

CDC and ATSDR Health Message Testing System (OMB No. 0920-0572)

We would like to submit a request for change to the generic clearance, OMB No. 0920-0572, CDC and ATSDR Health Message Testing System.

This change would add 13 questions to the Health Message Testing System Question Bank. This includes a request for eight screening questions to the Demographic Questions portion, two questions to the Introductory Questions portion, two questions to the Core Questions portion, and one question to the Follow-Up Questions portion of the Health Message Testing System Question Bank. No changes to the burden hours or any other part of the approved package would be required.

The Behavioral Interventions and Research Branch, Division of STD Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) submitted a request to NCHM to use the Health Message Testing System for the study, “Infertility Campaign Concept, Message & Product Testing Research” and the Office of Public Health Genomics (OPHG), submitted a request to use the Health Message Testing System to test a draft brochure on “Lynch Syndrome Genetic Testing Strategies.”

The approved Health Message Testing System Question Bank consists of 312 questions; however, the screening questions do not completely address the specific audience segments required for the NCHHSTP and OPHG data collections and the addition of new research questions would aid NCHHSTP in the development of products that meet the audience’s needs.

Adding these questions to the Health Message Testing System Question Bank will ensure that NCHHSTP, OPHG and other programs at CDC will be able to make use of the Health Message Testing System OMB clearance for future concept/message testing data collection instruments, maximizing the health impact of the information directed at specific audience segments and resulting in optimum benefit for public health.

NCHHSTP Justification for Additional Screening Questions

Chlamydia trachomatis infections are the most commonly reported notifiable disease in the United States. They are among the most prevalent of all STDs and, since 1994, have comprised the largest proportion of all STDs reported to CDC. In 2007, 1,108,374 chlamydial infections were reported to CDC from 50 states and the District of Columbia. The highest reported rates were among young women 15 to 19 years of age (3,004.7 cases per 100,000 females) and 20 to 24 years of age (2,948.8 cases per 100,000 females).

As chlamydia rates are highest in females ages 15-24, NCHHSTP plans to develop a campaign with products to reach these sexually active women in this age range. In order to identify female minors ages 15-17, it is necessary to ask parents/guardians if they have a female child in that age range. For young adults, a question asking for their exact age (as opposed to a range of ages currently in the HMTS screening questions) ensures that the correct individuals are included in the research. As chlamydia is a sexually transmitted disease, it is necessary to recruit females who have been or are currently sexually active. Finally, we propose asking individuals if they are comfortable reading materials as participants will be asked to read information.

OPHG Justification for Additional Screening Questions

OPHG plans to test a draft of the *Lynch Syndrome Genetic Testing Strategies* brochure on a selected group of 25 healthcare providers. The ultimate aim of this testing is to determine whether the brochure has translated the main messages from the Evaluation of Genomic Applications in Practice and Prevention (EGAPP) recommendation so that they are both understandable and useful to various targeted healthcare providers. OPHG plans to select 25 interviewees, choosing five from each of the following groups: genetic counselors, general practitioners, oncologists, nurse practitioners, and physician's assistants.

We plan to use the feedback from each group to determine how effective these messages are so that we can tailor the final messages that will be useful and understandable to these healthcare providers. In order to do this, we need to be able to capture this specificity (for example, oncologists who specialize in pediatrics) in the selection process, and also make a note of it in the database for interview responses. Therefore, having specific questions that allow us to standardize the responses (from a multiple choice list) will be essential to making sure that the final data has integrity and is comparable. The current approved HMTS Question Bank does not have this type of multiple-choice listing of job subspecialties.

Justification for the Additional Introductory Questions

It is common for CDC message-testing research to begin with a general question to gauge the audience's current awareness and understanding of the health issue of interest. This allows researchers to get a general sense of the perspectives from which audiences are reacting to materials, and helps to identify potential biases in audience responses. Prior research conducted by NCHHSTP has found that few women in the target age group know what chlamydia is and some of the information they have is incorrect. NCHHSTP would like to ask participants to share their knowledge of chlamydia so materials can be refined to increase awareness or correct misinformation.

Justification for the Additional Core Questions

NCHHSTP would like to gather detailed information about (draft) campaign materials. Questions that elicit comments on specific content and images, and inquire which components of a message are attention-grabbing, will aid the improvement of campaign products.

Justification for the Additional Follow-Up Questions

The existing question bank includes questions about participants' behavioral intentions. NCHHSTP would like to add a closed-ended question that captures reasons why the target audience may not intend to take the desired action.

These additional questions will also benefit other CDC projects and campaigns.