

Supporting Statement B
for
Communication Research on Folic Acid to Support the Division of Birth Defects and
Developmental Disabilities
New

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B. Collections of Information Employing Statistical Methods

Qualitative research methods will be used to help us gain an understanding about Hispanic women's general awareness and knowledge about folic acid and its role in neural tube defect prevention, general awareness and knowledge about fortification of foods, perceived barriers/motivators to consuming fortified foods, and medium preference for receiving health information.. Qualitative research software (QRS), such as NVivo8, serve as useful data analysis tools for classifying, sorting, and arranging textual data to develop meaningful conclusions. Unlike quantitative research, qualitative research does not rely on statistics or numbers. Rather than presenting the results in the form of numerical values, qualitative research produces words in the form of comments and statements. Its aim is to discover people's attitudes, feelings, and experiences from their own point of view.

Below we describe our recruitment and data collection procedures.

B.1 Respondent Universe and Sampling Methods

Purposive sampling is a non-probability sampling technique used in qualitative research. This type of sampling permits the selection of interviewees whose qualities or experiences permit an understanding of the phenomena in question, and are therefore valuable. We will use a purposive sampling technique to select participants for this project. Inclusion criteria for are: being female, English or Spanish-speaker, 18 to 44 years of age, living in the U.S., identifying as Hispanic, not pregnant at the time of the focus group, and have not had children with the birth defects spina bifida or anencephaly.

Recruitment for the project will be conducted in Miami, Florida, and Dallas, Texas. These cities were selected based on census data indicating high numbers of women of Hispanic descent, as well as allowing for some regional and country-of-origin diversity.

Because we are using a non-probability sample, the study findings are not generalizable to all Hispanic women of childbearing age in the United States.

B.2 Procedures for the Collection of Information

Information for this study will be collected using focus groups with non-pregnant women 18-44 years of age who meet the eligibility criteria for the study (Attachment C1).

All 32 focus groups will be conducted by a 2-person team consisting of two experienced qualitative researchers. One person will serve as the moderator and will be responsible for reviewing the consent form (Attachments C3-C4) and asking questions using the moderator's guide (Attachments C5-C6). The second person, the co-moderator, will serve as the assistant and will take detailed notes. All interviews will be audiotaped and transcribed by a professional transcriptionist at a later date. Each focus group will last approximately 1.5 hours and light refreshments will be provided.

The focus group moderator's guide will be followed to ensure that all of the important topics are

addressed in each group. Focus group topic development was based on the study aims and on our review of recent literature concerning food fortification and other complex health conditions. Discussion topics will include general awareness and knowledge about folic acid and its role in neural tube defect prevention, general awareness and knowledge about fortification of foods, perceived barriers/motivators to consuming fortified foods, and medium preference for receiving health information..

B.3 Methods to Maximize Response Rates and Deal with Nonresponse

Battelle will subcontract with experienced, reputable focus group facilities and recruiting services providers in the two study sites to conduct screening and recruiting of participants. These subcontractors have up-to-date databases with demographic information including gender, country of origin, race/ethnicity to help them identify potential focus group participants. Contact information of potentially eligible participants will be drawn from these databases based on age (18-44 years old) and gender (female). Whenever potential participants refuse to participate, the subcontractor will draw more names from the database of other potential participants. The day prior to the focus groups, the subcontractors will call each women who have agreed to participate to remind her about the attending the focus group. Because we are conducting ‘mini-groups’, we expect to have 3-4 participants per group.

B.4 Tests of Procedures or Methods to be Undertaken

The Focus Group Moderator’s Guides and screening instruments were adapted from previous focus group research conducted by CDC. Questions were modified or added to address the specific research questions for this project. In addition, the Guides were reviewed in detail by 2 CDC staff who work in the field of birth defects research and 3 Battelle project staff who have experience in instrument design and focus group research. Suggestions from CDC and Battelle staff were incorporated in subsequent versions of the Guides. The screening tools and moderator guides were also shared with CDC partners who work on the topic of folic acid and conduct educational campaigns aimed at women of childbearing age to ask them for feedback on the instruments.

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

The data collection and data analysis plans for this study were developed jointly by the experienced public health researchers listed below from NCBDDD/CDC and the Battelle Centers for Public Health Research and Evaluation. The Battelle team has been authorized and funded by contract 200-2007-20032, Task Order 1 to collect, analyze, and report all study data for this project.

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Reference List (in order cited)

1. CDC. (2004). Spina bifida and anencephaly before and after folic acid mandate—United States, 1995–1996 and 1999–2000. *Morbidity and Mortality Weekly Report*, 53, 362–365.
2. Williams, L. J., Rasmussen, S. A., Flores, A., Kirby, R.S., & Edmonds, L. D. (2005). Decline in the prevalence of spina bifida and anencephaly by race/ethnicity: 1995–2002. *Pediatrics*, 116, 580–586.
3. Ahluwalia, I. B., & Daniel, K. L. (2001). Are women with recent live births aware of the benefits of folic acid? *Morbidity and Mortality Weekly Report*, 50, 3–14.
4. Jasti, S., Siega-Riz, A. M., & Bentley, M. E. (2003). Dietary supplement use in the context of health disparities: cultural, ethnic and demographic determinants of use. *Journal of Nutrition*, 133, 2010S–2013S.
5. Dillman DA. *Mail and internet surveys: The Tailored Design Method* (2nd Edition). 2000. New York, New York: John Wiley & Sons.
6. Krueger RA, Casey MA. *Focus groups: A practical guide for applied research* (3rd Edition). 2000. Thousand Oaks, California: Sage.