

ATTACHMENT A: Protocol Summary
CDC/NCCDPHP/DCPC Message Testing of “Bring Your Brave” Campaign Materials
(Online Survey)

Background:

Approximately 11% of all breast cancer cases in the United States occur in women under 45 years of age. Occurrences of breast cancer among these women are often accompanied by higher risks of recurrence and death, compared to older women with the disease. These women also face unique and significant long-term, treatment-related side effects such as infertility, cognitive dysfunction, muscular and skeletal issues, and cardiac and vascular complications. They are also at an increased risk for developing new cancers and other co-morbid conditions.

In 2009, Congress established the Education and Awareness Requires Learning Young (EARLY) Act, section 10413 of the Patient Protection and Affordable Care Act (Public Law 111-148). The EARLY Act legislation specified the need to create an education and outreach campaign to highlight the breast cancer risks facing young women. In 2014, Congress reauthorized this legislation, re-emphasizing the importance of educating young women about breast health and breast cancer risk.

In 2015, the Division of Cancer Prevention and Control (DCPC) of the Centers for Disease Control and Prevention (CDC) launched “Bring Your Brave,” a public education and awareness campaign to promote breast health for young women ages 18-44 years.

Prior to launching the campaign, DCPC conducted 20 two-hour focus groups (approved under OMB Control No. 0920-0800) with young women audiences to assess existing knowledge, attitudes, and beliefs about breast and ovarian cancer and to identify opportunities for effective messaging to these audiences through the Bring Your Brave campaign. The focus groups yielded many findings covering a variety of breast and ovarian cancer topics.

While the input from these groups guided the initial campaign design, completed “Bring Your Brave” campaign messages have not been formally tested or evaluated with target audiences. In this project, CDC will test exposure to campaign messages and collect target audience reactions and recommendations for improvement. Additional message testing with these populations is also needed to refine key campaign concepts and messaging and guide development and dissemination of new messages for the next two years of the campaign.

Goal:

The goals of this campaign and the campaign materials and messages as identified by the EARLY ACT are to:

1. “Increase public awareness regarding breast cancer in young women of all ethnic and cultural backgrounds, including particular risks faced by certain ethnic and cultural groups” and
2. “Promote educational awareness, early detection, and risk-reducing practices among young women and increase the number of young women with breast cancer warning signs who seek immediate care.”

Objectives:

The objectives of this message testing are to:

1. Identify if respondents have seen the “Bring Your Brave” campaign messages previously.
2. Measure target audiences’ opinions about “Bring Your Brave” campaign materials, including clarity, salience and appeal.
3. Elicit potential ways to improve existing campaign materials.

Target Audience:

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. African-American women have been identified as having increased prevalence of breast cancer at younger ages and as having increased mortality rates from breast cancer. Respondents for this message testing will be Ashkenazi-Jewish, African-American, and general population women ages 18-44.

Selected Materials:

The “Bring Your Brave” campaign team has selected four materials for testing: two infographics and two videos (see Attachment C).

OMB Approval:

CDC will seek OMB approval through its existing broad-based agency approval for message testing [Health Message Testing System (HMTS)]. CDC is encouraged to use questions from a preapproved question bank in developing data collection instruments. Questions from the preapproved question bank will focus on the following areas:

- Introductory Questions
- Comprehension
- Initial Impressions
- Content and Wording
- Comparison of Concepts/Messages/Materials
- Testing Images/Visuals/Illustrations

Methodology:

ORAU will develop a survey which will be distributed online by a professional recruiting firm. The firm will continue distribution to potential respondents who fall within the target audience until a completion rate of n=200 is obtained (typically takes 2 weeks). The survey will be designed to take respondents an average of 15-20 minutes to complete. It will be comprised of primarily closed-ended questions to best gauge respondents' initial opinions, which are most reflective of how messages are judged by actual viewers in a non-testing setting.

Survey questions will primarily not focus on knowledge, attitudes, and beliefs that are better captured in a focus group setting. The survey will be written in a simple, clear format (i.e., avoiding medical jargon) to boost response rates and decrease the amount of time needed to reach the target completion rate. The survey will include skip patterns that will allow project team members to tailor subsequent questions based on relevancy. For instance, respondents will be asked if they have seen the messages previously. If they indicate yes, they will be asked additional questions such as if they took any actions after seeing the ad.

Four materials will be tested in the allotted time: two infographics (designed for dissemination via web and social media) and two videos. Materials will be tested in a rotating order to prevent any single material from being consistently displayed first or last. See Attachment C for testing materials.

The survey (see Attachment B) may cover the following topics:

- Where respondents typically get health information online; how frequently they access this type of information
- What types of actions they regularly take regarding breast health
- If they find the displayed materials to be memorable, appealing, easy to understand, relevant, credible, and motivating
- How the materials can be improved and effectively disseminated

The survey is comprised of questions gleaned from the HMTS question bank. Strikethrough text in the survey indicates where wording of the questions from the bank has been altered.

Respondent Recruitment and Screening

A professional recruiting firm will recruit respondents from a nationally representative database and arrange other logistics for administering the online survey, such as programming and hosting the online survey. In screening respondents, recruiters will take all feasible care to ensure only individuals meeting recruitment criteria are invited to participate.

Survey respondents will be recruited by a professional marketing firm from a proprietary, commercial panel. Only respondents who are in the target audience will be sent a link to the website to complete the survey. The website will not use cookies to track a respondent's web activity and the web site has a privacy policy and rules of conduct.

Additional qualifying questions will be asked at the beginning of the survey (see Attachment B). Respondents who are disqualified by answering a question that results in termination of the survey will not count against the total number of respondents.

Only project team members will have access to the survey results. Survey results will not be linked to any user's identity, only to a number they are assigned (the order in which they completed the survey relative to other respondents).