ATTACHMENT A: Protocol Summary
CDC/NCCDPHP/DCPC Testing of New "Bring Your Brave" Campaign Messages for Young Women and Health Care Providers - February, 2018
(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 and their health care providers 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.

While the input from previous focus groups and surveys guided the initial campaign design and first rounds of messages, newly designed "Bring Your Brave" campaign messages have not been formally tested or evaluated with all target audiences, including health care providers. 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 for healthcare providers and guide development and dissemination of new messages for young women over the next year of the campaign.

Goal:
The goals of this campaign 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. "Conduct an education campaign to increase awareness among physicians and other health care professionals relating to the risk factors, risk reduction strategies, early diagnosis and treatment of breast cancer in young women."

Objectives:
The objectives of this message testing are to:

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

Target Audiences:
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. It also specifies that healthcare providers who treat women in these audiences should also be targeted. Therefore, with this survey, we intend to target both young women and healthcare provider audiences by sampling from two panels.

Panel One: 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. Participants within each of these racial/ethnic target audiences will be segmented based on if they have a family history of breast and/or ovarian cancer or not. A family history of breast or ovarian cancer is an important risk factor for developing breast cancer at a young age and may influence knowledge, attitudes, beliefs, and messaging preferences. Thus, young women target audiences will include those who represent 'the general public,' Ashkenazi-Jewish, and African-American individuals, further subdivided by those with and without a family medical history of breast or ovarian cancer.

Panel Two: This study will also include healthcare providers who regularly provide primary care to patients that fall within the previously mentioned young women target audiences. Healthcare provider respondents will include medical doctors, nurse practitioners, and physician assistants who practice in a variety of primary care settings.

Selected Materials:
The "Bring Your Brave" campaign team has selected nine materials for testing with young women: one podcast, four social media graphics and four videos (see Attachment E1). The team

has selected two materials to test with health care providers: one social media graphic and one double-sided fact sheet (see Attachment E2).

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:
CDC has developed two surveys which will be distributed online by a professional recruiting firm to members of the two different audience panels (see Attachments C1 and C2). The firm will continue distribution to potential respondents who fall within the target audiences until completion rates of n=200 for the young women survey and n=200 for the healthcare providers survey are obtained. This process typically takes 2 weeks. Both surveys will be designed to take respondents an average of 20 minutes to complete. They 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. There will also be a 3 minute screener.

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.

Five to six materials will be tested with young women audiences in the allotted time (depending on the skip pattern logic that accounts for how and what types of online media the women typically consume). Those who typically listen to podcasts will test 1 podcast and 4 social media graphics. Those who do not typically listen to podcasts will test 1 of 2 short videos (video determined by respondent race/ethnicity), 1 of 2 longer videos (video determined by respondent race/ethnicity), and 4 social media graphics. Healthcare providers will be shown one social media graphic and one double-sided fact sheet.

Materials will be tested in a rotating order to prevent any single material from being consistently displayed first or last. See Attachments E1 and E2 for testing materials.

The surveys will 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 their breast health (or the breast health of their patients)
- 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

Respondent Recruitment and Screening

A professional recruiting firm will recruit respondents from two nationally representative databases and arrange other logistics for administering the online surveys, such as programming and hosting the online surveys. In screening respondents, recruiters will take all feasible care to ensure only individuals meeting recruitment criteria are invited to participate. Only respondents who are in the target audiences 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 screening questions will be asked at the beginning of the survey (see Attachments B1 and B2). 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).

Justification of Incentives

The most important aspect of an incentive plan may be its potential for reducing response bias, underreporting bias, and similar sources of error. Findings from the National Survey of Family Growth (a study in which childbearing and family planning patterns are collected from young women) demonstrated that incentives not only had positive effects on response rates and lowered per case field costs compared with women who received no incentive, but they also increased the accuracy of reporting. 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. (https://www.cdc.gov/nchs/data/series/sr_02/sr02_158.pdf).

Based upon previous surveys we've conducted with these target audiences, every 5% drop in the incidence rate (IR), the cost per incidence (CPI) rate increases by 15%. Even small incentives

can improve IR, thereby lowering the CPI and overall field costs, as well as reducing time in the field and shortening turnaround time for survey results.