

COMMUNICATION SUPPORT FOR THE NATIONAL CENTER FOR EMERGING AND ZOOLOGIC INFECTIOUS DISEASES

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Collaborators

Name	Organizational Unit
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Background

NCEZID is responsible for the prevention and control of a wide range of infectious diseases, including rare but deadly diseases like anthrax and Ebola, and more common illnesses like foodborne diseases and healthcare-associated infections. Its seven divisions work closely with other Centers to prevent illness, disability, and death causes by infectious diseases, including bioterror threats like anthrax.

The Center has developed anthrax-specific information, a toolkit, and customizable materials. In addition, the Center has developed a website and other emergency preparedness and response pages containing information that would be used in the event of an anthrax release or other urgent public health situation. The anthrax toolkit will include pre-designed materials to be tested that CDC and state/local public health departments will need within the first few hours and days of an anthrax event, as well as for the duration of a response. These materials require message testing to ensure the efficacy of these products.

Project Goals & Objectives

The purpose of the web-assisted telephone in-depth interviews (IDIs) is to collect feedback from adults age 65+, parents/general consumers, and adults whose English is a second language (ESL adults) about NCEZID's materials under development that address the topic of anthrax emergency preparedness. Information on the resonance of messaging, acceptability to the target audience, potential influence on behavior change, appropriateness for the media proposed, cultural relevance, and consistency with health literacy and plain language principles is needed to guide the refinement of these materials. The interviews will have the following objectives:

- Describe participants' knowledge, attitudes, and beliefs regarding anthrax, including their knowledge of mechanisms of exposure, symptoms, and severity;
- Describe participants' perceptions and knowledge of bioterror emergencies, including their willingness to engage in behaviors related to anthrax preparedness and response;
- Assess clarity, resonance, acceptability, and appropriateness of messages and materials and how tested materials can be improved to better meet consumers' needs;
- Identify what message tactics and material content are most likely to persuade specific target audiences to take action related to anthrax preparedness and response; and
- Determine what additional resources and sources of information consumers would find helpful for anthrax preparedness and response.

Methods

Overview – Contractor will conduct 16 web-assisted telephone IDIs with adults to collect feedback on NCEZID materials that address topics around anthrax preparedness. Materials were developed in conjunction with experts from NCEZID's Division of High Consequence Pathogens and Pathology, as well as other relevant CDC programs. CDC staff will observe discussions. The primary audience for the IDIs is adults age 65+, parents of children 0–17 years oldⁱ, and ESL adults (at least two of which will be parents of children 0–17 years old). Participants will come from four U.S. Census regions (Northeast, South, Midwest, West) to capture insights from consumers across the United States. This inquiry will be undertaken with three main steps, detailed below:

1. IDI recruitment
2. IDI implementation
3. IDI analysis and reporting

Step 1. In-depth interview recruitment

ⁱ Parents may include mothers or fathers who are responsible for children's medical visits and decision-making.

The contractor will recruit a total of 16 participants in three categories (adults age 65+, parents of children 0–17 years old, and ESL adults) to participate in a total of 16 IDIs via teleconference. Potential participants will be screened to exclude people who have recently and/or frequently participated in IDIs, federal employees, health professionals, and communications and marketing professionals, as these types of participants may bias the interview.

Step 2. IDI Implementation

The contractor will conduct the IDIs using the online platform GoToMeeting and a dedicated conference line. CDC will log in to the interviews to listen to the participants. Experienced contractor interviewers will facilitate IDIs, following the interview guide. Technical support will also be available. The contractor will audio record all IDI sessions and have the recordings transcribed to facilitate analysis and reporting. Upon completion of the project, all recordings will be destroyed. To protect personally identifiable information of consumer participants, we will not include the names of individuals or any other identifying information (e.g., places of employment, children’s names) in any transcripts or reports. Further, to ensure security, the contractor will provide CDC with password-protected files of the transcripts.

Step 3. IDI reporting

The contractor will prepare a summary report that presents analyses of the interviews, in addition to conclusions and recommendations for message and material revisions. This report will capture highlights of the interviews and will be organized in order of the topics covered in the interview guide. The report may also include verbatim quotes from participants to illustrate themes and topics.

Evaluation Population

A total of 16 IDIs will be held, four with adults age 65+, eight with parents of children ages 0–17, and four with adult ESL adults, as shown in the table below.

Table 1. IDI participant criteria

Audience	Region in U.S.				Exclusion criteria	Further screening for diversity of perspectives within IDIs
	Northeast	South	Midwest	West		
Adults age 65+	1 IDI	1 IDI	1 IDI	1 IDI	People who have recently and/or frequently participated in IDIs, federal employees, health professionals, communications and marketing professionals, non-English speakers, and, for parent segments, parents who are not the primary decision makers for child's health.	Health literacy
Parents of children ages 0–17	2 IDIs	2 IDIs	2 IDIs	2 IDIs		
ESL adults (2 of 4 also parents of children ages 0-17)	1 IDI	1 IDI	1 IDI	1 IDI		

Data Collection

The data will be de-identified by the contractor after the IDIs are complete. Once each IDI has been fully transcribed, and audio recordings listened to as needed, the contractor’s project leader will be responsible for ensuring that any identifying information is destroyed. This includes information collected during recruitment, including a participant’s name, address, telephone number, email address, home address, and date of birth. This information will not be provided to CDC at any time.

CDC will maintain all transcripts and project reports for at least three years after the contract concludes.

Ethics and Evaluation Integrity

Description of Risks: There are no physical, social, or psychological risks anticipated due to participation in this project. Interviews will be private and confidential. The possibility exists that respondents may find certain questions objectionable. However, topics covered in the IDIs should not be considered sensitive. Questions regarding attitudes about anthrax and emergency response would not be considered sensitive. Participants will be told that they may choose to skip any question they wish (aside from eligibility questions), for any reason. They will also be told that they may terminate participation at any time. If a subject asks to be withdrawn, the subject’s name and the evaluation data will be destroyed.

Anticipated Benefits: There will be no direct benefit to individual participants. The benefits to the public are that CDC will gain a better understanding of what people know about and how they feel about anthrax and emergency response during an anthrax bioterror threat. CDC will also gain insights into what messages and materials will most effectively inform audiences and encourage them to act appropriately during an anthrax bioterror emergency.

Financial Remuneration: IDI participants will receive a token of appreciation in the amount of \$50.

Consent: Participants will be read an explanation of the project's purpose and format, including that the discussion will be recorded. Participation in the assessment is voluntary. Participants will be informed they are free to skip questions they do not wish to answer, respond "I don't know", or end participation at any time for any reason. Once they have received this orientation, they will be asked for a verbal consent to participate and to have the IDI recorded. IDIs will be conducted only with those who agree to participate.

Vulnerable populations: There is no specific plan to target special populations, such as pregnant women or refugees; however, there are no exclusion criteria for these populations. Participants must be 18 years of age or older, so children will not be included.

Dissemination of results: The primary use of the report is to help CDC communication professionals prepare to communicate about emergency response in the case of an anthrax event. All findings will be kept internal to CDC and not distributed publicly.

In some cases, direct quotes from interviews may be used to illustrate a point of view. (This is commonly done in qualitative data analysis and reporting.) In these cases, the contractors and the CDC team will be jointly responsible for assuring (unanimously), that nothing revealed in a direct quotation identifies the participant, either partially or wholly.

Attachments

- Attachment 1: Eligibility/screening questions and informed consent for in-depth interview participants
- Attachment 2: In-depth interview guide for adults 65+
- Attachment 3: In-depth interview guide for parents of children 0–17 years
- Attachment 4: In-depth interview guide for ESL adults
- Attachment 5: Anthrax Antibiotics and Children Fact Sheet
- Attachment 6: Anthrax Get Vaccinated Fact Sheet
- Attachment 7: Anthrax Pregnancy Fact Sheet
- Attachment 8: Anthrax General Fact Sheet
- Attachment 9: Anthrax POD Fact Sheet