Focus Group Testing to Effectively Plan and Tailor a Communication Campaign about Young Women and Breast Cancer

Submitted under OMB No. 0920-0800
Focus Group Testing to Effectively Plan and Tailor
Cancer Prevention and Control Communication Campaigns
Generic Information Collection

Expiration Date 12/31/2017

Supporting Statement Part B

April 27, 2015

Technical Monitor:
Karena Sapsis
Division of Cancer Prevention and Control
4770 Chamblee Tucker Rd. | Bldg. 107 | MailStop F76
Chamblee, GA 30341
Phone: 770-488-3080
Fax: 770-488-3040
E-mail: kes07@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

TABLE OF CONTENTS

List of Attachments

B. DATA COLLECTION & STATISTICAL METHODS

Information collection will consist of a focus group methodology. Focus groups are widely used in stages 1 and 2 of the Health Communication Process (National Cancer Institute, 2002). In a focus group, a small group of people (typically 8-12 individuals) 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). Focus groups capture the collective insight of a group while preserving individual preferences. In this setting, participants can describe their experiences and preferences without the limitations of preset response categories. Furthermore, focus groups produce rich data complete with nuances that often may be obscured in quantitative data collection techniques.

Table B-1: Materials to be Tested

Item Code	Item Type			Item Descriptor
	Storyboard	One-pager	Factsheet	
A1	X			Jennifer
A2	X			Elana
B1	X			Jackie
C1	X			Michelle
C2	X			Lauren
C3	X			Danielle
D1		X		Five Things You Need to Know about BRCA Genes (Ashkenazi Jewish Women)
D2		X		Five Things You Need to Know about BRCA Genes
E1			X	Bring Your Brave. Breast Cancer in Young Women

B1. Respondent Universe

The EARLY Act specifies that CDC's education campaign should target women 15-44 years old in the general public in addition to women 15-44 years old with an increased risk for developing breast and ovarian cancer. Ashkenazi Jewish women have been identified by CDC as a group at increased risk for breast cancer at a young age due to an increased risk of having a BRCA 1 or BRCA 2 gene mutation[1]. African-American women have been identified as having increased prevalence of breast cancer at younger ages[2] and as having increased mortality rates from breast cancer[3]. Therefore researchers will seek out women from the general public, Ashkenazi Jewish women, and African-American women as focus group participants.

1 CDC Risk Factors for Breast Cancer in Young Women. Accessed December 15, 2014. http://www.cdc.gov/cancer/breast/young_women/risk_factors.htm
2 Carey K. Anders et al., "Breast Cancer before Age 40 Years," Seminars in Oncology 36, no. 3 (2009): 237-249. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2894028/
3 CDC Breast Cancer Rates by Race and Ethnicity. Accessed December 15, 2014. http://www.cdc.gov/cancer/breast/statistics/race.htm

Study participants will include women 18-44 years old in the general public, in addition to women 18-44 years old with an increased risk for developing breast cancer. All focus groups will be conducted in-person. In order to streamline consent and transportation issues, all participants will be ≥ 18 years of age. Additional inclusion and exclusion criteria will vary depending on the campaign target audience. These criteria are outlined in the footnotes to "Audience Segment" in Table B2 (below). Questions, drawn from the recruitment screening forms (Attachments H – J) will allow us to identify respondents with the relevant characteristics.

Participants will be identified and recruited from a variety of geographic regions (e.g. Northeast, South, Midwest, and West Coast) and in both large and small cities in order to collect data from a diverse group of individuals.

It will be important to segment research participants within each of the above target audiences by their family history of breast and ovarian cancer. A family history of breast or ovarian cancer is an important risk factor for developing breast cancer at a young age and may influence knowledge, attitudes, beliefs, and messaging preferences. Health care and screening recommendations may also be different for young women with a family history of breast cancer. Similarly, focus group respondents will also be segmented by age. Campaign developers hypothesize that the changes that accompany increased age among respondents (e.g., career status, family life, focus on health and well-being) may influence knowledge and messaging preferences.

The information collection will be conducted with 20 focus groups. A breakdown of the number of participants per group is included in Table B2 below.

Table B2: Focus Groups by Audience Segment, Family History of Breast or Ovarian Cancer, and Location

Audience Segment [4],[5],[6],[7]	Family History of Breast or Ovarian Cancer		Focus Group Location (one group per location)	Materials to be Tested (in order of presentation)
	Yes	No		
Ashkenazi Jewish Women Ages 18-29 [7]	X		New York City	A2, B1, C2, D2, E1
		X	Chicago IL	D2, C2, B1, A2, E1
Ashkenazi Jewish Women Ages 30-44 [7]	X		Chicago IL	E1, B1, C2, A2, D2
		X	New York City	E1, D2, C2, A2, B1

4 Inclusion criteria for all groups: Mix of income levels; education levels (limit one PhD or JD per group); marital status; and child status

5 Exclusion criteria for all groups: Have undergone genetic testing for BRCA gene mutation; are breast or ovarian cancer survivors; work in a health care field or live with a health care provider; do not use the internet at least 2 hours each week; do not own a smart phone

6 Focus groups for Other may include women of all races and ethnicities, with the exception of African American women and Ashkenazi Jewish women who will participate in focus groups specifically for these subpopulations

7 Will include a mix of practicing/religious and non-practicing/cultural

Audience Segment ,,,	Family History of Breast or Ovarian Cancer		Focus Group Location (one group per location)	Materials to be Tested (in order of presentation)
	Yes	No		
African American Women Ages 18-29	X		Birmingham	D1, A1, B1, C3, E1
	X		Chicago	E1, D1, B1, A1, C3
		X	Birmingham	D1, E1, C3, B1, A1
		X	Chicago	C3, A1, B1 , E1, D1
African American Women Ages 30-44	X		Birmingham	E1, B1, C3, A1, D1
	X		Chicago	A1, C3, B1, D1, E1
		X	Birmingham	D1, A1, C3, B1, E1
		X	Chicago	E1, D1, B1,A1 ,C3,
Other Women Ages 18-29	X		Sacramento	A1, B1, C1, E1, D1
	X		Phoenix	D1, E1, C1, A1, B1
		X	Sacramento	B1, A1, C1, D1, E1
		X	Phoenix	E1, B1, C1, A1, D1
Other Women Ages 30-44	X		Sacramento	E1, D1, B1, C1, A1
	X		Phoenix	D1, C1, B1, A1, E1
		X	Sacramento	A1, C1, B1, E1, D1
		X	Phoenix	D1, E1, A1, B1, C1
Total	10	10		

B2. Procedures for Information Collection

In order to elicit focus group responses to effectively plan and/or tailor existing DCPC communication campaigns, the following steps will occur:

1. Participants will be recruited using proprietary databases of commercial focus group companies, and other sources. Eligibility criteria (see footnotes 4-7 previous page) will be established for all focus group participants, and potential participants will be screened using a telephone or self-administered screening form (Attachments H – J). Prior to conducting the individual focus groups, participants will provide verbal consent to participate and will be provided a participant information sheet (Attachment K).

2. Focus group discussion, not to exceed two hours, will occur under the direction of a professionally trained moderator. A focus group discussion guide will be utilized

throughout the duration of the session (Attachments B1– G1). The verbal discussion that ensues will be partly directed by the moderator and partly by the comments of other participants.

As all DCPC communication campaigns utilize the Health Communication Process, similar categories of questions will be used in focus groups regardless of the specific campaign being evaluated. In stage 1, individual knowledge, attitudes, behaviors, message preferences, and media preferences will be explored.

All focus groups for this information collection will be audio-recorded, and a verbatim transcript will be compiled for each group. Research term members will analyze transcripts and code them for key patterns and themes.

B3. Methods to Maximize Response Rates

Participants will be recruited from the database of the commercial research facilities where the groups are held.

To minimize the possibility of having too few appropriate focus group participants (thereby forcing group cancellation), one additional participant will be recruited to each group than is needed. In the event that too many participants report, excess participants will receive the honorarium of $75 and will be dismissed.

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., 2005; Cooper et al., 2011). In fact, 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; Jorgensen, et al., 2001; Krueger, 1994; Krueger & Casey, 2000; Wong, et al., 2004; Cooper et al., 2011). Thus, the formative and materials-testing methods currently used by DCPC campaigns have been refined in over twelve years of campaign operations.

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

The proposed protocol and discussion guide were developed and reviewed extensively by DCPC staff, Oak Ridge Associated Universities (ORAU) staff, and Ogilvy Public Relations staff identified below. DCPC, Ogilvy Public Relations and ORAU staff will participate in the analysis

of the data, campaign planning and/or material refinement, as well as development of scientific manuscripts.

Karena Sapsis, MPH
Health Communication Specialist
Office of the Director
Division of Cancer Prevention and Control
National Center for Chronic Disease Prevention and Health Promotion
Centers for Disease Control and Prevention
3719 North Peachtree Road, Bldg. 107, MailStop F76
Chamblee, GA 30341
Phone: 770-488-3080
Email: kes0@cdc.gov

Temeika L. Fairley, PhD
Health Scientist
Office of the Director
Division of Cancer Prevention and Control
National Center for Chronic Disease Prevention and Health Promotion
Centers for Disease Control and Prevention
Chamblee, GA 30341
Phone: 770-488-4518
Email: tff9@cdc.gov

Natasha Buchanan, PhD
Behavioral Scientist
Epidemiology and Applied Research Branch
Division of Cancer Prevention and Control
National Center for Chronic Disease Prevention and Health Promotion
Centers for Disease Control and Prevention
Chamblee, GA 30341
Phone: 770-488-3031
Email: iq03@cdc.gov

Junia M. Geisler
Vice President Social Change
Ogilvy Washington
1111 19th Street, NW, 10th Floor
Washington, DC 20036
Phone: 202-729-4171
Email: junia.geisler@ogilvy.com

Jennifer Reynolds, MPH, CHES
Health Education Project Manager
Oak Ridge Associated Universities
156 Babcock Street Quincy, MA
Phone: 919-619-0403

Email: jennifer.reynolds@orau.org

Betsy Smither, MPH, CHES
Health Education Project Manager
Oak Ridge Associated Universities
P.O. Box 117
Oak Ridge, TN 37831-0117
Phone: 865-574-6466
Email: betsy.smither@orau.org

Ben Wilburn
Communications Specialist
Oak Ridge Associated Universities
P.O. Box 117
Oak Ridge, TN 37831-0117
Phone: 865-574-7753
Email: ben.wilburn@orau.org