Request for Collection under the Generic ICR:
Health Message Testing System (HMTS)
OMB #0920-0572 Expires 08/31/2021

Health Communications Testing for Latent Tuberculosis Infections Campaign—Centers for Disease Control and Prevention, Division of Tuberculosis Elimination

Supporting Statement <u>Part B</u>

May 11, 2020

Section B: Collections of Information Employing Statistical Methods

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This data collection activity does not involve statistical methods; however, our data collection procedures are provided below.

B1.   Respondent Universe and Sampling Methods

Respondent Universe

This project will engage both consumers at risk for tuberculosis and healthcare providers who serve these at-risk consumers, as follows:

1. People living in the United States who were born in:
    o Mexico
    o Guatemala
    o China
    o Vietnam
    o Philippines
    o India

2. Primary care providers:
    o Primary care physicians who serve at-risk patients from populations listed above
    o Nurses, nurse practitioners, and physician assistants who serve at-risk patients from populations listed above

We will employ virtual focus groups for consumers and providers (nurses, Nurse Practitioners, and Physicians Assistants) and one-on-one virtual interviews for physicians.

Data will be collected by outside organizations under contract with CDC. Work under this contract will be implemented by the Weber Shandwick team.

For both consumer and provider populations, Weber Shandwick will work with professional recruitment vendors to recruit participants using Recruitment Screening Questionnaires (**Attachments 1a-b**). The professional recruitment vendors build and manage panels (databases) consisting of thousands of potential focus group and interview participants that have agreed to be reached for upcoming projects of potential interest. This universe of potential participants is regularly refreshed as individuals are added or removed from the database. The project team will employ qualitative methodologies, with respondents drawn for screening from these geographically-based panels.

For consumers, we will recruit those based on the following characteristics: born in respective country of origin; residing in the U.S. for less than 10 years versus residing in the U.S. for more than 10 years; prefer to speak native language at home for Chinese, Vietnamese, Mexican and Guatemalan participants; speak English fluently for Indian and Filipino participants; consume in-language media; mix of insurance type; mix of setting where they typically receive routine medical care; balanced gender; mix of education level based on specific ethnic group demographics in the U.S.; and mix of income based on specific ethnic group demographics in the U.S. For age, half of the individuals will be age 20-39 and the other half will be age 40-64.

Consumer Sample Size

The target sample size is a maximum of 84 participants, as follows:
- 14 total individuals who were born in Mexico;
    - 7 individuals age 20-39
    - 7 individuals age 40-64
- 14 total individuals who were born in the Philippines;
    - 7 individuals age 20-39
    - 7 individuals age 40-64
- 14 total individuals who were born in India;
    - 7 individuals age 20-39
    - 7 individuals age 40-64
- 14 total individuals who were born in Guatemala;
    - 7 individuals age 20-39
    - 7 individuals age 40-64
- 14 total individuals who were born in China; and
    - 7 individuals age 20-39
    - 7 individuals age 40-64
- 14 total individuals who were born in Vietnam.
    - 7 individuals age 20-39
    - 7 individuals age 40-64

Audience	Greater Los Angeles, CA	Houston, TX	New York City
Filipinos	1 group (age 40-64)		1 group (age 20-39)
Indian		1 group (age 40-64)	1 group (age 20-39)
Vietnamese	1 group (age 40-64)	1 group (age 20-39)	
Chinese	1 group (age 20-39)		1 group (age 40-64)
Mexican	1 group (age 40-64)	1 group (age 20-39)	
Guatemalan	1 group (age 20-39)	1 group (age 40-64)	
Total by Location	**5 groups**	**4 groups**	**3 groups**
Total Groups	**12 groups: 2 groups each of 6 priority audiences**		

For healthcare providers, we will recruit those with the following characteristics: board certified; work at a private community-based health center or Federally Qualified Health Center (FQHC); currently serve at least 20 patients a week from the at-risk consumer groups; offer in-language services at their clinic or practice; mix of nurse practitioners and physician assistants who have prescribing authority; mix of nurse, nurse practitioners, and physician assistants who are ethnically Filipino, Chinese, Vietnamese and/or Asian Indian; and a mix of ages.

Healthcare Provider Sample Size

The target sample size is a maximum of 40 participants, as follows:
- o 28 nurses, nurse practitioners, physician assistants; and
  - 14 individuals who have prescribing authority in their state
  - 14 individuals who do not have prescribing authority in their state
- o 12 primary care physicians

Audience	Greater Los Angeles, CA	Houston, TX	New York/New Jersey
Physicians (MD or DO) serving at-risk communities	4 interviews	4 interviews	4 interviews
Nurses, nurse practitioners and physician assistants serving at-risk	2 groups (1 prescriber only group: PAs; and 1 non-prescriber	1 group (non-prescriber: nurses and	1 group (prescriber only: PAs and NPs)

communities (will recruit at least 1 of each Pan-Asian ethnic group)	group: nurses and NPs)	NPs)	
Total HCP interviews and groups	40 HCPs total: 12 IDIs and 4 focus groups		

Sampling Method

 The sampling method is a non-random sampling that draws from an initial convenience sample of those in market research databases, and then purposively samples within that list to achieve diversity on key characteristics. Participants will be drawn and screened by a professional recruitment vendor from pre-recruited lists of individuals who have agreed to be contacted and screened for participation in potential research (**Attachments 1a-b**).

Sampling Plan

Based on the objectives of, and the characteristics of the target populations for, this project, a non-probability sample will be used. Individuals will be screened to meet established eligibility criteria prior to participation.

B2. Procedures for the Collection of Information

For the project:
- Individuals meeting the eligibility criteria will be eligible to participate in this project (**Attachments 1a-b**).
- Individuals who are eligible and who agree to participate will review a Consent Form and sign it prior to participation in an interview or focus group discussion (**Attachments 2a-c**).
- Interested and eligible participants will then participate in a focus group discussion or interview (**Attachments 3a-c**).

Data Management
- No PII will be collected for this project. Although personal information (e.g., gender, age, and race) will be gathered as part of recruitment, no personal identifiers (PII) (e.g., full name, address, or phone number, social security number) will be collected. Data collection activities will be conducted using already-established records systems.
- No PII will be delivered to CDC or used in future research or analysis.

- Focus group data will be organized in databases stored on secure local servers at Weber Shandwick and will be backed-up regularly.
- Electronic equipment and files will be kept password-protected.
- Electronic devices will be kept locked when not in use.
- Individual records will be kept secure, accessible only to the project team.

B3. Methods to Maximize Response Rates and Deal with No Response

Project participation is voluntary.

A token of appreciation of $75 will be offered to participants who complete a focus group discussion or interview to maximize cooperation and achieve the desired participation rates. Additionally, if participants arrive virtually for the focus group, but are excused due to including only seven participants, they will also be given the incentive.

B4. Test of Procedures or Methods to be Undertaken

The purpose of assessing the data collection instruments (recruitment screener, moderator and interviewer guide) prior to data collection activities is to ensure that we are recruiting the correct individuals and that the questions asked in the guides are clear and appropriate, thus allowing CDC and the project team to secure the information needed to assess the messages and develop a communications plan for the target audiences.

To this end, we solicited review from subject matter experts to ensure that all data collection instruments are culturally and linguistically appropriate for our various audience segments. The subject matter experts include Weber Shandwick, KRC Research, GC Global, Brunet Garcia and IW Group, Inc.

Additionally, the data collection instruments that required translation (**Attachments 1a, 2a, 3a, 4a, 4b**) were translated by reputable experts and then back-translated to English. The subject matter experts then reviewed both the original English and back-translated English instruments to determine if discrepancies existed between the original English versions and the back-translated English versions. If discrepancies did exist, they were discussed with the subject matter experts and translators and then reconciled.

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

The Weber Shandwick team (contractor) will engage in the collection and analysis of data. No CDC project staff will engage in the collection and analysis of data.

Since the consumer focus groups enroll individuals not born in the United States and will be conducted in-language for the Chinese, Vietnamese, Mexican and Guatemalan groups, the moderators of these groups will not only speak English and the specific native language fluently, but will also share the same culture with these individuals. We will employ the following professional and experienced moderators to facilitate the focus group discussions and interviews and thus collect information during the discussions (through the use of Moderator's and Interviewer's Guides, <mark>Attachments 3a-c</mark>):

- Filipino focus groups: Rafael Puno
- Asian Indian focus groups: Maitreyee Angelo
- Vietnamese focus groups: Mai Tran
- Chinese focus groups and all provider focus groups and interviews: Grace Chiu
- Mexican focus groups: Isabel Balboa
- Guatemalan focus groups: Isabel Balboa

Researchers, Mark Richards, PhD. and Lindsay Gutekunst, M.A., will serve as research subject matter experts and note-takers during the focus groups (1 note-taker per focus group). A verbatim quote sort will be prepared from transcripts. They will analyze the data using inductive coding. All data will be analyzed for patterns, themes, and concepts for analysis and reporting.