

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

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

**Information Collection #3:
Focus Group Testing for the
*Screen for Life: National Colorectal Cancer Action Campaign***

June 29, 2010

Summary

The Centers for Disease Control and Prevention (CDC) requests OMB approval to conduct audience research supporting the *Screen for Life: National Colorectal Cancer Action Campaign*. During the focus groups, participants will be asked questions to assess knowledge, attitudes and behaviors related to colorectal cancer and to provide feedback and opinions about potential public service announcement (PSA) storyboard concepts (see **Attachment 4**). Results will be used to develop salient and effective messaging and to ultimately expand the suite of broadcast and print PSAs, all of which can be found at www.cdc.gov/screenforlife.

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). The generic clearance structure is ideally suited to the iterative nature of health message development and testing. Furthermore, it is a critical element of DCPC's overall plan to prevent and control colorectal cancer through public and provider awareness of screening benefits. The attached information collection instruments contain specific questions pertaining to colorectal cancer, consistent with the types of questions included with the original generic information collection request.

Attachments

1. Participant Screener for Colorectal Cancer Audience Research
2. Consent Form
3. Moderator's Guide for Colorectal Cancer Audience Research
4. PSA Storyboard Concepts

Background

Among cancers affecting both men and women, colorectal cancer is the nation's second leading cause of cancer deaths. In 2006, 139,127 new cases of colorectal cancer were diagnosed and 53,196 adults died from this disease in the United States (USCS). There is strong scientific evidence that colorectal cancer screening helps prevent the disease, by finding precancerous polyps that can be removed before they turn into cancer. Screening also helps find this cancer early, when treatment works best. However, only 61% of Americans have been screened according to national guidelines. (<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5710a2.htm>). Thus, activities to promote

screening for colorectal cancer are a high priority for DCPC as illustrated by one of the Division's initiatives *Screen for Life: National Colorectal Cancer Action Campaign*.

Screen for Life: National Colorectal Cancer Action Campaign

CDC's *Screen for Life* is a multimedia awareness campaign created in 1999 to educate Americans about colorectal cancer and the benefits of screening. The campaign targets men and women aged 50 and older as well as health care providers. Specific populations, such as African Americans and Hispanics, are also embedded in the target audience segment.

Basic campaign messages are the following:

- Among cancers affecting both men and women, colorectal cancer is the second leading cancer killer in the United States.
- Don't wait for symptoms. Polyps and/or cancer in the colon or rectum do not always cause symptoms—that's why it is important to be screened for colorectal cancer.
- Screening saves lives.
- Screening helps prevent colorectal cancer. Screening tests help find precancerous polyps so they can be removed before they turn into cancer.
- Screening helps find colorectal cancer early, when treatment can be very effective.
- Risk increases with age; most colorectal cancers occur in people aged 50 and older.
- If you are 50 or older, see your doctor and get screened regularly for colorectal cancer.
- Medicare and most insurance plans help pay for colorectal cancer screening.

Campaign materials include television and radio PSAs in English and Spanish, print advertisements, posters, fact sheets and brochures for patients in English and Spanish, out-of-home PSA placements including airport dioramas and bus shelters, newspaper articles, and video and audio news releases in English and Spanish.

Screen for Life's website (www.cdc.gov/screenforlife) includes campaign background information, colorectal cancer information, scientific resources, and campaign materials that can be downloaded and/or ordered for use in communities, medical practices, and other settings. The website also serves as a resource for health educators, health care providers, state and local organizations, and others interested in colorectal cancer. All 50 state health departments, two tribal organizations and the District of Columbia are active partners in campaign efforts. CDC supports states' educational efforts by designing materials that are easy to localize, download and print; and also offers free local tagging for TV PSAs.

Current campaign priorities include developing new print and broadcast PSAs, requiring focus group research to ensure the campaign messages and products are developed with accuracy, appeal, and address an 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 participants' 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 will be held in summer 2010. Anticipated cities include Philadelphia, PA; Los Angeles, CA; Chicago, IL; Miami, FL; and Charleston, SC. A maximum of nine men and women aged 45-75 will participate in each group, resulting in an estimated total of 216 focus group participants (9 respondents/group x 24 groups = 216 respondents). Based on previous experience with focus group recruitment, we estimate that 432 individuals (216 x 2 = 432) must be screened through telephone interviews to yield 216 completed responses. Respondents with relevant characteristics will be recruited using a customized screener (see **Attachment 1**). 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 2**). Respondents will be asked for their opinions about PSA concepts and messages (see **Attachment 4**). Focus group discussions will be facilitated by a professional focus group moderator using a moderator's guide (see **Attachment 3**).

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)
Men and Women aged 45-75 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: 2006 Incidence and Mortality*. Atlanta (GA): Department of Health and Human Services, Centers for Disease Control and Prevention, and National Cancer Institute; 2009.