Health Message Testing System Expedited Review Form

1. Title of Study:

Asthma Control Initiative Communication Messaging & Materials Development

2. Study Population:

Focus groups with adolescents (ages 12 to 18) who suffer from asthma and their caregivers will be conducted in three locations. Participants will be selected and recruited using screening criteria as outlined in the screener questionnaire (Attachment 1. Focus Group Screener)

Respondent characteristics:

- Number of subjects: 48
- Number of males: 24
- Number of females: 24
- Age range: ages 12 and older
- Racial/ethnic composition: Mixed
- Special group status: Adolescents age 12 18 affected by asthma and their caregivers.
- Geographic location/s: Atlanta, GA; Washington, DC; Detroit, MI

3. Incentives:

Focus group participants will receive an incentive of \$75, as a token of appreciation for their participation in the project, with the exception of adolescents. Adolescents will receive an incentive of \$45 as a token of appreciation for their participation in the project, while their parents/caregivers will be provided with an incentive of \$30 to assist with costs associated with transporting the adolescents to the facility. The incentive amounts were identified based on (1) the level of involvement needed to participate in the 90-minute focus group including the need to travel to the focus group sites, (2) the sensitive nature of the discussion topics regarding personal health, (3) the potential recruiting difficulties with identifying potential respondents who fit the inclusion criteria and are willing to share their personal experiences, and (4) market research in multiple potential markets regarding recommended incentive rates for this effort. The proposed amount will be provided to participants for their entire burden time, which includes screening time, obtaining informed consent, and participating in the 90-minute focus group session.

As participants often have competing demands for their time, incentives are used to encourage participation. The use of incentives treats participants justly and with respect by recognizing and acknowledging the effort they expend to participate. In this particular information collection, we will be asking respondents to share personal experiences and perspectives as well as provide thought-intensive, open-ended responses that require a high level of participation. When applied in a reasonable manner, incentives are not an unjust inducement and are an approach that acknowledges respondents for their participation (Halpern et al., 2004).

Incentives must be high enough to equalize the burden placed on respondents with respect to their time and cost of participation (Russell et al., 2000) as well as provide enough motivation for them to participate in the project. If the incentive is not adequate, participants might agree to participate and then not show up or drop out early. Low participation could result in inadequate information collection or, in the worst cases, loss of Government funds associated with facility rental as well as moderator and observer time (Morgan & Scannell, 1998).

Additionally, this can cause a difficult and lengthy recruitment process that, in turn, can cause delays in launching the information collection, both of which lead to increased costs. Incentives are also necessary to ensure adequate representation among harder-to-recruit populations such as low socio-economic groups and high-risk populations (Groth, 2010). In the context of this study, the target population is considered a harder-to-recruit population because of the screening criteria (i.e., adolescents disparately affected by asthma) and absence of an existing research panel from where potential participants could be recruited. Participants will be selected based on their experiences managing asthma barriers, including whether they have visited an emergency room or urgent care center in the last 12 months because of asthma, whether they have stayed overnight in the hospital because of asthma, and whether asthma has caused them to miss school and/or limits daily activity.

4. Study method:

Central location intercept interview:	
Telephone interview: (CATI used: yes or no)	
Individual in-depth interview (cognitive interview):	_
Focus group:X	
Online interview:	
Other: (describe)	

5. Purpose of the overall communication effort into which this health message/s will fit:

The goal of the focus groups is to better understand attitudes, thoughts, and behaviors related to adolescents' asthma selfmanagement. This information will be used to improve current messaging strategy for future outreach to this audience.

6. Category of time sensitivity: (Please check one below)

Health emergency: _____ Time-limited congressional/administrative mandate: _____ Press coverage correction: _____ Time-limited audience access: _____ Ineffective existing materials due to historical event/social trends: _X_ Trend tracking: ____

7. Describe nature of time sensitivity: (Please provide 2-3 sentences below.)

The study looks into how educational approaches and materials can be improved in addressing the practice of asthma self-management among children. Current practice in this area is inadequate, suggesting existing materials and approaches bear improvement.

8. Number of burden hours requested: 96

Category of Respondent	No. of Respond ents	Participati on Time (minutes)	Burd en (hour s)
Parents/caregivers of adolescents with asthma screened	144	5/60	12
Focus groups of parents/caregivers of adolescents with asthma	24	90/60	36
Adolescents with asthma screened	144	5/60	12
Focus groups of adolescents with asthma screened	24	90/60	36
Totals	336		96

BURDEN HOURS

9. Are you using questions from the approved question bank? If yes, please list the item number(s) for questions used from the question bank.

Yes: No: X

*** Items Below to be completed by Office of Associate Director for Communication (OADC)***

1. Number of burden hours remaining in current year's allocation: <u>5573</u>

