

**Focus Group Testing to Effectively Plan and Tailor Cancer Prevention and Control
Communication Campaigns**

(OMB No. 0920-0800. Expiration date January 31, 2012)

**Change Request #2:
Concept Testing for the
*Inside Knowledge: Get the Facts About Gynecologic Cancer Campaign***

July 6, 2009

Summary

The Centers for Disease Control and Prevention (CDC) requests OMB approval to conduct the second round of audience research supporting the *Inside Knowledge: Get the Facts About Gynecologic Cancer* campaign. During the second round, known as concept, materials, and message testing, focus group participants will be asked to provide feedback and opinions about specific materials developed for the campaign (see Attachments 1 and 2). Results will be used to guide the development of effective, salient public service announcements and print advertisements.

The proposed data collection effort is a component of the generic clearance package entitled "Focus Group Testing to Effectively Plan and Tailor Cancer Prevention and Control Communication Campaigns" (approved 1/8/09; expiration date 1/31/2012). Messages and concepts in the proposed audience research testing activity are based on results of formative research previously conducted under the generic clearance (see Change Request #1, approved 5/26/09). The generic clearance structure is ideally suited to the iterative nature of health message development and testing.

Attachments

1. Test Public Service Announcements for Gynecologic Cancer
2. Test Print Advertisements for Gynecologic Cancer
3. Participant Screener for Gyn Concept Testing
4. Consent Form
5. Moderator's Guide for Gyn Concept Testing

Background

The prevention and control of gynecologic cancers is a major area of emphasis with CDC's Division of Cancer Prevention and Control (DCPC). More than 75,000 women in the United States were diagnosed with a cancer affecting the reproductive organs in 2005. In the same reportable year, over 27,000 women in the United States died of some form of gynecologic cancer—with ovarian cancer representing the majority of mortalities (USCS, 2005). In response, DCPC plans to continue awareness activities as authorized by the Gynecologic Cancer Education and Awareness Act of 2005, Section 247b-17 of the PHS Act, also known as Johanna's Law. This legislation was unanimously passed by the U.S. House and Senate (109th Congress) in December of 2006, and signed into law by President George W. Bush on January 12, 2007. CDC received first-time congressionally mandated funding in fiscal

year 2006 to develop, implement, and evaluate a national gynecologic cancer awareness campaign *Inside Knowledge: Get the Facts About Gynecologic Cancer*.

The fiscal year 2008 Senate Appropriations Language Full Committee Report states, “The Committee is encouraged by the progress that has been made by CDC, in coordination with the Office of Women’s Health to initiate a national education campaign on Gynecologic Cancers. The Committee strongly urges the rapid completion of the evaluation of past and present activities to increase the awareness and knowledge regarding gynecologic cancers and the creation of a strategy for improving efforts to increase awareness and knowledge of the public and health care providers with respect to gynecological cancers”.

Inside Knowledge: Get the Facts About Gynecologic Cancer

CDC is developing campaign materials, as mandated by Congress, to provide information about the major gynecologic cancers (cervical, ovarian, vulvar, uterine, and vaginal) and to convey the message that many cancers have warning signs and symptoms and may be curable if detected early and treated appropriately. In addition, campaign materials will educate women and health care providers about available screening tests, risk factors and prevention strategies.

The primary audiences for this initiative consist of women of all races and ethnicities and health care providers. CDC campaign activities include the following:

- Design of a campaign identity/logo that provides the opportunity for tailoring/adaptation for each of the individual gynecologic cancers.
- Design and creation of a gynecologic cancer homepage and expanded web site within DCPC’s web site.
- Creation and dissemination of consumer/patient fact sheets on ovarian, cervical, uterine, and vaginal/vulvar cancers to be posted on the DCPC web site and also available to order through CDC’s distribution center.
- Adaptation/translation of consumer/patient fact sheets into Spanish.
- A comprehensive brochure that presents gynecologic cancers as a whole.
- Creation, production, and distribution of a range of new materials including posters, print and broadcast PSAs, and dioramas for use in airports, malls, and other transit and high trafficked stations.
- Development of resources for health care providers—such as a gynecologic cancers slide set—a downloadable educational tool.

Campaign priorities include developing new print and broadcast PSAs, as well as materials specifically for use by health care providers. These activities require focus group research, beginning with the formative phase, to ensure the campaign products are developed with audience accuracy, appeal, and overall need.

Consumer Focus Groups

In a focus group, a small group of people engage in a discussion of selected topics of interest typically directed by a moderator who guides the discussion in order to obtain the group’s opinions. Focus groups capture the collective insight of a group while preserving individual preferences. In this setting, participants can describe their experiences and preferences without the limitations of preset response categories. Furthermore, focus groups produce rich data complete with nuances that often may be obscured in quantitative

data collection techniques. Data collection procedures are consistent with those described in the approved generic package.

Twenty-four total groups (six per city) will be held in summer 2009. Anticipated cities include Houston, TX, Atlanta, GA, Las Vegas, NV, and New York, NY. A maximum of nine women aged 40-60 will participate in each group, resulting in an estimated total of 216 focus group participants (4 cities x 6 groups/city x 9 respondents/group = 216 respondents). Based on previous experience with focus group recruitment, we estimate that 432 individuals (216 x 2 = 432) will be screened through telephone interviews. Respondents with relevant characteristics will be recruited using a customized screener (see Attachment 3). To minimize the possibility of having too few appropriate focus group participants (thereby forcing group cancellation), more participants are invited to each in-person group than needed. In the event that > 9 participants report for a scheduled session, excess participants will receive the honorarium and will be dismissed. The proposed \$60.00 level of incentive payment is consistent with the terms described in section A.9 of the approved generic ICR. Prior to conducting the individual focus groups, consent forms will be signed by all participants assuring them of the voluntary nature of their responses and informing them about the presence of an audio recording (see attachment 4). Respondents will be asked for their opinions about test message concepts and materials (see Attachments 1 and 2). Focus group discussions will be facilitated by a professional focus group moderator using a Moderator's Guide (see Attachment 5).

Burden Estimate

Type of Respondents	Form Name	Number of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)	Total Burden (in hours)
Women ages 40-60 years in the General Public	Screening Form	432	1	3/60	22
	Moderator Guide (Focus Group Guide)	216	1	1.5	324
				Total	346

References

U.S. Cancer Statistics Working Group. *United States Cancer Statistics: 2005 Incidence and Mortality*. Atlanta (GA): Department of Health and Human Services, Centers for Disease Control and Prevention, and National Cancer Institute; 2008.