

Project Description

HEADS UP Audience Research Study

Project Description

A traumatic brain injury (TBI) is caused by a bump, blow or jolt to the head or a penetrating head injury that disrupts the normal function of the brain. On average approximately 1.7 million TBIs occur annually in the United States. CDC's research and programs work to prevent TBI and help people better recognize, respond, and recover if a TBI occurs.

The CDC's HEADS UP initiative provides important information on preventing, recognizing, and responding to concussion to five key audiences: youth and high school athletes, coaches, parents, school professionals, and health care providers. The initiative launched in 2003, and at the time solely served health care providers. Over the past twelve years, HEADS UP expanded to serve the five audiences noted above.

CDC requests approval to test the effectiveness of messages, concepts, and materials of HEADS UP in order to ensure that HEADS UP meets the needs of its key audiences. CDC intends to use message testing with users of the HEADS UP materials to improve upon existing campaign materials. This project involves a series of focus groups with primary audiences.

Who are we trying to influence?

Primary Audience: Youth and high school athletes, parents, coaches, school professionals, and health care providers.

What do we want them to DO as a result of this communication?

In our planned focus groups, our goal is to learn about perceptions and experiences with HEADS UP from primary and secondary audiences.

We will use what we learn from message testing to develop updated HEADS UP campaign materials that reflect users' needs and preferences. We will test these updated materials with a subset of focus groups participants during subsequent focus groups. Message testing will let us know what these groups need/want to hear about concussion, and where they want to hear it. Youth and high school athletes, coaches, and parents, school professionals, and health care providers can use these updated materials to learn how to recognize the signs and symptoms of concussion and know what to do if they suspect a young person has a concussion. We will learn which messages are most salient and motivating to our audiences to support positive behaviours regarding concussion.

This information collection is necessary because it will allow CDC to evaluate the effectiveness of HEADS UP in supporting key audiences with understanding of how to prevent, recognize and respond to concussion. This research effort will enable CDC to provide effective messages and action steps to support key audiences in taking actions to protect themselves and respond to concussion.

How do we expect communications to work towards achieving this?

Content strategy includes:

- Time-saving — focus on short messages and useful tips / tools / facts that are easy to absorb given our audiences' busy lives.
- Relevance — ensure revised HEADS UP materials meet our audiences' current information needs and preferences regarding concussion and are useful in the diverse settings in which they seek to prevent, respond, manage and address concussions.
- Accessible — ensure the tone is direct, clear, real and salient with our audiences.

What are we trying to convey?

Our goal is to convey the message to audiences that concussion is a serious injury and every audience has a responsibility to know how to protect themselves from concussion, recognize the signs and symptoms of concussion, and know what to do if they suspect a young athlete has a concussion.

How are we recruiting and screening participants?

Focus groups will be conducted with up to 150 representatives of the five audiences (recruit 30 representative from each audience) to learn about perceptions and experiences with HEADS UP. Focus groups will identify how HEADS UP resources are/could be used, areas where gaps in content and format exist, and factors that influence or create barriers to behaviour change related to concussion. We will conduct six focus groups. We will recruit five participants for each group for three participants to attend each group. Information collection with parents, coaches, youth and high school athletes, healthcare providers, and school professionals for the triads will be conducted using a telephone screener and survey that identifies these targeted audiences. See Attachment B for Screeners. Recruitment and screening will be conducted through HEADS UP networks and partners to ensure we reach audience members with experience using the HEADS UP materials.

A series of focus groups with a subset of 15 respondents from the focus groups above will be conducted to gain feedback on revised HEADS UP materials based on the input from the focus groups. Information collection with parents, coaches, youth, healthcare providers, and school professionals for the focus groups will be conducted using a telephone screener that identified these target audiences. Research participants will be recruited from a subset of participants in the groups outlined above. Recruitment and screening similarly will be conducted through outreach to HEADS UP partners and networks to ensure we reach audience members with experience using the HEADS UP materials.

Attachment C includes the survey instruments for the focus groups and follow up focus groups. Attachment D includes the informed consent forms for this study.

Incentives

We intend to provide incentives for the phone-based focus groups. In our past research activities with HEADS UP audiences, we have found that offering an incentive was an important part of our recruitment strategy and greatly helped us recruit diverse participants with many competing demands on their time, increase participation, and reduce overall data collection costs. Participants (apart from youth and high school athletes) will be offered \$30 to participate in the focus groups and \$20 to participate in

the follow up focus groups. Youth and high school athletes will be offered \$20 to participate in the focus groups and \$15 to participate in the follow up focus groups.

Providing incentives is also standard practice when conducting small group discussions. In focus groups, incentives are typically provided to help ensure that enough participants take part in the focus group (1) and they can serve as a “stimulus [for participants] to attend the session” (2). Existing research about audiences’ knowledge and behaviors related to concussion indicates that as many as two thirds of young athletes do not take the critical first step of reporting their concussion symptoms (3, 4). Our research indicates that concussion is a sensitive topic for young athletes, their parents, coaches, health care providers, and school professionals, and there are barriers that athletes face to reporting their symptoms. Given these considerations, we feel that it is necessary to offer incentives for these focus groups so that audiences are willing to speak openly about this issue.

- 1) *Making Health Communication Programs Work*, National Cancer Institute, 2001
http://www.cancer.gov/cancertopics/cancerlibrary/pinkbook/Pink_Book.pdf
- 2) *Focus Groups: A Practical Guide for Applied Research*, Richard A. Krueger, Mary Anne Casey, 2008.
- 3) Chrisman SP, Quitiquit C, Rivara FP. Qualitative study of barriers to concussive symptom reporting in high school athletics. *J Adolesc Health*. 2013;52(3):330-335.
- 4) Rivara FP, Schiff MA, Chrisman SP, Chung SK, Ellenbogen RG, Herring SA. The effect of coach education on reporting of concussions among high school athletes after passage of a concussion law. *Am J Sports Med*. 2014;42(5):1197-1203.