Information Collection Request

GenIC Request to Use Generic ICR 0920-1154

CDC's Inside Knowledge Campaign: 2018 Focus Group Research and Testing with the General Public and Hispanic Audiences

Supporting Statement Part B

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B. COLLECTION OF INFORMATION EMPLOYING STATISTICAL METHODS

Data collection will consist of a focus group methodology. Focus groups are widely used in stages 1 and 2 of the Health Communication Process (National Cancer Institute, 2002). In a focus group, a small group of people (typically 8-12 individuals) engages in discussion of selected topics of interest. A focus group moderator guides the discussion in order to obtain the group's opinions (Edmunds, 1999; Krueger & Casey, 2000). Focus groups capture the collective insight of a group while preserving individual preferences. In this setting, participants can describe their experiences and preferences without the limitations of preset response categories. Furthermore, focus groups produce rich data complete with nuances that may be obscured in quantitative data collection techniques.

Qualitative information will be collected to provide insights about respondents' knowledge, attitudes, beliefs, and behaviors related to gynecologic cancer. CDC also will assess efficacy and appeal of creative concepts for public service advertisements among the target audience of women aged 35 – 65 years. Qualitative findings from this information collection will be used to inform development of future messages and materials for the media campaign entitled *Inside Knowledge: Get the Facts About Gynecologic Cancer*.

B1. Respondent Universe and Sampling Methods

The target audience for this message development and testing activity is non-incarcerated, non-institutionalized women ages 35-65 years in the U.S.

The recruitment and screening process is designed to identify respondents who are in the target age range; speak English or Spanish; have not had a hysterectomy; and (excluding skin cancer) have not been previously diagnosed with any kind of cancer, and have not had more than one close female friend or family member who was diagnosed with any cancer. Additional demographic questions are designed to ensure that focus groups include a mix of respondents.

Recruiters will ask respondents a limited number of questions for information only, such as: whether they have health insurance. This question has often been used by CDC in focus group recruitment, to help CDC understand the effects of health insurance status on women's personal history of having recommended screening tests. Prospective participants in focus groups will be given the option to not answer this question.

Table B1-A. Study Design

Focus Group Location	Number of Focus Groups in English	Number of Focus Groups in Spanish
Boston, MA	4	--
Chicago, Illinois	4	4
Houston, Texas	--	4
Los Angeles, California	4	4
Miami, Florida	4	4
Total	16	16

CDC plans to conduct 32 in-person focus groups in five cities in November 2017-March 2018: 16 focus groups in English: four (4) per city in Boston, Chicago, Los Angeles, and Miami, and 16 focus groups in Spanish: four (4) per city in Chicago, Houston, Los Angeles and Miami. A maximum of nine (9) women ages 35-65 years will participate in each group, resulting in an estimated total of 288 focus group respondents in four cities (9 respondents/group x 32 groups = 288 respondents). Based on previous experience with focus group recruitment, we estimate that 576 individuals (288 x 2 = 576) must be screened through telephone interviews to yield 288 completed responses.

Table B1-B. Race and Ethnicity Characteristics of Focus Group Cities
Information from the U.S. Census Bureau of Labor Statistics web site https://www.census.gov/quickfacts/table/PST045216/00 for April 2017 was used in the B1-B table.

U.S. City	**Race: Asian, or Native Hawaiian, Pacific Islander, or Other**	**Race: Black or African American**	**Ethnicity: Hispanic**	**Race: Non-Hispanic White**
Houston, TX	6%	23.7%	43.8%	25.6%
Boston, MA	8.9%	24.4%	17.5%	47%
Los Angeles, CA	11.4%	9.6%	48.5%	28.7%
Miami, FL	1%	19.2%	70%	11.9%
Chicago, IL	5.5%	32.9%	28.9%	31.7%

B2. Procedures for the Collection of Information

In order to elicit focus group responses to effectively plan for development of new, targeted materials and refine existing materials for the *Inside Knowledge* campaign, the following steps will occur.

Respondents will be identified and recruited using a Screening and Recruitment Form (Attachment 2a [English] and 2b [Spanish]). No personal identifying information used in the recruitment process will be linked to information collected in the focus group discussions. Thus, no personal information in an identifiable form will be collected by CDC. Each focus group participant will be advised that all information she provides during the focus group will be treated in a secure manner and will not be disclosed, unless compelled by law (see Consent Form, Attachment 3a and 3b).

Respondents will be recruited using public information (e.g. telephone directory), public venues (e.g. city parks), as well as proprietary lists (e.g. lists maintained by focus group facilities and professional focus group recruitment consultants).

Each focus group will be conducted under the direction of a professionally trained moderator, who will use the English or Spanish Discussion Guides (Attachment 1a and 1b), and will be audio and video-taped. The information collected will be used by DCPC to appropriately plan for development of new *Inside Knowledge* public service announcements (PSAs) and materials, as well as refinement of existing materials. Focus group questions will be the same regardless of the geographic area of the focus group, and the focus group Discussion Guide will be used in every focus group. The focus group moderator will ask a series of questions to assess knowledge, attitudes, and beliefs related to gynecologic cancers. The moderator will also show television and print PSA creative concepts to respondents, to assess the appeal and understandability of the concepts.

B3. Methods to Maximize Response Rates and Deal with Non response

To maximize the response rates, and to minimize the possibility of having too few appropriate focus group respondents (thereby forcing group cancellation), as many as 25% more respondents are invited to each group than are needed. In the event that too many respondents report, excess respondents will receive a token of appreciation and will be dismissed.

B4. Tests of Procedures or Methods to be Undertaken

All DCPC communication campaigns are guided by the Health Communication Process (National Cancer Institute, 2002) which involves four stages: (stage 1) planning and strategy development; (stage 2) developing and pretesting concepts, messages, and materials; (stage 3) implementing the program; and (stage 4) assessing effectiveness and making refinements. The Health Communication Process is not linear, but rather is a circular model in which stages are revisited in a continuous loop of planning, development, implementation, and refinement. DCPC campaign staff carefully record all aspects of campaign development, operation, and evaluation. Innovations and improvements are incorporated into subsequent campaign cycles and periodically published in the peer-review literature (Cooper et al., 2014, Cooper et al., 2015). The use of focus group methodology to inform the development and refinement of communication campaigns has been well documented throughout the literature (Bull, et al., 2002; Edmunds, 1999; Krueger, 1994; Krueger & Casey, 2000; Cooper et al., 2015; Cooper et al., 2014). Thus, the formative and materials-testing methods currently used by DCPC campaigns have been refined since 1999, when DCPC launched its first cancer awareness public health campaign.

B5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

The following individuals have been consulted on the design of this qualitative information collection. CDC's Division of Cancer Prevention and Control, Ogilvy Public Relations, and Soltera Center for Cancer Prevention and Control staff identified below will participate in analysis of the data, campaign planning and/or material refinement, as well as development of scientific manuscripts.

Individuals consulted	Key Roles
Cynthia A. Gelb, BSJ Division of Cancer Prevention and Control Centers for Disease Control and Prevention 770-488-4708 cmg7@cdc.gov	data analysis, campaign planning, material refinement, manuscript development
Karen Goldstein, MPH Ogilvy Public Relations, Washington, DC 202-729-4174 karen.goldstein@ogilvy.com	data analysis, campaign planning, material refinement, manuscript development
Sherri Stewart, PhD Division of Cancer Prevention and Control Centers for Disease Control and Prevention 770-488-4616 awk5@cdc.gov	data analysis, campaign planning, material refinement, manuscript development
Crystale Purvis Cooper, PhD Soltera Center for Cancer Prevention and Control Research, Oro Valley, AZ 520-797-1392 crystale_cooper@comcast.net	study design consultation, data analysis, campaign planning, manuscript development
Wendy Child Focus Group Consultant, Washington, DC 301-864-2474 wenchild@aol.com	study design consultant and moderator for English focus groups
Jackeline Fernández Inteligencia Qualitative Research, Miami, FL 305-444-2456 jackie.fernandez@inteligenicainc.com	study design consultant and moderator for Spanish focus groups

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