
**Focus Groups Assessing the Uptake and Effectiveness of *Inside Knowledge: Get the Facts About Gynecologic Cancer Campaign Materials*
2015/2016 Focus Group Testing with Selected Audiences**

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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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- A1. Legislative Authority: Public Health Service Act, 42 U.S.C. 241
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- D1. Focus Group Recruitment Form for Hispanic Women
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- E4. Vaginal and Vulvar Cancer Fact Sheet

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* (IK) 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 who are non-incarcerated, non-institutionalized adults that identify themselves as being Hispanic, of low socioeconomic status or having a disability. These populations of women were chosen because of their need for gynecologic cancer information and persistent gaps in uptake observed in previous focus groups. Self-report of Hispanic ethnicity will be used to identify Hispanic participants. Low SES will include women who self-report meeting one of the following criteria: (1) household income less than \$35,000, (2) less than a High School Diploma or GED, (3) uninsured, (4) unemployed, or (5) make only minimum wage. Women with disabilities will include women who self-report having one of the following: (1) a disability, (2) a mental illness, (3) or substance abuse.

Focus groups will be held in Washington, DC, Chicago, IL, Hampton, VA, Phoenix, AZ, Atlanta, GA, Philadelphia, PA, and San Diego, CA. Table B1-A demonstrates the population of women who will be recruited from each geographic area.

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

U.S. City	Ethnicity: Hispanic	Low SES	Disabilities
Atlanta, GA		X	
Chicago, IL		X	
Hampton, VA		X	
Philadelphia, PA	X		
Phoenix, AZ		X	
San Diego, CA	X		
Washington, DC			X

A total of 194 respondents will be involved in the focus groups (total estimate from all groups). Focus groups will be held separately in small groups of 10 or fewer respondents. All focus group discussions will be based on a common group of questions (see Attachment C, Focus Group Discussion Guide). 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, several focus groups will be held in order to obtain the most comprehensive information and insights into the persistent uptake gaps.

Table B1-B. Number of Respondents by Sociodemographic Characteristic

Sociodemographic Characteristic	No. of Respondents	Approximate Number of Focus Groups
Hispanic	24	3
Low SES	100	10
Disabilities	70	7
Total	194	20

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 will be identified and recruited from populations of Hispanic women, low socioeconomic status women, and women with disabilities in Washington, D.C, Chicago, IL, Hampton, VA, Phoenix, AZ, and Atlanta, GA. CDC’s National Comprehensive Cancer Control Program (NCCCP) and their partners, which have vast experience in conducting focus groups and a demonstrated and unique ability to reach individuals in the target populations, 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 participants. Potential participants will be screened using in-person and telephone methods (see Attachments D1, D2, D3). Screening will be based on the particular sociodemographic population of women being tested in each focus group. Prior to conducting the individual focus groups, consent forms will be signed by all participants (Attachment B).
2. Focus group discussions will be conducted under the direction of a professionally trained moderator. The attached focus group guide (Attachment C) will be used to guide all discussions. 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 population 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 focus groups for Hispanic women, where the focus group will be facilitated in Spanish and English and the existing Spanish and English *Inside Knowledge* materials will be used. The materials to be tested are included as Attachments E1, E2, E3, and E4. During focus group sessions, participants will be asked questions at the beginning of the session that specifically relate to the key central messages of the IK campaign (see section A1 on page 3) to ascertain their general knowledge and attitudes toward gynecologic cancer. After a facilitated discussion of IK materials (the five fact sheets available at www.cdc.gov/cancer/knoweldge), questions on appeal, saliency, and understanding of the key central messages will be asked again in order to determine qualitative increases in knowledge and behavioral intentions that are consistent with the key central messages.

B3. Methods to Maximize Response Rates

To maximize response rates, we will

1. Ask local NCCCP grantees and their partners to assist in identifying and recruiting potential focus group participants, drawing on established relationships to efficiently recruit a convenience sample of respondents with diverse points of view;
2. Offer a modest incentive to respondents who participate in the focus groups for the general public.

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:

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