Screen for Life: National Colorectal Cancer Action Campaign
2015 Focus Group Testing with the General Public
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Focus Group Testing to Effectively Plan and Tailor
Cancer Prevention and Control Communication Campaigns
Generic Information Collection
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Supporting Statement Part B

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B. DATA COLLECTION & STATISTICAL METHODS

Data 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.

Qualitative information will be collected to provide insights about respondents' knowledge, attitudes, beliefs, and behaviors related to colorectal cancer and screening. CDC will also assess efficacy and appeal of creative concepts for public service advertisements among the target audiences of men and women nearing or older than 50 years, the age at which screening is recommended to begin. Qualitative findings from this information collection will be used to inform development of future messages and materials for the *Screen for life: National Colorectal Cancer Action Campaign*.

B1. Respondent Universe

The target audience for the Screen for Life campaign is men and women nearing or older than 50 years. Respondents will include members of the general public who are non-incarcerated, non-institutionalized adults. They will be men and women in the U.S., aged 48 – 72 years, who have never been screened for colorectal cancer or have not been screened appropriately.

The recruitment and screening process is designed to identify respondents who are in the target age range; speak English or Spanish; have not been previously diagnosed with colorectal cancer or other diseases of the bowel; and have not been screened for colorectal cancer or have not been screened according to recommended guidelines. Other demographic questions will be asked to ensure that focus groups include a mix of respondents.

Recruiters will ask respondents a limited number of questions for information only, such as: whether they have health insurance – which will help CDC understand if having health insurance promotes appropriate screening or, conversely, if lack of insurance is a barrier to colorectal cancer screening. Recruiters will also ask whether respondents have had other cancer screening tests – breast cancer and prostate cancer screening tests – to help CDC understand whether respondents generally have appropriate screening tests.

Table B1-A. Focus Group Locations

Focus Group Location	Number of Focus Groups in English	Number of Focus Groups in Spanish
Chicago, Illinois	4	3
Houston, Texas	0	3
Los Angeles, California	4	3
Miami, Florida	4	3
New York, New York	4	0
Total	16	12

CDC plans to conduct 28 in-person focus groups – 16 in English and 12 in Spanish. General population groups in English will be held in Chicago, Los Angeles, Miami, and New York City. Spanish groups will be conducted in Chicago, Houston, Los Angeles, and Miami. These cities were chosen as they provide geographic, ethnic and racial diversity. A summary of these characteristics in each city (U.S. Census Bureau 2013) is in Table B1-A.

Table B1-B . Race and Ethnicity Characteristics of Focus Group Areas

U.S. City	**Race: Asian, or Native Hawaiian or Other Pacific Islander**	**Race: Black or African American**	**Ethnicity: Hispanic**	**Race: Non-Hispanic White**
Chicago, IL	5.5%	32.9%	28.9%	31.7%
Houston, TX	--	-	48.3%	-
Los Angeles, CA	11.4%	9.6%	48.5%	28.7%
Miami, FL	1%	19.2%	70%	11.9%
New York, NY	12.8%	25.5%	28.6%	33.3%

Four English groups will be held in each of these cities: Chicago, IL; Los Angeles, CA; Miami, FL; and New York, NY. Three Spanish groups will be conducted in each of these cities: Chicago, Houston, Los Angeles, and Miami. A maximum of nine men and women aged 48-72 will participate in each group, resulting in an estimated total of 252 focus group participants (9 respondents/group x 28 groups = 252 respondents). Based on previous experience with focus group recruitment, we estimate that 504 individuals (252 x 2 = 504) must be screened through telephone interviews to yield 252 completed responses.

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 *Screen for Life* campaign, the following steps will occur.

Participants will be identified and recruited using a Screening and Recruitment Form (Attachment B-1 {English} and B-2 {Spanish}). No personal identifying information used in the recruitment process will be linked to information collected in the focus group discussions. Thus, no personal information in identifiable form will be collected by CDC. Each focus group participant will be advised that all information he or she provides during the focus group will be treated in a secure manner and will not be disclosed, unless compelled by law (see Consent Form, Attachment C-1 and C-2).

Participants will be recruited using public information (e.g. telephone directory), public venues (e.g. city parks), as well as proprietary lists (e.g. lists maintained by focus group facilities and professional focus group recruitment consultants).

Focus group discussions will be conducted under the direction of a professionally trained moderator, who will use the Discussion Guide **(**Attachment A). The estimated burden per response is two hours. The information collected will be used by DCPC to appropriately plan for development of new *Screen for Life* public service announcements (PSAs) and materials and also refinement of existing 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. The focus group moderator will ask a series of questions to assess knowledge, attitudes, and beliefs related to colorectal cancer screening. The moderator will also show television and print PSA creative concepts to participants, to assess the appeal and understandability of the concepts. Information derived from discussion of the concepts will guide CDC planning for new PSA production and possible refinement to existing materials.

B3. Methods to Maximize Response Rates

To maximize the response rates, and to minimize the possibility of having too few appropriate focus group participants (thereby forcing group cancellation), as many as 25% more participants are invited to each group than are needed. In the event that too many participants report, excess participants will receive a token of appreciation and will be dismissed.

B4.Tests or 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. DCPC, Ogilvy Public Relations, And Soltera Center for Health Communication Research staff identified below will participate in analysis of the data, campaign planning and/or material refinement, as well as development of scientific manuscripts.

Individuals consulted	**Key Roles**
Cynthia A. Gelb, BSJ Division of Cancer Prevention and Control Centers for Disease Control and Prevention (770) 488-4708 cmg7@cdc.gov	data analysis, campaign planning, material refinement, manuscript development
Jennifer Chu, MPH Ogilvy Public Relations, Washington, DC 202-729-4157 Jennifer.Chu@Ogilvy.com	data analysis, campaign planning, material refinement, manuscript development
Sherri Stewart, PhD Division of Cancer Prevention and Control Centers for Disease Control and Prevention 770-488-4616 awk5@cdc.gov	study design consultation
Crystale Purvis Cooper, PhD Soltera Center for Health Communication Research Oro Valley, AZ 520-797-1392 Crystale_cooper@comcast.net	Study design consultation, data analysis, campaign planning, manuscript development
Wendy Child Focus Group Consultant, Washington DC 301-864-2474 wenchild@aol.com	study design consultant and moderator for English focus groups
Carlos Ribero Inteligencia Qualitative Research Miami FL (305) 444-2456 riberoc@inteligenciainc.com	study design consultant and moderator for Spanish focus groups
Jackeline Fernández	study design consultant and moderator for

Inteligencia Qualitative Research Miami FL (305) 444-2456 Jackie.fernandez@inteligenicainc.com	Spanish focus groups

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