Focus Groups Assessing the Uptake and Effectiveness of *Inside Knowledge: Get the Facts About Gynecologic Cancer Campaign* Materials

Generic Information Collection
OMB No. 0920-0800

Supporting Statement Part B

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Technical Monitor:
Sherri L. Stewart, PhD.
Division of Cancer Prevention and Control
Phone: 770-488-4616
Fax: 770-488-4335
E-mail: sstewart2@cdc.gov

Supported by:
Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Division of Cancer Prevention and Control
4770 Buford Highway, NE, Mailstop F-76
Atlanta, GA 30341

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B. DATA COLLECTION & STATISTICAL METHODS

Data collection will consist of a focus group methodology. 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 (Edmunds, 1999; Krueger & Casey, 2000). Qualitative information will be collected to provide insights about respondents' knowledge, attitudes, beliefs, and behavioral intent regarding the diagnosis and treatment of gynecologic cancers during a guided discussion using *Inside Knowledge* campaign materials (all five fact sheets available at www.cdc.gov/cancer/knoweldge in English and Spanish). Focus group findings will be used to inform the development of specific, targeted materials that are culturally appropriate and the refinement of existing campaign materials.

B1. Respondent Universe

Respondents will include a convenience sample of members of the general public and health care providers who are non-incarcerated, non-institutionalized adults in nine U.S. states and affiliated territories (Alaska, Michigan, New Jersey, Puerto Rico, Tennessee, Texas, West Virginia, Wisconsin, and Yap Pacific Island Jurisdiction). There will be focus groups for providers and the general public in each of these areas. These areas were chosen to test the uptake and effectiveness of *Inside Knowledge: Get the Facts about Gynecologic Cancer* campaign materials because of their vast racial, ethnic and socioeconomic diversity and high gynecologic cancer burden. Table B1-A demonstrates the diversity in the populations chosen.

Table B1-A Racial, Ethnic, and Sociodemographic Characteristics of Focus Group Areas

U.S. State or Affiliated Territory	Race: American Indian or Alaska Native	Race: Asian, or Native Hawaiian or Other Pacific Islander	Race: Black or African American	Ethnicity: Hispanic	Rural Areas	High Poverty
Alaska	X	X			X	
Michigan			X			X
New Jersey		X	X	X		
Puerto Rico				X		X
Tennessee			X		X	X
Texas				X		X
West Virginia					X	X
Wisconsin					X	
Yap		X			X	X

A total of 400 respondents will be involved in the public focus groups (total estimate from all nine U.S. state and territorial populations); and 200 respondents will be involved in the provider focus groups (total estimate from all nine U.S. state and territorial populations) for a total of 600 respondents. Focus groups for the general public and focus groups for health care providers will be held separately in small groups of 10 or fewer respondents. Since the key messages of the campaign are the same for the public and providers, all focus group discussions will be based on a common group of questions (see Appendix C, Focus Group Discussion Guide) but discussions will be tailored according to the audience (general public or provider). In all cases the burden per response is two hours. Table B1-B shows the target number of respondents from each geographic area and audience segment. In all areas, attempts to recruit participants with diverse demographic characteristics are being made, and therefore some states/territories will hold multiple groups in different regions of the state or territory.

Table B1-B. Number of Respondents by U.S. State or Affiliated Territory and Audience Segment (General Public or Health Care Provider)

U.S. State or Affiliated Territory	No. of Respondents-General Public	No. of Respondents-Health care providers	Total No. of Respondents	Approximate Number of Focus Groups
Alaska	20	10	30	3
Michigan	50	20	70	7
New Jersey	40	20	60	6
Puerto Rico	50	20	70	7
Tennessee	35	35	70	7
Texas	30	25	55	6
West Virginia	25	10	35	4
Wisconsin	50	40	90	9
Yap	100	20	120	12
Total	400	200	600	61

B2. Procedures for Information Collection

In order to elicit focus group responses to effectively plan for the development of new, targeted materials and refine existing materials for the *Inside Knowledge* campaign, the following steps will occur:

1. Participants, either members of the general public or health care providers, will be identified and recruited from Alaska, Michigan, New Jersey, Puerto Rico, Tennessee, Texas, West Virginia, Wisconsin, and Yap Pacific Island Jurisdiction. CDC's National Comprehensive Cancer Control Program (NCCCP), which has vast experience in conducting focus groups and a demonstrated and unique ability to reach individuals (both the public and health care providers) in their area, will

recruit participants (Major 2009, CDC 2012, Stewart 2013). Participants will be recruited using established partnerships with non-profit and community-based organizations to identify general public participants, and local hospitals and clinical staff to identify provider participants. All women aged 18 and older are eligible to participate in public focus groups, and all primary care providers who treat women 18 years and older on a regular basis, and are in the following specialties are eligible to participate in the provider focus groups: family practice, general practice, internal medicine, obstetrician/gynecologist, physician assistant, nurse, nurse practitioner. Potential participants will be screened using in-person and telephone methods (Appendix D). As these areas were chosen specifically because of their population characteristics, the screening information is minimal. Prior to conducting the individual focus groups, consent forms will be signed by all participants (Appendix B).

2. Focus group discussions will be conducted under the direction of a professionally trained moderator. The attached focus group guide (Appendix C) will be used to guide the discussion. The estimated burden per response is two hours. The information collected will be used by DCPC to appropriately plan for the development of new targeted materials and also the refinement of existing *Inside Knowledge* campaign materials. Focus group questions will be the same regardless of the geographic area of the focus group, and the focus group guide will be utilized in every focus group. All focus groups will be held in English, and English *Inside Knowledge* materials will be used during the group, with the exception of Puerto Rico, where the focus group will be facilitated in Spanish and the existing Spanish *Inside Knowledge* materials will be used. Focus group facilitators will ask a series of questions to assess the knowledge, attitudes, beliefs, behavioral intent, and current practices regarding gynecologic cancers, as well as the appeal, saliency, and uptake of the campaign materials.

B3. Methods to Maximize Response Rates

To maximize response rates, we will

1. Ask local NCCCP grantees to assist in identifying and recruiting potential focus group participants, drawing on established relationships to efficiently recruit a convenience sample of respondents with diverse demographic characteristics and points of view;
2. Offer a modest incentive to respondents who participate in the focus groups for the general public;
3. Offer Continuing Medical Education credits (CMEs) to respondents who participate in the focus groups for health care providers.

B4.Tests of Procedures or Methods to be Undertaken

All DCPC communication campaigns are guided by the Health Communication Process (National Cancer Institute, 2002) which involves four stages: (stage 1) planning and

strategy development; (stage 2) developing and pretesting concepts, messages, and materials; (stage 3) implementing the program; and (stage 4) assessing effectiveness and making refinements. The Health Communication Process is not linear, but rather is a circular model in which stages are revisited in a continuous loop of planning, development, implementation, and refinement. DCPC campaign staff carefully record all aspects of campaign development, operation, and evaluation. Innovations and improvements are incorporated into subsequent campaign cycles and periodically published in the peer-review literature (Cooper et al., 2011, Cooper et al., 2013). The use of focus group methodology to inform the development and refinement of communication campaigns has been well documented throughout the literature (Bull, et al., 2002; Edmunds, 1999; Krueger, 1994; Krueger & Casey, 2000; Cooper et al., 2011). Thus, the formative and materials-testing methods currently used by DCPC campaigns have been refined in 14 years of campaign operations.

B5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

The following individuals have been consulted on the design of this qualitative information collection:

Cynthia A. Gelb, BSJ
Division of Cancer Prevention and Control
Centers for Disease Control and Prevention
4770 Buford Highway NE, Mailstop K64
Atlanta, GA 30341
Phone: (770) 488-4708
cmg7@cdc.gov

Katrina Trivers, PhD
Division of Cancer Prevention and Control
Centers for Disease Control and Prevention
4770 Buford Highway NE, Mailstop K64
Atlanta, GA 30341
Phone: (770) 488-1086
fph1@cdc.gov

J. Michael Underwood, PhD†
Division of Cancer Prevention and Control
Centers for Disease Control and Prevention
4770 Buford Highway, N.E., MS-F76
Atlanta, GA 30341
Phone: 770-488-3029
igf3@cdc.gov

Angela R. Moore, MPH
Division of Cancer Prevention and Control

Centers for Disease Control and Prevention
4770 Buford Highway, N.E., MS-F76
Atlanta, GA 30341
Phone: 770-488-3094
cyq6@cdc.gov

O. Ann Larkin, MPH
Division of Cancer Prevention and Control
Centers for Disease Control and Prevention
4770 Buford Highway, N.E., MS-F76
Atlanta, GA 30341
Phone: 770-488-4490
oal1@cdc.gov

Jenny Patterson, MPH*†
SciMetrika, LLC
100 Capitola Dr., Suite 106
Durham, NC 27713
Phone: (919) 354-5238
jpatterson@scimetrika.com

Yvonne Wasilewski, PhD**
SciMetrika, LLC
100 Capitola Dr., Suite 106
Durham, NC 27713
Phone: (919) 354-5223
ywasilewski@scimetrika.com

Donna Shaw**
SciMetrika, LLC
100 Capitola Dr., Suite 106
Durham, NC 27713
Phone: (919) 354-5260
dshaw@scimetrika.com

Ashani Johnson-Turbes**†
ICF International
3 Corporate Square, Suite 370
Atlanta, GA 30329
Phone: 404-321-3211
ashani.johnson-turbes@icfi.com

Mary Ann Hall**
ICF International
3 Corporate Square, Suite 370
Atlanta, GA 30329

Phone: 404-321-3211
mhall@icfi.com

***Persons responsible for data collection**
†Persons responsible for data analysis

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