

**OMB BURDEN STATEMENT:** This information is being collected to assist the Food and Nutrition Service in developing a National Outreach Campaign to increase awareness of the health and nutrition benefits associated with specific programs. This is a voluntary collection and FNS will use the information to better meet the needs of current program participants, as well as those individuals who are eligible but do not participate. This collection does not request any personally identifiable information under the Privacy Act of 1974. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not 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 0584-0611. The time required to complete this information collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, 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: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 1320 Braddock Place, 5th Floor, Alexandria, VA 22306 ATTN: PRA (0584-0611). Do not return the completed form to this address.

## **Attachment A-1 Healthcare Provider IDI Screener (18 IDIs – Healthcare Providers)**

- All interviews approximately 45 minutes to 1 hour in length
- Number of interviews per audience:
  - 3 – Primary Care Physicians/Family Physicians/General Practitioners
  - 4 – Pediatricians
  - 4 – OB/Gyns
  - 4 – Community Health Workers
  - 3 – Nurse Practitioners/Physician Assistants/Registered Nurses

Hello, My name is \_\_\_\_\_, and I am calling for Edge Research, a research company in Arlington, Virginia. We are calling on behalf of the United States Department of Agriculture (USDA) Food and Nutrition Service (FNS) to ask for your participation in a one-on-one interview about nutrition programs. Your participation is voluntary and as a token of our appreciation, we will provide \$150 as compensation for your participation in a 1-hour discussion on this subject. There are no penalties if you chose not to participate. This feedback session will be private, which means that nothing that you say will be seen by anyone other than qualified researchers working on this project, except as otherwise required by law. Your responses will be combined with others, and you will never be personally identified.

Are you interested in participating?

IF NO: Thank you and have a great day/evening.

IF YES: Great! First, I need to ask you a few questions to find out if your background meets the needs of this study.

1. Are you currently working in healthcare, public health, or community health?
  - 1) Yes, full time **MUST SELECT**
  - 2) Yes, part time **TERMINATE**
  - 3) No **TERMINATE**
  
2. What is your current role? **COMPLETE FULL SCREENER TO QUALIFY, THEN CONFIRM FOR IDI BASED ON RESPONDENT AVAILABILITY**

- |                                    |   |
|------------------------------------|---|
| 1) Physician                       | RECRUIT BASED ON SPECIALTY/FOCUS, BELOW |
| 2) Registered Nurse                | RECRUIT BASED ON SPECIALTY/FOCUS, BELOW |
| 3) Nurse Practitioner              | RECRUIT BASED ON SPECIALTY/FOCUS, BELOW |
| 4) Physician's Assistant           | RECRUIT BASED ON SPECIALTY/FOCUS, BELOW |
| 5) Community Health Worker         | RECRUIT 4 (SKIP Q4)                     |
| 6) Administrative or Support Staff | TERMINATE                               |
| 7) Social Worker                   | TERMINATE                               |
| 8) Other                           | TERMINATE                               |

3. What type of setting do you work in? **MAY CHOOSE MORE THAN 1 SETTING, RECRUIT A MIX**

- |                                   |                    |
|-----------------------------------|--------------------|
| 1) Private Practice               | RECRUIT AT LEAST 2 |
| 2) Hospital                       | RECRUIT AT LEAST 4 |
| 3) Urgent Care/Clinic             | RECRUIT AT LEAST 4 |
| 4) Community Health Center/Clinic | RECRUIT AT LEAST 4 |
| 5) Other: Please Specify _____    | RECORD FOR REVIEW  |

**ASK FOR ALL EXCEPT Q2=5**

4. In which practice areas? **Select all that apply.**

- |  |           |
|--|-----------|
| 1) Primary Care/Family Medicine/General Medicine | RECRUIT 3 |
| 2) Pediatrics                                    | RECRUIT 4 |
| 3) Obstetrics/Gynecology                         | RECRUIT 4 |
| 4) Other   | TERMINATE |

**IF Q4=1**

5. Overall, what percentage of your patients are female? Your best estimate is fine.

\_\_\_\_\_ % **RECORD**

**IF Q4=1**

6. Do you currently have patients who have recently become pregnant, such as within the past 6 weeks?

- 1) Yes
- 2) No
- 3) Not sure

**TO QUALIFY, RESPONDENT WHO SPECIALIZES IN PRIMARY CARE/FAMILY MEDICINE/GENERAL MEDICINE MUST BE Q5 >50% OR Q6=1**

**LEGITIMACY CHECK**

7. What is the name of your practice or employer? \_\_\_\_\_

8. Where do you currently practice? What city/state \_\_\_\_\_ **RECRUIT MIX OF STATES**

**NOTE TO RECRUITER: LOOK UP PRACTICE OR EMPLOYER AND MATCH AGAINST LOCATION**

9. How would you describe the area where you practice? **RECRUIT A MIX**

- |                        |                    |
|------------------------|--------------------|
| 1) Urban               | <b>RECRUIT 7-8</b> |
| 2) Suburban            | <b>RECRUIT 2-4</b> |
| 3) Rural or small town | <b>RECRUIT 7-8</b> |

10. Overall, what percentage of your patient volume uses each of the following types of insurance? Please enter a number between 0 and 100% for each, for a total of 100%.

Your best estimate is fine. **CHECK TOTAL ADDS TO 100%, RECRUIT A MIX**

- |                                |  |
|--------------------------------|--|
| 1) Patient pay/fee for service |  |
| 2) Private employer            |  |
| 3) Medicare                    | <b>TERMINATE IF 75% OR MORE MEDICARE</b>             |
| 4) Medicaid                    | <b>RECRUIT AT LEAST 5-6 IDIs WHO SAY 25% OR MORE</b> |
| 5) Other                       |  |
| 6) Not sure                    | <b>[VOLUNTEERED RESPONSE]</b>                        |

**NOTE TO RECRUITER:**

- **PLEASE NOTE IF MOST POTENTIAL RESPONDENTS ARE UNSURE HOW TO ANSWER THIS QUESTION.**
- **ALSO, PLEASE RECORD ALL PARTICIPANTS WHO ARE <25% MEDICAID OR WHO ARE NOT SURE (IN Q10) BUT INDICATE THAT 25% OR MORE OF THEIR PATIENT VOLUME IS LOWER INCOME (IN Q11).**

11. Overall, what percentage of your patient volume would you consider to be lower income. Your best estimate is fine. **RECRUIT A MIX**

- |                |                  |
|----------------|------------------|
| 1) 0 - 24%     | <b>TERMINATE</b> |
| 2) 25 - 49%    |                  |
| 3) 50 - 74%    |                  |
| 4) 75% or more |                  |

- 11A. Does your practice offer any of the following?

**RANDOMIZE**

- |  |  |
|--|--|
| 1) Sliding scale fees for care                             |  |
| 2) Payment plans/financing for care                        |  |
| 3) Free or discounted health care                          |  |
| 4) Access to/financing through medical assistance programs |  |
| 5) None of the above                                       |  |

**NOTE TO RECRUITER: RESPONSES OF Q11A = 1-4 CAN ALSO IDENTIFY HCPs WITH CLIENTELE WHO ARE LOWER INCOME. IF Q11 = 2,3,4 AND Q11A = 5, PLEASE HOLD FOR EDGE REVIEW**

12. For how many years have you been working in health or healthcare? **RECRUIT A MIX**

- 1) Less than one year **TERMINATE**
- 2) 1 to less than 5 years
- 3) 5 to less than 10 years
- 4) 10 to less than 15 years
- 5) 15 to less than 20 years

13. How familiar are you with each of the following programs?

- 1) Very familiar
- 2) Somewhat familiar
- 3) Not too familiar
- 4) Never heard of/don't know

**[RANDOMIZE]**

- a) "SNAP" or the Supplemental Nutritional Assistance Program. It is sometimes referred to and formerly known as "Food Stamps"
- b) "WIC" or the Special Supplemental Nutrition Program for Women, Infants, and Children
- c) "TANF" or Temporary Assistance for Needy Families
- d) The National School Lunch Program
- e) Medicaid
- f) "CHIP" or the Children's Health Insurance Program

**RECRUIT A MIX OF Q13B = 1-4**

14. How much do you **rely on** each of the following resources when it comes to accessing healthcare information? Please use a 1 to 5 scale where a "5" means you rely on that resource a lot, a "1" means you do not rely on that resource at all, and a "3" is neutral.

- 1) 5: Rely on a lot
- 2) 4
- 3) 3: Neutral
- 4) 2
- 5) 1: Do not rely on at all

**RANDOMIZE**

- a. Public health agencies, like the FDA (Food and Drug Administration), CDC (Centers for Disease Control and Prevention) or NIH (National Institutes of Health)
- b. Health-focused websites or social media pages, like WebMD
- c. Healthcare institutions, like the Mayo Clinic
- d. Health-focused non-profits, like the American Heart Association or American Cancer Society
- e. Professional associations, like the American Medical Association or American Academy of Pediatrics

**TERMINATE IF Q14a = 5 (Do not rely at all) OR Q14e = 5 (Do not rely at all)**

Finally, just a few last questions about you.

15. What is your gender? **RECRUIT A MIX**

- 1) Male
- 2) Female
- 3) Non-binary
- 4) Other, specify\_\_\_\_\_

16. Which of the following age categories are you in?

- 1) Under 18 **TERMINATE**
- 2) 18-21
- 3) 22-29
- 4) 30-39
- 5) 40-49
- 6) 50-59
- 7) 60-69
- 8) 70-79
- 9) 80+ **TERMINATE**
- 10) Prefer not to say **TERMINATE**

17. Are you Hispanic, Latino or of Spanish descent?

- 1) Yes, Hispanic or Latino **RECRUIT A MINIMUM OF 2**
- 2) No, not Hispanic or Latino
- 3) Prefer not to answer

18. Which of the following best describes your race? Select all that apply. [ACCEPT MULTIPLE RESPONSES] **RECRUIT A MIX**

- 1) American Indian or Alaska Native
- 2) Asian
- 3) Black or African American
- 4) Native Hawaiian or Other Pacific Islander
- 5) White
- 6) Other
- 7) Prefer not to answer **RECRUIT NO MORE THAN 2**

19. How many times have you participated in a market research discussion of any kind in the past 6 months?

- 1) None **CONTINUE**
- 2) 1 or more **TERMINATE**
- 3) Don't know **TERMINATE**

The one-on-one interview we are recruiting for is virtual, meaning that you can participate from the comfort of your own home or office, but you would need to be in front of a device with internet access and in a quiet place. Please make sure and confirm that you can be in a quiet place and can commit to the full 1 hour without many interruptions. To better simulate a discussion, you would also need to be visible to the interviewer via a web camera. Someone will call you before the interview to help you set up the webcam and make sure all the technology needed for the discussion is working properly.

This is for research purposes only, and all of your feedback during the interview would be anonymous and confidential, and the remote connection is safe and secure. To thank you for participating in this study, we will give you \$150 at the end of the interview.

20. Is this something you are interested in and comfortable with?

- 1) Yes
- 2) No                   **THANK AND TERMINATE**

Now, just a couple of questions about your technology usage.

21. How would you describe your comfort level with using the internet?

- 1) Very comfortable
- 2) Somewhat comfortable
- 3) Neutral
- 4) Not that comfortable                   **THANK AND TERMINATE**
- 5) Not comfortable at all               **THANK AND TERMINATE**
- 6) Not sure                               **THANK AND TERMINATE**

22. What type of device will you be using to participate?

- 1) Computer/laptop
- 2) Tablet
- 3) Smartphone                           **RECRUIT NO MORE THAN 8**

**IF Q22=1 OR 2 (USING COMPUTER OR TABLET)**

23. Do you have a high-speed internet connection that you can use while participating in this research?

- 1) Yes                   **CONTINUE**
- 2) No                   **OPTION FOR RESPONDENT TO USE PHONE INSTEAD, OTHERWISE  
THANK AND TERMINATE**

24. Do you have a webcam on your computer, laptop, tablet, or smartphone that you can use for the discussion?

- 1) Yes               **CONTINUE**
- 2) No               **PLEASE HOLD FOR EDGE REVIEW, IDEALLY ALL RESPONDENTS HAVE  
WEBCAMS**

What is the best time to reach you for a Technology Check?

**RECORD:** \_\_\_\_\_

Thank you for completing the screening questions. As I mentioned previously, you have been invited to participate in a one-on-one discussion about nutrition programs. Your participation means that you would participate in the 1-hour conversation that will be held on DATE/TIME/LOCATION. As a token of our appreciation, you will receive a \$150 gift card upon completion of the interview.

Would you still like to participate?

[If Respondent seems uncomfortable, explain, "This information will be used only to send you a confirmation and details for the interview." Record contact information.]