

Health Message Testing System Expedited Review Form

1. Title of Study: (Please append screener and questionnaire)

Skin Cancer Messages among Racial Ethnic Groups at Risk for Delayed Diagnosis, Advanced Disease and Lower Survival

2. Study Population: (Discuss study population and explain how they will be selected/recruited.)

Lack of public education about melanoma risk and prevention among blacks and Hispanics has been noted as a possible factor in advanced presentation at diagnosis. A 2015 CDC literature review of skin cancer risk and prevention knowledge, attitudes, beliefs and behaviors (KABB) and tailored education messages found that black and Hispanic youth and adults may be: less likely to engage in sun protection strategies, advised less frequently to conduct regular skin self-examinations (SSE), less likely to conduct regular SSE, and perceive their melanoma risk as low. Additionally, there are very few tailored interventions and educational messages.¹

The Surgeon General has issued a *Call to Action to Prevent Skin Cancer*, including the development of effective messages and interventions for specific audiences to increase skin cancer prevention behaviors². To ensure that messages and the channels used to disseminate them are effective, conducting focus groups will enhance understanding of what messages would resonate with specific demographic groups. In response, the Division of Cancer Prevention and Control (DCPC) is assessing and evaluating existing skin care prevention messaging with African American/black and Hispanic men and women aged 18 to 44 years, as they are audiences that are less likely to be targeted with education campaigns, but who remain at risk for skin cancer and melanoma. Additional information will be collected to understand audience preferences for these health information messages on traditional and digital communication channels. Additionally, this information can help to determine which digital communication channels yield the greatest opportunity for the dissemination of tailored messaging for aforementioned audience segments based on age³, race and ethnicity⁴.

Study participants will be recruited by a professional marketing firm from a proprietary, commercial database. Eligibility criteria will be established for all focus group participants, and potential participants will be screened using a telephone screening form (Attachment A1) and self-administered rescreening form and informed consent form at the time of the focus group (Attachment A2). Focus groups will be conducted by race/ethnicity and gender (Attachments B1, B2, B3, and B4). Focus groups with males (Attachments B3 and B4) will include testing of a digital ad. Male focus group participants will be asked to complete Attachment B5 (Digital Ad Response Sheet) as part of the focus group experience. The complete set of materials to be tested is provided in Attachment C. The specific materials to be tested with each audience segment are itemized in the tailored Discussion Guide for each audience segment. In addition to race/ethnicity and gender, participants will be further segmented by their reported characteristics which have been associated with skin cancer risk. Characteristics include, but are not limited to: skin tone, eye and hair color, and skin's typical reaction to sun exposure, occupation that requires extended time outside, and indoor tanning behavior. These characteristics are important risk factors for developing skin cancer and may influence knowledge, attitudes, beliefs, and messaging preferences^{1,2,5}. Similarly, focus group respondents will also be segmented by age. 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 preferences². Participants will also be identified and

recruited from a variety of geographic regions that offer diversity in periodicity of ultraviolet (UV) light and in cities that have larger populations of individuals representative of diverse Hispanic and African American/black populations. Identification and recruitment, based on marital status, Hispanic heritage, and other aforementioned demographic characteristics will help to achieve further demographic spread within focus groups. Lastly, information about occupation and acculturation will be used to assess focus group participant eligibility. Participant and spousal occupation in certain professions with advanced knowledge of skin cancer (e.g. public health, medical professions) may be an important biasing factor. Additionally, Hispanics with more acculturation are less likely to engage in sun protective behaviors^{6,7} and, subsequently, this may also be a biasing factor. A summary of respondents by audience segment is provided below.

Audience Segment ^{1,2}	Number of Focus Groups, by Risk Level		Focus Group Location
	Risk Level: Low	Risk Level: Elevated	
African American/black Men Ages 18-29	1		Chicago
		1	Atlanta
African American/black Men Ages 30-44	1		Atlanta
		1	Chicago
African American/black Women Ages 18-29	1		Atlanta
		1	Miami
African American/black Women Ages 30-44	1		Miami
		1	Atlanta
Hispanic Men Ages 18-29	1		Miami
	1		Los Angeles
		1	Chicago
		1	Los Angeles
Hispanic Men Ages 30-44	1		Chicago
		1	Miami
Hispanic Women Ages 18-29	1		Chicago
		1	Los Angeles
Hispanic Women Ages 30-44	1		Los Angeles
		1	Chicago
Total	9	9	

1 Inclusion criteria for all groups: Mix of education levels.

2 Exclusion criteria for all groups: Employment in public health, medical professions, advertising, or market research.

Respondent characteristics:

Number of subjects:

Number of males:

Number of females:

Age range:

Racial/ethnic composition:

Type of group/s:

Geographic location/s:

3. Incentives: (If an incentive will be used, state what incentive will be offered and justify proposed incentives to be used in study.)

Incorporating modest incentives to aid in recruitment acknowledges participants' time and effort, boosts response rates, and may improve the quality of information collected. Incentives are necessary for qualitative information collections such as the proposed materials testing in order to ensure that those who are willing to participate are as representative as possible of the target audience, which in this case includes participants of hard-to-reach racial and ethnic subpopulations, and young men and women who may have responsibilities for child care, etc.

Each focus group participant traveling to attend the two-hour focus group will be provided with a modest incentive of \$75. This incentive is a token of appreciation that encourages participation and acknowledges the participants' efforts. Failure to provide a basic incentive is likely to bias samples in the direction of well-educated individuals who are generally predisposed to be helpful.⁸

4. Study method: (Please check one below)

Central location intercept interview:

Telephone interview: CATI used: yes or no)

Individual in-depth interview (cognitive interview):

Focus group:

Online interview:

Other: (describe)

5. Purpose of the overall communication effort into which this health message/s will fit: (Please provide 2-3 sentences below.)

The Surgeon General issued a *Call to Action to Prevent Skin Cancer*, including the development of effective messages for specific audiences to increase skin cancer prevention behaviors. In response, findings from this assessment and evaluation of messages and materials (Attachment C) for the target audiences will be used to adapt materials used in existing and future CDC and partner health message initiatives pertaining to skin cancer prevention.

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

Health emergency: _____

Time-limited congressional/administrative mandate: X

Press coverage correction: _____

Time-limited audience access: _____

Ineffective existing materials due to historical event/social trends: _____

Trend tracking: _____

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

Recruitment and focus group assessments must be conducted during the one year co-operative agreement (through the Office for State, Tribal, Local and Territorial Support) period ending in June 2017. Study participants include hard-to-reach racial and ethnic subpopulations and the ability to further recruit participants who have characteristics associated with elevated risk for skin cancer in these subpopulations is challenging. Recruitment support is time-limited due to constraints of the co-operative agreement cycle.

8. Number of burden hours requested: 398

BURDEN HOURS

Category of Respondent	Form Name	No. of Respondents	Average Burden per Response (in hours)	Total Burden Hours
African American/Black Women	Screening Instrument	88	3/60	4.4
	Rescreening Instrument/Informed Consent	40	6/60	4
	Discussion Guide for African American/Black Women	40	2	80
African American/Black Men	Screening Instrument	88	3/60	4
	Rescreening Instrument/Informed Consent	40	6/60	4.4
	Discussion Guide for African American/Black Men	40	2	80
	Digital Ad Response Sheet	40	0/60*	0
Hispanic Women	Screening Instrument	88	3/60	4.4
	Rescreening Instrument/Informed Consent	40	6/60	4
	Discussion Guide for Hispanic Women	40	2	80
Hispanic Men	Screening Instrument	132	3/60	6.6
	Rescreening Instrument/Informed Consent	60	6/60	6
	Discussion Guide for Hispanic Men	60	2	120
	Digital Ad Response Sheet	60	0/60*	0
Total				398

* Digital Ad Response Sheet is covered during the two hours allocated to the "Discussion Guide" section

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: _____

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

1. Number of burden hours remaining in current year's allocation: _____

2. OADC confirmation of time-sensitivity:

Yes: _____

No: _____

Project Officer Signature

References

1. Buchanan, N. Skin Cancer Knowledge, Awareness, Beliefs and Behaviors (KABB) Among Black and Hispanic Populations in the United States. Annual Psychosocial Oncology Society Conference, 4 March, 2016, San Diego, California.
2. U.S. Department of Health and Human Services. *The Surgeon General's Call to Action to Prevent Skin Cancer*. 2014. Washington, DC: U.S. Department of Health and Human Services: Office of the Surgeon General.
3. Lenhart A, Purcell K, Smith A, Zickuhr K. Social Media and Mobile Internet Use among Teens and Young Adults. Pew Research Center Internet, Science, and Tech. 2010. Retrieved on April 24, 2017. Available at: <http://www.pewinternet.org/2010/02/03/social-media-and-young-adults/>
4. Brown A, Lopez G, Hugo Lopez M. Internet use among Hispanics. Pew Research Center Hispanic Trends. 2016. Retrieved on April 24, 2017. Available at: <http://www.pewhispanic.org/2016/07/20/1-internet-use-among-hispanics/>
5. Hall H and Rogers J. Sun protection behaviors among African Americans. *Ethn Dis*. 1999;9(1):126-131.
6. Santiago-Rivas M, Wang C, Jandorf. Sun Protection Beliefs among Hispanics in the US. *Journal of Skin Cancer*. 2014. doi: [10.1155/2014/161960](https://doi.org/10.1155/2014/161960)
7. E. J. Coups, J. L. Stapleton, S. V. Hudson et al., "Linguistic acculturation and skin cancer-related behaviors among hispanics in the southern and western united states," *JAMA Dermatology*, vol. 149, no. 6, pp. 679-686, 2013.
8. Church, A. Estimating the Effect of Incentives on Mail Survey Response Rates: A Meta-Analysis. *Public Opinion Quarterly*. 1993;57, 62-79.