

FDA DOCUMENTATION FOR THE GENERIC CLEARANCE OF FOCUS GROUPS (0910-0497)

Focus groups do not yield meaningful quantitative findings. They can provide public input, but they do not yield data about public opinion that can be generalized. As such, they cannot be used to drive the development of policies, programs, and services. Policy makers and educators can use focus groups findings to test and refine their ideas, but should then conduct further research before making important decisions such as adopting new policies and allocating or redirecting significant resources to support these policies.

TITLE OF INFORMATION COLLECTION: Food Safety Focus Groups

DESCRIPTION OF THIS SPECIFIC COLLECTION

1. Statement of need:

The Food and Drug Administration (FDA), Center for Food Safety and Applied Nutrition (CFSAN)/Office Analytics and Outreach is seeking OMB approval under the generic clearance 0910-0497 to conduct a focus group study, “Food Safety Focus Groups,” to collect qualitative information about how certain consumers learn about cooking and food safety and about why consumers do or do not engage in certain safe food handling behaviors such as using food and refrigerator thermometers. The focus group results will be used to help develop the next Food Safety Survey by helping researchers understand the barriers to performing certain food handling behaviors.

2. Intended use of information:

Since 1988, the Food Safety Survey has been conducted every three to five years. The last survey was conducted in 2010, and we anticipate fielding the next survey in late 2014. While the surveys are very helpful for tracking consumers’ knowledge, attitudes, and beliefs about food safety they do not provide a complete understanding of why consumers do or do not engage in certain behaviors. Understanding why consumer may not always perform a safe behavior can help with designing effective educational messages and campaigns. For example, we know from previous surveys that not many U.S. consumers use a food thermometer, especially when cooking smaller cuts of meat such as hamburgers or chicken parts; however, we do not know all of the reason why they do not use one. Some possible reasons include: they do not think it is important for safety; they already know when the food is done from time or the way it looks or smells; they do not have or know how to use a food thermometer. Focus group data will help explore the range of reasons why consumers do or do not use food thermometers for all types of cooking including microwave cooking. Based on the findings from the focus groups, additional questions may be added to the 2014 Food Safety Survey to determine how prevalent the various reasons are for using or not using food thermometers.

Contaminated produce causes an estimated five million U.S. illnesses per year. Recent FDA Food Safety Survey data show moderate levels of consumer compliance with some current FDA fruit and vegetable washing advice such as washing strawberries and tomatoes before eating, but lower levels of compliance for washing whole cantaloupes before cutting and eating. Also, about half of all consumers report washing bagged, pre-cut lettuce prior to eating which can increase the risk of foodborne illness through the potential for cross-contamination when washing. However, it is unclear why consumers wash (or do not wash) produce. By understanding why consumers wash produce, effective educational messages can be developed. Based on the findings from the focus groups, additional questions may be

added to the 2014 Food Safety Survey to determine how prevalent the various reasons are for washing or not washing different types of produce.

3. Description of respondents:

A total of eight focus groups are planned. All of the participants must be at least 18 years old and all must have cooked raw meat, poultry, or fish at least once in the past month and prepared a frozen meal in the microwave in the past month. Half of the groups will be with consumers who cook less than 3 times per week and half with those who cook 3 or more times per week. Additionally, half of the groups will be with participants who have some college or higher and half with those who have lower levels of education. Within these groups there will be a mix of genders, ages, and races/ethnicities. We will recruit 12 participants for each group, and expect to have 8 to 10 participants per group. No more than 12 participants will participate in a group. (See Appendix I)

4. Date(s) to be conducted and location(s):

Focus groups will be conducted approximately one month from the date of OMB approval. The focus groups will be conducted in six locations: Washington, DC (metro area), Northeast, Southeast, and Mid-West.

5. How the Information is being collected:

With the aid of a moderator's guide (see Appendix II), a moderator supplied by the independent contractor will guide the focus group discussions that will solicit information from the participants. The focus group discussion will be recorded and transcripts will be made from these recordings. Transcripts and notes taken by the project staff will be the bases for data analysis. Transcripts and notes will be used to analyze data.

6. Number of focus groups:

Eight focus groups will be conducted.

7. Amount and justification for any proposed incentive:

Each participant in the groups will receive a \$75.00 cash incentive. For the past several years, \$75.00 has been a standard market research industry rate for participation in a 90 to 120-minute focus group.

8. Questions of a Sensitive Nature:

There will be no questions of a sensitive nature asked of participants.

9. Description of Statistical Methods (I.E. Sample Size & Method of Selection):

This is a qualitative study using a convenience sample. It does not entail the use of any statistical methods. The Contractor will contact prospective participants by telephone and screen them for eligibility to participate (see Appendix I). To maximize participation rates, recruiters will contact each potential participant at least five times to screen for eligibility and recruit for participation. Additionally, participants will receive a reminder call and confirmation letter before the groups convene.

BURDEN HOUR COMPUTATION (*Number of responses (X) estimated response or participation time in minutes (/60) = annual burden hours*):

Type/Category of Respondent	No. of Respondents	Participation Time (minutes)	Burden (hours)
Adults age 18 and older	96	120	192

REQUESTED APPROVAL DATE: November 2014

NAME OF PRA ANALYST & PROGRAM CONTACT: Domini Bean (PRA Analyst) and Amy Lando (Program Contact)

FDA CENTER: CFSAN