

**Attachment F:
ODPHP Physical Activity Guidelines, 2nd Edition
Professional Focus Group Protocol**

OMB Control Number: 0990-0281

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Submitted to:

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Objectives

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0281. The time required to complete this information collection is estimated to average **1 hour** per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

The Office of Disease Prevention and Health Promotion (ODPHP) will be releasing the second edition of the Physical Activity Guidelines in 2018. In preparation for this, ODPHP aims to conduct formative research to inform a comprehensive communication plan to promote physical activity and the Physical Activity Guidelines resource. This research will also inform the development of effective iconography that relays key messages about physical activity.

CommunicateHealth (CH) will conduct 3 remote, 60-minute focus groups to investigate the following research questions:

1. How familiar are professionals with the Physical Activity Guidelines?
2. What do professionals consider to be trusted sources of information about physical activity and health?
3. What barriers and facilitators enable professionals to implement the Physical Activity Guidelines in their work with patients or clients?
4. What are professionals' preferences for physical activity communication channels, images, and branding?
5. What mobile health tools and technologies do professionals use to promote physical activity among patients or clients? What mobile health tools and technologies have professionals used in the past, and what tools would they like to use in the future?

Participants and Recruitment

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0281. The time required to complete this information collection is estimated to average **1 hour** per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

CH will conduct 3 remote focus groups with 6 participants in each group (18 participants total). Participants will be recruited from the Physical Activity Guidelines Supporter Network, input from the Physical Activity Guidelines Steering Committee, and ODPHP. Participants will reflect regional and geographic diversity.

CH will recruit the following types of health and physical activity professionals:

- Primary care providers
- Occupational therapists
- Physical therapists
- Personal trainers
- Exercise physiologists

We will use the **Recruitment Email** (Appendix A) to inform prospective participants of this research opportunity. We will then call interested participants and use the **Phone Screener** (OMB Packet — Attachment E) to screen them. Participants will be offered a \$100 incentive for participation.

Methods

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0281. The time required to complete this information collection is estimated to average **1 hour** per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

We will conduct 3 remote focus groups with 18 participants. At the beginning of each focus group, CH will email the participant the **Participant Information Sheet** (Appendix B) and **Informed Consent Form** (Appendix C). The participant will review, sign, and return the signed consent form to CH. Participants will have the opportunity to ask questions about the form and project via email.

The informed consent statement assures the participant that information provided during the discussion group will be kept confidential and will only be used to inform dissemination and communication activities related to the Physical Activity Guidelines. The statement also contains language explaining that signing the form confers permission to be audio recorded.

Each focus group will each last approximately 60 minutes and will include a moderator and a note taker.

Testing Procedures

The moderator will follow a standard protocol for each focus group that includes the following (see **Professional Focus Group Moderator's Guide** in Appendix D for details):

- Welcome, opening remarks, ground rules and introductions
- Explanation of the purpose of the focus group
- Consent form
- Warm-up discussion
- Main focus group discussion
- Quick association exercise (OMB Packet — Attachment G)
- Closing discussion
- Participant remuneration

Summary Report

CH will analyze feedback from focus group participants to identify important themes, commonalities, and preferences, which will guide the development of the physical activity iconography and communication plan. CommunicateHealth will deliver a brief summary report highlighting key findings and recommendations.

Appendix A: Recruitment Email

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0281. The time required to complete this information collection is estimated to average **10 minutes** per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

To: Health and physical activity professional contacts from approved recruitment list
From: Recruiter
Email Subject: Opportunity to give feedback on Physical Activity Guidelines for Americans
Email Body:

Dear [FIRST NAME],

The U.S. Department of Health and Human Services (HHS) is working closely with CommunicateHealth to develop messages and tools to support the dissemination of the second edition of the Physical Activity Guidelines for Americans.

We are looking for **health and physical activity professionals** like you to participate in an important group discussion about the best way to communicate about the second edition of the Physical Activity Guidelines. Your expertise and opinions will help us make sure that Physical Activity Guidelines information, messages, and tools are relevant to your work.

The discussion will be held over the phone and will only take 1 hour of your time. If you're eligible, you will receive a **\$100 incentive** as a thank you for your time and participation. The discussion will take place between January and February 2017.

If you are interested in participating, please reply to this email with your phone number and the best time to reach you. I will follow up by phone to make sure you qualify to participate in the focus group and to discuss scheduling.

If you have any questions, please feel free to contact me at [RECRUITER'S EMAIL AND PHONE NUMBER].

Thanks in advance for your help!
All the best,
[RECRUITER FIRST NAME]

Appendix B: Participant Information Sheet

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0281. The time required to complete this information collection is estimated to average **1 hour** per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

Please review the following information about this project. Feel free to ask us any questions you may have.

Who is working on this project?

This project is being coordinated by CommunicateHealth, a health communication consulting firm, on behalf of the Office of Disease Prevention and Health Promotion (ODPHP), which is part of the U.S. Department of Health and Human Services (HHS).

What is the goal of this project?

We are working to identify the best way to communicate about the second edition of the Physical Activity Guidelines. Our goal is to develop and distribute Physical Activity Guidelines information, messages, and tools that support your work.

How can I help?

We are interested in learning from your experiences. Your feedback in this focus group will help us develop information, messages, and tools that are relevant to your work.

Do I have to participate in this project?

No. It is your choice whether to participate or not. You can stop at any time, and you don't have to answer any questions you don't want to answer. If you don't want to participate or decide to stop, that's okay.

How will you protect my privacy?

We will keep your identity and all of your personal information confidential — that means we will not share it with ODPHP or anyone outside of our project staff. We will not collect or store any of your personal information. Also, your responses will not be linked with your name.

For more information:

If you have questions about the project, contact Project Manager Jaya Mathur at jaya@communicatehealth.com or (413) 582-0425.

Appendix C: Informed Consent Form

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0281. The time required to complete this information collection is estimated to average **1 hour** per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

I, _____, agree to take part in this focus group study.

I understand that I do not have to be in this study. I can leave at any time without penalty. I can agree to be in the study and then change my mind later.

I allow the Office of Disease Prevention and Health Promotion (ODPHP) — which is part of the U.S. Department of Health and Human Services — to use the information from this study. I understand that the information is for research only, and that my name will not be shared with anyone else.

I agree to ask questions about the study if I don't understand something. If I have questions after the study is over, I can contact Jaya Mathur at jaya@communicatehealth.com or at 413-582-0425.

Audio Recording Release

I understand that I will be audio recorded during this study. I allow ODPHP to use the recordings of me for research purposes only. I understand that my name will not be used for any other purpose.

I give up any rights to the recording and understand the recording may be copied and used by ODPHP without my permission.

Summary

I have read and understood this consent form. I understand that I will get a copy of this form.

Print Name: _____

Signature: _____

Date: _____

Appendix D: Professional Focus Group Moderator's Guide

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0281. The time required to complete this information collection is estimated to average **1 hour** per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

Welcome/Opening Remarks (10 minutes)

[The moderator will greet individual participants as they join the session remotely.]

Thank you for joining us today. My name is _____. I will be facilitating this discussion group on behalf of the Office of Disease Prevention and Health Promotion (also known as ODPHP), within the U.S. Department of Health and Human Services. ODPHP will be developing a communication and dissemination plan for the second edition of the Physical Activity Guidelines.

The ideas and information you share with us are very important. What you tell us today will help us better understand what information, messages, and tools would support your work and help your patients or clients follow the Physical Activity Guidelines.

Before we begin, I'd like to make a few things very clear and explain how the discussion will work.

1. We are not trying to sell or promote any product or service to you.
2. There are no right or wrong answers — we want your opinions.
3. _____ will be taking notes and audio recording the discussion. We have to write a report on your suggestions. Audio recording the discussion will help us write the report. We will not use your names in the report. We will only share the report with people working on this project.
4. In order to make sure everyone's thoughts and opinions are heard, it is important that you only speak one at a time. I may occasionally interrupt you when two or more people are talking at once in order to be sure we hear everyone's suggestions and opinions.
5. This discussion will last approximately 60 minutes. I want to be sure not to keep you here much longer, so I may occasionally interrupt you to keep the discussion focused.

6. Please turn off your cell phones and other electronic devices.

[The moderator will refer to previously emailed informed consent form and participant information sheet, saying:]

To remind you, your participation in this discussion is voluntary. You may stop the discussion at any time. Your name will NOT be used in any report.

Has everyone read, signed, and returned the consent form?

[Get a “yes” from all participants before continuing.]

Introduction and Warm-up (5 minutes)

First, I'd like to thank you all for making yourselves available today. Let's go around and introduce ourselves. I'll start and then we'll go around the virtual room. Again my name is _____.

Thank you.

Now, we're going to start with a few warm-up questions.

- In a few sentences, tell us what your professional role is and how you help your patients or clients to be physically active.

Discussion of Information Needs, the Physical Activity Guidelines, and Communication Strategies and Channels (30 minutes)

To begin, I would like to discuss where you get information about physical activity.

- How do you learn about new physical activity recommendations or science?
 - PROBE: Where do you go online?
 - PROBE: What prompts you to look for information?
 - PROBE: Do you have a favorite go-to source?
- What makes some sources of information about physical activity better or worse than others?
 - PROBE: What examples stand out to you?
 - PROBE: How do trusted sources of information on physical activity differ from sources you don't trust?

- o PROBE: Which sources do you trust the **most**? Which sources do you least the **least**?

Next, I would like to discuss the Physical Activity Guidelines with you. The Physical Activity Guidelines is a set of national physical activity recommendations based on the state of the science. The Physical Activity Guidelines recommends Americans get a certain amount of physical activity and certain kinds of physical activity to live a healthy life.

- Have you heard of the Physical Activity Guidelines before today?
 - o PROBE: What do you know about the Physical Activity Guidelines?
 - o PROBE: Where did you hear about it?
- Have you in the past or do you now use the Physical Activity Guidelines in your work? If so, how?
 - o PROBE: What have been some of the biggest challenges or barriers in using the Physical Activity Guidelines?
 - o PROBE: What types of support or resources have been helpful for you in using the Physical Activity Guidelines?
- Looking ahead, how do you want ODPHP to communicate with you about the second edition of the Physical Activity Guidelines?
 - o PROBE: What types of information would be helpful? Why?
 - o PROBE: What communication channels do you use most?

Now, I would like to discuss how you communicate with patients or clients about physical activity.

- What are the biggest challenges or barriers in communicating with your patients or clients about physical activity and helping them be more active? Why?
- What strategies or approaches have been effective in communicating with your patients or clients about physical activity and helping them be more active?
 - o PROBE: What materials or tools do you share or use with them?
 - o PROBE: Are these materials or tools effective and useful? Why or why not?
- Have you used mobile health tools (like mobile phone apps or pedometers) to help your patients or clients be more physically active?
 - o PROBE: What mobile health tools have you used?
 - o PROBE: Were these mobile health tools effective and useful? Why or why not?
- Looking ahead, what kinds of materials or tools would you like to use with your patients or clients? Why?

- o PROBE: What kinds of mobile health tools would you like to use with your patients or clients? Why?

Quick Association Exercise (20 minutes)

Now we're going to do an exercise. I will pass around a sheet numbered 1 through 7. I will then show you a series of 7 slides, each with an image or message related to physical activity. You will have 20 seconds to quickly jot down your first impressions about each slide on the sheet. Focus on what you like or don't like about each image or message. Remember, you will only have 20 seconds until we move on to the next slide.

[The Moderator hands each participant the numbered assessment sheet. The Moderator begins the slide deck of images and messages. On each slide, the corresponding number is clear. Each slide advances after 20 seconds.]

- Think about the images and messages that you **liked**. What did you like about them?
- Think about the images and messages that you **didn't like**. Why didn't you like them?

Next, I would like to go back to each slide and hear your thoughts. [This provides an opportunity to get feedback on images, messages, and taglines.]

- What were your first impressions about this slide?
 - o PROBE: What did or didn't you like? Why?
 - o PROBE: What was or wasn't effective? Why?

[Repeat this line of questioning for specific images or messages in slide deck. At the end of the exercise, the Moderator will have participants send their assessment sheets to CH for analysis and report writing.]

Thank You and Closing (5 minutes)

The Moderator will conclude each session by thanking participants for offering their opinions and suggestions.

Appendix E: Incentive Receipt Form

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I have received \$100 for participating in a focus group for CommunicateHealth and the Office of Disease Prevention and Health Promotion.

Name (print): _____ - -

Name (sign): _____ - -

Date: _____ - - -