Focus Group Testing to Effectively Plan and Tailor
"Bring Your Brave" Communication Campaign Messages

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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

Information collection will consist of a focus group methodology. Focus groups are widely used in stages one and two of the Health Communication Process (National Cancer Institute, 2002). 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). 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 Descriptor
A1	Ways to Reduce Breast Cancer Infographic
B1	Learn Your Family History Infographic (General Public Version)
B2	Learn Your Family History Infographic (African American Version)
B3	Learn Your Family History Infographic (Ashkenazi Jewish Version)
C1	Video: Lisa: Start the Conversation about Family History of Breast Cancer
C2	Video: Jackie – Taking Action for My Daughter
C3	Video: Cara – My Breast Cancer Journey
D1	Breast Cancer in Young Women Fact Sheet (General Public Version)
D2	Breast Cancer in Young Women Fact Sheet (African American Version)
D3	Breast Cancer in Young Women Fact Sheet (Ashkenazi Jewish Version)
E1	Payment for Genetic Services Fact Sheet

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

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/

cancer[3]. Therefore researchers will seek out two types of participants: primary and secondary. The primary participants will consist of women 18-44 years old from the general public, Ashkenazi Jewish women, and African-American women as focus group participants. Secondary participants will include primary participants' close, female blood relatives (e.g., grandmother, mother, aunt, first cousin, sister, daughter, or niece) who are 18 or older.

This second set of participants is included because 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.

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. Additional inclusion and exclusion criteria will vary depending on the target audience. Questions, drawn from the recruitment screening forms (Attachments C1-C6), will allow us to identify respondents with the relevant characteristics.

The information collection will be conducted with 12 focus groups. A breakdown of the groups is included in Table B2 below.

Table B2: Focus Groups by Audience Segment Location

Audience Segment [4,5]	Focus Group Location (Two groups per location)	Materials to be Tested (in order of presentation)
General Public Women Ages 18-45 and their Female Family Member(s)[6]	Miami	A1, B1, D1, C1, E1
	Miami	E1, A1, D1, B1, C1
	Dallas	C1, D1, B1, A1, E1
	Dallas	D1, B1, C1, E1, A1
African American Ages 18-45 Women and their Female Family Member(s)	Miami	A1, B2, D2, C2, E1
	Miami	E1, A1, D2, B2, C2
	Dallas	C2, D2, B2, A1, E1

3 CDC Breast Cancer Rates by Race and Ethnicity. Accessed December 15, 2014. http://www.cdc.gov/cancer/breast/statistics/race.htm

4 Inclusion criteria for all groups: Include an 18-44 year old woman who is able to bring 1-2 female close blood relatives (grandmother, mother, aunt, first cousin, sister, daughter, niece) who are 18 or older. The family dyads/triads should each have a history of breast or ovarian cancer on either the maternal or paternal side. Include a mix of income levels; limit number of groups with a PhD or JD respondent to 1; and Latina/Hispanic families if possible. Prioritize family triads/dyads that have a member of their family who has undergone cancer-related genetic counseling and/or testing. Prioritize groups of three or four over dyads.

5 Exclusion criteria for all groups: breast or ovarian cancer survivors; work in a healthcare field or live with a healthcare provider; do not have a family history of breast cancer.

6 Focus groups for general public 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

Audience Segment ,	Focus Group Location (Two groups per location)	Materials to be Tested (in order of presentation)
	Dallas	D2, B2, C2, E1, A1
Ashkenazi Jewish Women Ages 18-45 and their Female Family Member(s)[7]	Miami	A1, B3, D3, C3, E1
	Miami	E1, A1, D3, B3, C3
	Dallas	C3, D3, B3, A1, E1
	Dallas	D3, B3, C3, E1, A1
Total	12	

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. Respondents will be recruited using proprietary databases of commercial focus group companies. Eligibility criteria will be established for all focus group respondents, and potential respondents will be screened using a telephone or self-administered screening form (Attachments C1-C6). Eligible respondents will be asked to provide the study information (as well as a telephone number) to 1-2 female close blood relatives (e.g., a grandmother, mother, aunt, first cousin, sister, daughter, or niece) who are 18 or older. Relatives interested in participating will call the recruiting number, and then they will also be screened for eligibility. If both the primary and secondary recruits (i.e., the primary recruit and 1-2 of her relatives) are eligible, they will be scheduled for a group interview at a time slot predetermined by the research team. Prior to conducting the individual focus groups, respondents will re-screened for eligibility and provide verbal consent to participate and will be provided a respondent information sheet (Attachment D).

2. Focus group discussion, not to exceed 90 minutes, 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-B3). The verbal discussion that ensues will be partly directed by the moderator and partly by the comments of other respondents.

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.

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

B3. Methods to Maximize Response Rates

Primary respondents 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 respondents (thereby forcing group cancellation), follow up call and reminders will be place by the recruiting firm one week prior to the group, two days before the group, and the day of the group.

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 reports and scientific manuscripts.

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