ATTACHMENT B: Protocol Detail

**Spanish Language Message Testing: Detonation of Improvised Nuclear Device**

Leeanna Allen, MPH
Karen Carera, Ph.D.
Florie Tucker, MSN, MBA
Oak Ridge Institute for Science and Education

Carol McCurley
Centers for Disease Control and Prevention
Katrina Pollard
Centers for Disease Control and Prevention

**Background**

Detonation of an Improvised Nuclear Device (IND) in a metropolitan area of the United States would be catastrophic. Planning for such an event is critical to the nation's overall preparedness for emergency events. Amidst the calamity ensuing from a nuclear detonation, a crucial task for federal, state, and local authorities will be communicating clear and consistent messages to the public. Effective communications will be a critical factor in saving lives and minimizing injury.

In 2009-2010, the Nuclear Detonation Response Communications Working Group, a federal interagency group of communications and radiation technical experts, developed key messages for affected communities, as well as the rest of the nation, to be used during the immediate aftermath of an IND detonation. These messages are intended to provide key life-saving protective action guidance as well as responses to questions anticipated in such an event. Although incident-specific messages will still be needed, these messages will enable decision makers and communicators to provide consistent, well developed information about a variety of concerns that will arise.

The Radiation Studies Branch of the Centers for Disease Control and Prevention (CDC) provides basic information on radiation and its health effects as well as emergency instructions for individuals and families. CDC was part of the interagency group which developed the key messages for communities affected by the detonation of an IND. To help ensure the quality of those messages, CDC wishes to test them with the public. The Oak Ridge Institute for Science and Education (ORISE) is to provide technical assistance.

This protocol sets forth the plan for message testing. It addresses:

- Objective
- Target Audience
- Audience Segmentation/Screening
- Methods of Data Collection
- Recruiting
- Schedule
- Informed Consent
- Handling of Data Records

**Objective**

Explore the relevance, comprehensibility, credibility, and effectiveness of Spanish-language translations of selected protective action messages developed by the Nuclear Detonation Response Communications Working Group.

**Target Audience**

The target audience for this study is the general public, who speak Spanish as their primary language.

**Audience Segmentation and Screening**

Testing will take place in two major metropolitan areas with large Spanish-speaking populations.

Across groups at each location, the respondents will provide approximate representation reflective of the community (with the exceptions described below) in terms of:

- Gender
- Age
- Education

It is understood that with the small number of respondents per group, and the relatively small number of respondents per city, it will not be possible to have respondents representing all combinations of characteristics in one group or even across groups for that city.

All participants will:

- Be at least 18 years of age
- Have at least a High School Diploma
- Be comfortable conversing in Spanish

No respondents or members of their immediate family will be employed in any of the following fields:

- Advertising
- Public relations
- Market research
- Media
- Health care
- Public Health
- Health physics or related fields involved with radiation

No respondents will have earned a postgraduate degree.

The screening instrument is included as Appendix A.

## Methods of Data Collection

Data are to be collected by means of focus groups where eight prospective respondents are to be recruited. Discussions are expected to last 90 minutes.

The moderator's guide is included as Appendix B.

For all

Focus groups are to be conducted at commercial market research facilities, using a professional moderator who will facilitate the group in Spanish.

Observers from CDC, ORISE, and the interagency working group may observe the groups from behind one-way mirrors. There will be a simultaneous translation of the focus groups for the observation groups.

All sessions will be conducted in Spanish. Participants will be screened for those comfortable conversing in Spanish.

Sessions will be recorded (audio only), and transcripts will be prepared. Facilities will provide two copies of audio recordings of each session. No videotaping is to be conducted.

**Determining Payments to Focus Group Participants**

The cost of participant acquisition includes two main components, the recruiting fee and the incentive. The recruiting fee is for the time it takes to secure qualified participants for each focus group. The incentive is a token of appreciation for participants' time and involvement with the project. Incentive amounts are impacted by a number of variables for this project, including the following:

- Total participation time of 1.5 hours: length of the focus group

- Specifications that each participant has to meet to participate in the study. The higher incentive is needed to improve coverage of specialized respondents who are Spanish speakers from various countries. These respondents are critical for this project, as the messages and materials to be tested are targeted for this population during an emergency event.

Gift cards are neutral (not connected with a company, service or product) and have universal utility. It is usually more cost-effective and efficient to offer a monetary incentive perceived as attractive by the participant, as this mitigates the cost of the recruit. This recruiting fee is a variable cost that has to be paid each time a participant is recruited. Incentives are given to each actual participant and not to those who do not attend the group.

The incentive serves as a token of appreciation to participants for their time and engagement in the project. The amounts need to be high enough that participants feel like it is worth their time to participate and cannot be so low that participants perceive their time and candid responses are under-valued. Likewise, incentives cannot be so high that participants become skeptical as to the intention of the focus group. Recruiters know from experience what various segments in the market expect to receive. Recruiters have no monetary incentive to recommend an incentive to participants other than what their experience dictates the market requires, because the incentive to participants is just that. The full amount goes to the participants. The recruiter is paid for the time they expect it to take to recruit qualified participants, i.e., participants who meet the research criteria. In our experience, it is most cost effective to offer the recruiter-recommended incentive, as this results in better show rates and lower recruiting fees. Therefore, the incentive recommended for this project is $40 per participant.

**Recruiting**

Recruiting will be conducted through the market research facilities at which sessions are to be conducted, under the supervision of ORISE. Variations from this protocol must be approved by OMB and ORISE.

Facilities will provide only the first name and qualifications for screening criteria. No personal identifiers (e.g., last name, last initial, address, completed screening instruments) are to be provided to ORISE or CDC.

Numbers of prospective respondents to be recruited are as follows (from Methods of Data Collection, above; and Schedule, below)

- 8 prospective respondents per group
- 3 groups per city-day
- 2 cities
- 6 groups total
- 48 prospective respondents total

Any changes must be approved by OMB and ORISE before they are made.

**Schedule**

In each city data are to be collected in one day, with groups conducted as follows:

- 3:30 – 5:00 pm local time Group 1
- 6:00 – 7:30 Group 2
- 8:00 – 9:30 Group 3

**Participant Information**

Prior to participating in the study, each prospective respondent will receive an information sheet providing such information as sponsorship of the study, their rights as participants, risks and benefits in participating, and contacts for more information. Because this study presents no more than minimal risk, signatures for informed consent will not be required. Information Sheets are included in Appendix C at the end of this document.

ORISE personnel will address any questions the participants have regarding the study before the session begins.

The possibility exists that some participants will find contemplation of such subject matter upsetting. A subject-matter expert will come in to each group at its conclusion, make a few brief remarks (e.g., thank respondents for their contribution to an important effort), and answer questions for several minutes. If no subject-matter expert is available, participants will receive contact information for CDC's Radiation Studies Branch.

**Handling of Data and Records**

ORISE will maintain no identifiers connecting any data collected to any particular respondent; neither will it provide any personal identifiers to CDC or others. Firms which conduct recruiting and host sessions will be required to not provide personal identifiers to ORISE or CDC.

Additionally, ORISE will:

- Retain one set of audio recordings, and at least one copy of any report it produces
- Develop a report in an agreed-upon format summarizing the responses provided by participants; the report will contain no personal identifiers -- that is, information sufficient to determine the identity of any participant (e.g. first and last name, address)
- Deliver the report and one set of recordings to CDC;
- Not deliver to CDC or others any personal identifiers of participants;
- Retain records and audio recordings for three years, then burn, shred, or otherwise destroy them.