have a working webcam you could use for the video teleconference?

* Yes
* No **à CONTINUE, but put on HOLD**

#### Demographics

1. [Gender]What is your gender? \_\_\_\_\_\_\_\_\_   
   {Allow participant to provide response appropriate for them.}
2. [Race and Ethnicity]Which of the following best describes you? Select all that apply.

* American Indian or Alaska Native
* Asian
* Black or African American
* Hispanic, Latino or Spanish origin
* Middle Eastern or North African
* Native Hawaiian or Other Pacific Islander
* White
* A race or ethnicity not listed

1. [Geographic Location]What city and state do you live in? \_\_\_\_\_\_\_\_\_

### Termination Script

{Use for participants who **don’t** meet the criteria}

Thank you for taking the time to answer my questions. Unfortunately, the category you fall into is currently full. If it should open up, may we call you back?

### Continuation Script

{Use for participants who **do** meet the criteria}

Would any of the following make it hard for you to participate in a session?

{Read list and mark all that apply — then work to accommodate}

* Physical challenges
* Visual challenges (besides using reading glasses)
* Hearing challenges (besides using hearing aids)
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May I schedule you for one of the sessions — you will receive a payment of [$200 (will update based on market rates)] for your participation?{Share available time slots}

We will contact you a few days before to confirm your scheduled time. If something comes up and you will notbe able to participate, please call [name and number] as soon as possible.

Finally, please remember to have the following with you during the session:

* Reading glasses
* Hearing aids