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

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Information Collection #5
Test of Effectiveness of Screening Recruitment Messages among African American Women in North Carolina

Supporting Statement Part B

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B. DATA COLLECTION AND STATISTICAL METHODS

Data collection will consist of a focus group methodology as well as a quantitative methodology. In a focus group, a small group of people (typically 8–12 individuals) engages in a discussion of selected topics of interest, typically directed by a moderator who guides the discussion to obtain the group's opinions (Edmunds, 1999; Krueger & Casey, 2000). In this setting, participants can describe their experiences and preferences without the limitations of preset response categories.

Statistical methods will not be used to analyze focus group discussion data because it is not appropriate to report the percentage of focus group participants who expressed a particular view. Qualifiers such as "many," "several," and "few" will be used to describe the number of participants who expressed a particular view. However, statistical methods will be used to analyze the Pre-discussion Information Sheet (Pre-DIS) and Post-discussion Information Sheet (Post-DIS) data.

B1. Respondent Universe

Respondents will be National Breast and Cervical Cancer Early Detection Program (NBCCEDP)-eligible African American women and women who are Hispanic/Latina (hereafter referred to as Latina), and aged 40–64 years. Latinas will be asked their thoughts about health, breast cancer, screening and early detection, and viable messages to educate women about breast cancer and increase screening among women who may qualify for free breast cancer screening. African American women will be asked to provide their opinions and thoughts about already developed concepts, messages, and materials to raise breast cancer awareness and promote breast cancer screening.

There will be a total of 12 focus groups. Four focus groups will be held with African American women in Charlotte, North Carolina (NC). Four focus groups will be held with African American women in Raleigh-Durham. We also propose to conduct four additional groups with Latinas in Charlotte, Raleigh-Durham or Greenville. Focus groups will be conducted with NBCCEDP–eligible women who have never been diagnosed with breast cancer, live within a specific set of ZIP codes, and have no family members who have been recruited for this study. The focus groups will be segmented by age (40–49 years and 50–64 years) and screening status (screened in the past 24 months and not screened in the past 3 years). This age division, along with segmenting based on screening status, will allow us to examine differences between participants and nonparticipants, which may have implications for modifying messages and materials. Segmenting by age will also help maintain a greater level of group homogeneity (Patton, 1990). Table B1 shows the segmentation plan for the 12 focus groups.

Table B1. Focus Group Segmentation Plan

City	Screened Women screened in the past 24 months		Unscreened Women not screened in the past 3 years	
	40–49 years	50–64 years	40–49 years	50–64 years
Charlotte	1 group	1 group	1 group	1 group
Raleigh-Durham	1 group	1 group	1 group	1 group
Charlotte, Raleigh-Durham or Greenville (Potential focus groups with Latinas to be held in one of these three cities)	1 group	1 group	1 group	1 group

B2. Procedures for Information Collection

The Persuasive Health Message Framework (Witte, 1995), an integrated approach to generating audience-specific messages, was used to guide data collection efforts in phases I and II of the African American women and Mass Media (AAMM) project in Georgia (GA) and will guide data collection efforts for this focus group study in NC. The purpose of this information collection is to determine target audiences' knowledge of local breast cancer and screening services, use of the NBCCEDP in NC, sources of information to obtain health information, and information on community issues, services, and events to determine if these can be used as viable sources (and channels) to communicate with African American and Latina women in NC. In addition, the groups with African American women will determine if the messages and materials that were developed for the AAMM in GA are clear, understandable, and personally relevant to our target audience in NC.

The research questions (RQ) and subquestions for the focus groups with Latinas are as follows:

- RQ1: What are thoughts about breast cancer, early detection, and screening for breast cancer?
- RQ2: What factors influence women to participate or not in the NBCCEDP?
- RQ3: What are viable ways (e.g., messages, sources, channels) to disseminate information about NBCCEDP services to women?

The RQs and subquestions for focus groups with African American women are as follows:

- RQ1: What are thoughts about breast cancer, early detection, and screening for breast cancer?
- RQ2: What are the general thoughts about intervention's messages and materials?
  - What is the audience's reaction to the messages and materials?
  - Are the messages and materials understandable and believable?
  - Do the messages and materials appeal to the audience?
  - How can the messages and materials be improved for this audience?
- RQ3: What are the general thoughts about the *intervention's advertisements (ads)*?
  - What is the audience's initial reaction to the radio ads?
  - Do the radio ads catch the audience's attention?
  - What does the audience think the radio ads are saying to them?
  - Are the radio ads understandable and believable?
  - How can the radio ads be improved for this audience?

All focus group protocols and instruments are included in the following attachments for Part A:

Attachment A1a. Pre-discussion Information Sheet—Participant Version
Attachment A1b. Post-discussion Information Sheet—Participant Version
Attachment A2. Pre-discussion Information Sheet—Participant Version (Latina)
Attachment B. Communication Materials
Attachment C1-C3. Radio Health Messages
Attachment D1. Recruitment Flyer
Attachment D2. Recruitment Flyer (Latina)
Attachment E1. Recruitment Screener
Attachment E2. Recruitment Screener (Latina)
Attachment F. Observer Confidentiality Form

Attachment G. Confidentiality Agreement with Local Site Recruiters
Attachment H1. Informed Consent Form
Attachment H2. Informed Consent Form (Latina)
Attachment J1. Focus Group Moderator Guide
Attachment J2. Focus Group Moderator Guide (Latina)
Attachment K. Pre/Post-discussion Information Sheet—Moderator Version
Attachment L. Sample Topline Summary

The procedural steps to conduct the focus groups are as follows.

Selecting Focus Group Recruiters
CDC's data collection contractor will subcontract with and train African American and Latina local site recruiters (LSRs) in Charlotte, Raleigh-Durham (and as necessary Greenville), NC to recruit for the focus groups. LSRs will work closely with CDC's data collection contractor and CDC staff to recruit all focus group participants.

Recruitment of Focus Group Participants
LSRs will recruit screened and unscreened women using in-person intercept recruitment techniques at a variety of locations including, but not limited to, the health department, community centers, faith-based organizations, and malls. In this effort, LSRs will use CDC's data collection contractor provided recruitment flyers (Attachment D1, D2) and recruitment screeners (Attachment E1, E2). LSRs will use the recruitment flyer to advertise the focus groups by posting or distributing flyers in locations frequented by the target population. These locations may include community centers, bus stops, beauty shops, or church functions. LSRs will be instructed to ask all questions in the recruitment screener before terminating due to ineligibility. LSRs will not ask for, or record names of ineligible women on the recruitment screeners.

Once potential participants are identified, the LSR will fax or e-mail participants' names and contact information to CDC's data collection contractor staff, who will e-mail participants a reminder. The LSR who made initial contact with the participant will follow up to conduct reminder calls, mail reminder cards and directions to participants, and ensure that participants check in at the time of the groups. To safeguard participants' privacy, all identifying information about participants will be kept in locked cabinets and password-protected computer files that will be destroyed at the end of the study. All recruitment activities will be recorded and updated in a recruitment-tracking database in Microsoft Excel maintained by CDC's data collection contractor in a password-protected computer file to safeguard the privacy of all recruited participants.

Focus Group Conduct
After recruitment, the 12 focus groups will be conducted with participants in selected cities. Each group will last an average of 2 hours, including the portions related to the pre- and post-discussion information sheets. Every effort will be made to recruit up to 15 participants per group to ultimately have 6–10 respondents in each focus group. Participants will be assigned to prearranged groups based on their schedule and availability. Focus groups will be held at professional focus group facilities or in a hotel (on a main bus line), community center, or at the local health department.

A professional moderator with experience leading groups with women of color will facilitate the focus groups. At the start of each focus group, the consent forms (Attachment H1, H2) will be read out loud and we will ask participants about any concerns or questions they might have before attaining their signature consent. The moderator will serve as a witness and will also sign the consent form of each participant. The moderator will then administer the PDIS (Attachment A1a, A2) and proceed to conduct the focus group discussions using the appropriate moderator guides (Attachment J1, J2). For the groups with African

American women, following the discussion of the print materials (see Attachment J1) the moderator will administer the Postdiscussion Information Sheet (Attachment A1b).

Focus Group Data Analysis
Data from the PDISs will be analyzed using SPSS, version 13.0. PDIS data will be entered into an SPSS database, and frequencies will be run for each of the questions on the PDIS. The resulting analyses will be used only as a means of describing the study participants and drawing comparisons between groups or segments. Data obtained from the PDIS will not be used to make generalizations about any larger population and will be reported and analyzed in aggregate form.

For the focus group data, two trained notetakers from CDC's data collection contractor will record the group discussions in field notes. The notetakers will also observe and record participant interactions and the intensity of discussions in the form of gesticulations, head nodding, and other nonverbal communication. Each notetaker will be responsible for a particular audience segment (e.g., one notetaker will be responsible for the screened groups and another notetaker will be responsible for the unscreened groups). The detailed field notes will be used to perform a note-based analysis of the focus group data.

A sample topline summary is attached (Attachment L). The topline summary will include terms such as "several" to describe focus group discussions. Other acceptable terms to use to describe participants' comments and ideas include "some," "many," "most," and "a few." Setting numerical parameters to quantify terms such as "some," "many," "most," and "a few" is not a standard practice when describing qualitative data and every attempt will be made to ensure that all comments and insights are reported in a consistent and accurate manner.

B3. Methods to Maximize Response Rates
For the focus groups, we expect an 80% response rate based on experience from phases I and II of focus groups conducted to test the AAMM in GA. A number of measures are being taken to optimize focus group recruitment including subcontracts with LSRs to identify and recruit focus group participants. LSRs will be familiar with the localities and community members. LSRs will participate in a conference call that will include a thorough orientation to the study, the project goals and expectations, an overview of focus group research, recruiting tips, how to and how not to approach potential participants, where to conduct recruitment, and overall recruitment protocol. This will contribute to successful recruitment during the message testing phase of this study. Additionally, we will conduct reminder calls and spot checks with random screened and unscreened participants via telephone to rescreen them and ensure that participants check in at the time of the groups.

B4. Tests of Procedures or Methods to Be Undertaken
The focus group protocol and all instruments and methods have been reviewed extensively by CDC/DCPC staff, including the Technical Monitor for this project and CDC's data collection contractor. We modified instruments developed for the AAMM in GA study for use in the NC information collection.

B5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data
The proposed protocol and data collection questions were developed and reviewed by DCPC staff and staff from the NC Health Department. The following CDC/DCPC and CDC's data collection contractor staff will participate in data collection, data analysis, and, as necessary, development of scientific manuscripts:

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