Justification for Incentives

Overview

CDC has contracted with a consulting firm, ICF, to conduct two rounds of formative research to develop, test and finalize health communications messages, creative concepts, and materials for the upcoming Sepsis educational effort. Round 1 (R1) involved conduct of 36 online, in-depth interviews (IDIs) with seven types of healthcare professionals (HCPs) at 60 minutes each and 9 online, consumer focus groups at 90 minutes each. ICF completed data collection, analysis and reporting for R1. **This OMB package and justification are related to R2 concept/message and materials testing.**

For the R2 research, we will field an online survey with HCPs and an online survey with consumers to gather information on target audience reactions to concepts/messages and materials to be used in the educational effort. The sepsis educational effort stimulus for R2 testing includes visual identities (slogans and logos), print ads, television ads, sepsis definition for consumers, and a sepsis educational flyer for HCPs. The HCP and consumer audiences are the same in R2 as they were in R1 formative research. The inclusion criteria for HCPs and consumers to participate in the R2 online surveys will be the same as the criteria used to screen and recruit these target audiences for R1 formative research.

Timeline

The sepsis educational effort will launch during Sepsis Awareness month, which begins in September 2017. This is an external deadline that is not adjustable. CDC has partners with whom they anticipate sharing materials to help promote this educational effort. The effort will consist of the stimulus noted above which requires HHS clearance prior to the launch. Because of the clearances required for this effort, the September launch date, and the need to share materials with partners for the launch, the R2 research must be expedited for conduct during 3 weeks in May and June 2017.

Incentives and Rationale

For the R2 research, we are requesting approval for incentives valued at a point equivalent $55 (not cash or cash equivalent) for all HCPs. The online panel provider administering the survey will award points equivalent to $55 which can be redeemed online or at a retailer. This incentive is different from the one used in R1 because, unlike R1 which involved conduct of online IDIs, in R2 we will field a 30 minute online survey for HCPs. We are requesting approval for this incentive on the basis of several factors: (1) limited incentives represent a significant challenge to the overall timeline of the educational effort (the research timeline is based the effort launch date in September 2017 which cannot be adjusted); (2) the educational effort requires R2 research with specific HCP respondents; (3) difficulties experienced in recruiting with low incentives; and (4) and lack of alternative approaches to research design and respondent burden.

Factor 1: Lower incentives represent a significant challenge to the overall timeline of the Sepsis educational effort. We have limited time to conduct R2 research in order to obtain results to develop materials that must go through HHS clearance before use in the educational effort.

- In our experience (and per discussion with recruitment firms) approximately $10 is needed for consumers and $55 is needed for HCPs to incentivize consumers and HCPs to participate in online surveys. From experience we know that lower incentives make recruiting these audiences exceptionally difficult and increase the amount of time needed for recruitment and data

collection. Increasing the time for the research will jeopardize creation of final materials to be used in the September 2017 launch for this effort. Because of the HHS clearances required for the September 2017 launch date, it is critical that the research be conducted and completed by 6/9/2017.

Factor 2: The Sepsis educational effort involves a difficult recruit of very specific types of HCPs. However, it is critical that we recruit these specific audiences as they are most likely to treat patients at risk for sepsis or experiencing sepsis. The specific HCP types are those who it is critical to reach in order to raise awareness about infections that can lead to sepsis and rapid diagnosis.

- We need very specific HCPs for this research which include PCPs, NP/PAs and other types of professionals who are most likely to treat patients who are at risk for infection from sepsis and sepsis. These types of HCPs are notoriously difficult to recruit due to overwhelming requests for their participation in research and their busy schedules, and or because they often serve in primary care roles caring for patients. In our experience, higher incentives are needed to recruit these audiences to participate in research.
- HCP inclusion criteria are intentionally narrow to ensure that we recruit HCPs most likely to treat patients who are at risk for infections that can lead to sepsis, or patients who are experiencing sepsis. We conducted a literature review and incorporated feedback from CDC's subject matter experts (SMEs) to identify target audiences. The current study targets HCPs most likely to encounter patients at risk of infections that lead to sepsis or experiencing sepsis. For example, PCPs are more likely to treat patients with chronic conditions; emergency department triage nurses are more likely to encounter patients exhibiting signs and symptoms of sepsis. Patients' risk factors and signs and symptoms warrant preventative measures implemented by HCPs and rapid assessment and treatment by front line staff. Testing with these specific HCPs ensures that final educational effort creative concepts/materials may effectively increase HCP's knowledge and awareness about infections that can lead to sepsis, sepsis, and the importance of rapid diagnosis to prevent sepsis complications and death. Recruiting these specific HCPs warrants a higher incentive to ensure timely recruitment to meet deadlines.
- We are recruiting HCPs (and consumers) from across the country, but from very specific regions (again adding to the specificity of this recruitment effort). We will recruit HCPs from states that have the highest sepsis mortality within these regions and states that have highest prevalence of sepsis risk factors. These states are: Georgia, Louisiana, Mississippi, Tennessee, Washington D.C., New York, New Jersey, Missouri, Illinois, and Nevada. Fifty percent of HCPs will be recruited from the southern states, where there is a higher prevalence of populations at risk of sepsis–African Americans and individuals with chronic conditions.

Factor 3: During R1 we experienced many difficulties recruiting the same HCP audiences being targeted during R2 research indicating the need for a higher incentive as a token of appreciation for participation in this research.

- During R1, we learned that HCPs are frequently inundated with requests to participate in interviews or surveys. As a result, HCPs often declined to participate in R1 research or if they did consent to participate may not show up for interviews. Based on research and experience, a low incentive hampers recruiting HCPs to this type of research as low monetary incentives fail to motivate this group to participate due to the demands of their work schedules, professional commitments, and patient loads. In R1 we used a much higher incentive for HCPs to participate in a 60 minute IDI ($125 for PCPs and $75 for all other HCPs). However, for this R2, we understand that the online survey presents less burden (30 minutes) to respondents, as they

can take the survey at any time convenient to them (versus waiting to be scheduled with an interviewer). For this reason we request a lower incentive than in R1 to complete a 30 minute online survey (points equivalent to $55 per HCP, point equivalent to $10 per consumer).

- Note that we are requesting R2 incentives for sepsis lower than the request for R2 Antibiotic Use (AU) incentives, due to the use of different research methods. Unlike AU R2 qualitative research using IDIs (60 minutes) and triads (90 minutes), sepsis R2 research is quantitative and requests audience participation in a 30 minute online survey taken at the convenience of the respondent, which should not impinge on work schedules. The 30-minute, online survey is less of a time commitment than IDIs and triads; for respondents as compared to 60 and 90 minute qualitative interviews or focus groups time commitment.

Factor 4: We considered alternatives approaches to fielding a 30-minute survey with HCPs and consumers, such as shortening the length of the survey, however this is not feasible due to the amount of concepts/messages and materials to test to develop a comprehensive sepsis educational effort that will resonate with target audiences.

- During development of the R2 design, we considered alternative approaches to testing concepts/messages and materials. For example, we considered using a qualitative design similar to the R1 design, however qualitative approaches take more time, and R2 testing must be done quickly to meet external deadlines. A quantitative design was determined to be ideal for R2 research since it allows for data collection across a larger sample of respondents (42 HCPs; 18 consumers) in a short, approximately 3-week time frame. Further this approach allows for gathering quantitative data on perceived effectiveness of concepts/messages and materials which is valuable to help inform decisions about final materials.
- During development of a R2 design, we also considered shortening the online survey for HCPs and consumers, however because of the numerous creative concepts/messages and materials developed for testing at least 30 minutes is needed for testing. Further, the concepts/messages and materials have already been developed and prioritized based on R1 research and guidance from the CDC. We also considered testing with fewer target audiences, however determined that it is critical to conduct testing with all of the CDC SME-identified 7 HCP and 3 consumer target audiences in order to build a campaign that resonates with all of these audiences determined most at risk for sepsis and/or likely to treat patients at risk for sepsis or experiencing sepsis.
- We considered conducting the online survey with fewer respondents to minimize burden, however based on research and experience at least 6-12 interviews within a research segment are needed to identify key themes and obtain meaningful results from R2 initial creative concepts/materials testing. For this reason we agreed to have at least 6 surveys per HCP and consumer target audience to obtain results to guide materials development.