

**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 #4:
Health Provider Formative Focus Group Testing for the
*Inside Knowledge: Get the Facts About Gynecologic Cancer Campaign***

April 14, 2011

Summary

The Centers for Disease Control and Prevention (CDC) requests OMB approval to conduct health care provider focus group research supporting the *Inside Knowledge: Get the Facts About Gynecologic Cancer* campaign. Focus group participants will be asked questions to assess their attitudes, beliefs, behaviors, and practices related to gynecologic cancers. More specifically, participants will be asked how they conduct well women visits, how they decide which symptoms merit follow up, what tests they perform on which patients, how they triage patients, how they communicate to patients, how and where they get their own information, when and to whom they refer patients with symptoms and/or a cancer diagnosis, and the best channels to reach them. We will also seek to identify knowledge gaps among providers related to gynecologic cancers and will ask participants for their reactions to materials already produced or planned to be developed as part of the campaign. Results will be used to guide the development of effective, clear, salient gynecologic cancer resources for health care providers.

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. The attached information collection instruments contain specific questions pertaining to gynecologic cancer, consistent with the types of questions included with the original generic information collection request.

Attachments

1. Screener for Gynecologists
2. Screener for Primary Care Providers (Physicians and Nurse Practitioners)
3. Consent Form
4. Moderator’s Guide

Background

The prevention and control of gynecologic cancers is a major area of emphasis within CDC’s Division of Cancer Prevention and Control (DCPC). Nearly 81,000 women in the United States were diagnosed with a cancer affecting the reproductive organs in 2007 (the most recent year for which statistics are available). 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, 2007). 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 Public Health Service Act, also known as Johanna's Law. This legislation was unanimously passed by Congress in December 2006, and signed into law in January 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".

Johanna's Law (H.R. 2941) was reauthorized in December 2010—underscoring the continued Congressional priority to increase gynecologic cancer awareness and knowledge among women and health care providers.

Inside Knowledge: Get the Facts About Gynecologic Cancer

CDC's *Inside Knowledge* campaign educates women and health care providers about the signs and symptoms, screening tests (if available), prevention strategies, and risk factors associated with the five main types of gynecologic cancer: cervical, ovarian, uterine, vaginal and vulvar. The primary audiences for this initiative consist of women of all ages, races, and ethnicities as well as health care providers.

The central messages of *Inside Knowledge* are—

- There are several types of gynecologic cancers.
- When gynecologic cancers are found early, treatment is most effective.
- Pay attention to your body and know what is normal for you. Gynecologic cancers have warning signs.
- If you notice any unexplained signs or symptoms that last for two weeks or longer, see a doctor right away.
- Get a Pap test regularly to screen for cervical cancer.
- Get the HPV vaccine, if you are 11–26 years old.
- If you are diagnosed with a gynecologic cancer, see a gynecologic oncologist—a doctor who has been trained to treat cancers of a woman's reproductive system.

As mandated by Congress, CDC continues to develop materials to educate women and health care providers about the five main gynecologic cancers. To date, campaign materials consist of a robust library of patient education resources including print and broadcast public service announcements (PSAs) and print materials, many of which are available in English and Spanish. These materials can be found at www.cdc.gov/cancer/knowledge and <http://www.cdc.gov/spanish/cancer/knowledge/>.

In an effort to augment the suite of available materials as directed by Congress, current campaign priorities include developing resources specifically for use by health care providers. However, to ensure the campaign products are developed with audience

accuracy, appeal, effectiveness, and overall need, the first phase of focus group research is essential to ensuring careful stewardship of federal dollars.

Health Care Provider 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.

The design of this study consists of focus groups with three health care provider segments: primary care physicians, nurse practitioners (sometimes grouped together as primary care providers), and obstetricians/gynecologists. Two focus group modes will be used: in-person and telephone. In-person focus groups allow for observation of body language and other subtle cues requiring participants' assembly in one location. Conversely, telephone focus groups only support auditory contact, but can reach participants in diverse geographic locations, including rural settings. Given the complementary nature of in-person and telephone focus groups, it is not surprising that a systematic review (Cooper et al., 2003) found that telephone focus groups are typically conducted in tandem with in-person focus groups.

Thirty total groups, including six in-person groups in each of four cities, (two per provider segment per city) and six telephone groups (two per provider segment) will be held in the spring/summer 2011. Anticipated in-person focus group cities include Las Vegas, NV, Atlanta, GA, Chicago, IL, and New York, NY. As stated above, six telephone groups are proposed. A maximum of eight health care providers will participate in each group, resulting in an estimated total of 240 focus group participants (4 in-person cities x 6 groups/city x 8 respondents/group = 192 in-person respondents plus 6 telephone groups x 8 respondents/group = 48 telephone respondents). Based on previous experience with focus group recruitment, we estimate that 480 individuals (240 x 2 = 480) will be screened through telephone interviews. Respondents with relevant characteristics will be recruited using a customized screener (see Attachments 1 & 2). 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 > 8 participants report for a scheduled session, excess participants will receive the honorarium and will be dismissed. The proposed \$200 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 3). Focus group discussions will be facilitated by a professional focus group moderator using a moderator's guide (see Attachment 4).

The total estimated burden hours are 384.

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)
Health Care Providers	Screeners for Gynecologists	160	1	3/60	8
	Screeners for Primary Care Providers	320	1	3/60	16
	Moderators Guide (Focus Group Guide)	240	1	1.5	360
				Total	384

References

[Cooper CP](#), [Jorgensen CM](#), [Merritt TL](#). Telephone focus groups: an emerging method in public health research. [J Womens Health \(Larchmt\)](#). 2003 Dec;12(10):945-51.

U.S. Cancer Statistics Working Group. [United States Cancer Statistics: 1999-2007 Incidence and Mortality Web-based Report](#). Atlanta (GA): Department of Health and Human Services, Centers for Disease Control and Prevention, and National Cancer Institute; 2010. Available at: <http://www.cdc.gov/uscs>