

**REQUEST FOR CLEARANCE FOR FIELD
TEST OF COMMUNICATION AND
MARKETING VARIABLES FOR HEALTH
PROTECTION**

Submitted by:
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Part B. Collection of Information Employing Statistical Methods

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B. COLLECTION OF INFORMATION EMPLOYING STATISTICAL METHODS

Statistical sampling methodology will not be used to select respondents for this field test since data to be collected are not intended to produce estimates representative of the U.S. population. Instead, in order to test survey procedures and to inform CDC about the variances in attitudes, beliefs, and health behaviors among different subpopulations and guide future messaging about health protection issues, specific populations will be targeted as respondents. Accordingly, this section provides a description of the respondent sampling and data collection procedures to be used for the field test.

B.1 Respondents and Sampling Methods

Rather than randomly sampling from the population, CDC has identified subpopulations of particular interest and interviewers will achieve quotas of completed interviews from each group. This purposive sampling is designed to reach adult persons who are vulnerable from a health protection perspective. It is of particular importance to interview those known to have low health literacy, that is, difficulty accessing and/or understanding health messages so CDC can work to meet their needs. Therefore, included in the target groups are the elderly, who may be somewhat isolated and for whom health messages may be confusing; people of low socioeconomic status, whose level of education can be a barrier to comprehending and following health messages; and persons not fluent in English, for whom innovative ways of communicating health messages may be necessary. In addition to English, interviews will be conducted in three other languages, Spanish, Vietnamese, and Cantonese. Members of the general population will be surveyed as well in order to provide a benchmark for the subpopulations of interest. Demographic variables that will be used to screen respondents into the subpopulations of interest include age, education, and race and ethnicity. Interviewing will continue with specific subpopulations until quotas are reached. A copy of the screening instrument is included in Attachment 4. Incentives will not be provided to survey respondents. We conservatively estimate that 20 percent of the numbers dialed will complete the screening instrument, and 50 percent of eligible respondents will complete the interview.

The field test will be conducted using telephone (both landline and cell) and web. Telephone surveys will be conducted in five geographical areas across the U.S. For this nonprobability sample, respondents for the telephone survey will be selected using commercial lists to optimize reaching subpopulations of interests. For example, Hispanic and Asian respondents can be identified by telephone exchanges known to contain high percentages of those subpopulations. Commercial lists that sort potential respondents by age and level of education will be used to find the elderly and persons of low socioeconomic status (SES). Members of the general population will also be reached through commercial lists.

The web survey will be conducted using a pre-existing respondent web panel that was originally selected using random sampling techniques. Members of the panel will be invited to participate in the study to reach target goals for each subpopulation of interest. Because the panel is broadly representative of the population as a whole, we anticipate quotas for the general population, the

elderly, and low SES persons are readily achievable. Table B1 shows the selected field test subpopulations, location and number of interviews by survey mode.

Table B1.—Proposed Respondent Groups by Location and Survey Mode

Population*	Washington, DC	Los Angeles, CA	Chicago, IL	Milwaukee, WI	Tidewater, Virginia	Nat'l Panel	Total
	Telephone (landline and Cell)					Web	
General Population	150	150	150	150	150	250	1000
Elderly (age 65+)**	50	50	50	50	50	25	275
Low SES General	50	50	50	50	50	25	275
Low SES AA Hispanics (in-language)	25	25	25	25	25	25	150
Chinese (in-language)	20	20	20	–	–	15	75
Vietnamese (in-language)	25	50	–	–	–	–	75
Total	345	395	295	275	275	340	1925

B.2 Procedures for the Collection of Information

This data collection is a large dual-mode field test of a survey instrument composed of variables to assess health protection. Two modes of survey administration, telephone (both landline and cell, see Attachment 3A for telephone field test survey instrument), and self-administration via the web (see Attachment 3B for web field test survey instrument), will be used for the field test. Each is potentially a suitable mode for a future full-scale survey. The interview is designed to be completed in approximately 18 minutes, and the screener in 2 minutes (see Attachment 4 for screening instrument).

The study will test a set of core communication and marketing variables that can be used to inform health protection programs and projects as well as track population-level changes over time. Variables are designed to be applicable to a range of health protection issues; however, the health protection topics that have been used to guide the development of the field test survey instrument are seasonal and pandemic influenza preparedness and climate change health effects.

Telephone surveys will be conducted by professional interviewers. For this nonprobability sample, respondents for the telephone survey will be selected using commercial lists. Hispanic and Asian respondents can be identified by telephone exchanges known to contain high

percentages of those subpopulations. Commercial lists that sort potential respondents by age and level of education will be used to find the elderly and persons of low socioeconomic status (SES). Members of the general population will also be reached through commercial lists. Interviewing will continue with specific subpopulations until quotas are reached.

Web surveys will be self administered. The web survey will be conducted using a pre-existing respondent web panel that was originally selected using random sampling techniques. Members of the panel will be invited to participate in the study, which will conclude when targets for interviews completed by each subpopulation have been met. Those who agree to participate, who are not already on the Internet, will be sent an Internet appliance and receive an Internet service connection. People who already have computers and Internet service will be permitted to participate using their own equipment. Panelists will receive unique log-in information for accessing surveys online. Because the panel is broadly representative of the population as a whole, we anticipate quotas for the general population, the elderly, and low SES persons are readily achievable.

B.3 Methods to Maximize Response Rates and Address Non-Response

This is not applicable. A convenience sample need not be representative to indicate a need for further message refinement or other attitudinal information.

B.4 Test of Procedures or Methods to be Undertaken

Cognitive testing of the survey instrument has been conducted on nine respondents. Standard methods for the telephone survey and on-line survey will be used.

B.5 Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

The individuals consulted on technical and statistical issues related to the data collection are listed below. Data will be analyzed by the study contractor, Westat.

Dr. Simani Price
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Dr. Simani Price, project director, will be responsible for data collection and for analyzing the data. The individual at CDC who will be responsible for receiving and approving contract deliverables from Westat is Dr. Cynthia Bauer (404-498-6411).

REFERENCES

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