**Attachment B. Incentives**

Focus group participants will be given a $50 honorarium/token of appreciation of their participation. Incentives serve as an acknowledgment that the information a respondent provides and the time they offer is valuable.1,2

Multiple studies using a variety of data collection methodologies have shown that offering incentives increases participation rates.1-8 Incentives are offered to increase the likelihood of participation and to thank a respondent for their time and input to the study. While the incentive amount may vary by the type of focus group participants, the length and burden of the focus group, and other factors, the impact of an incentive on the participation rate does not vary by data collection type.2

In the contractor’s experience conducting multiple formative research and materials testing projects, a monetary gift of $50‑$75 is adequate for 90 minutes—this includes 75 minutes for the in-person focus group discussion and arrival 15 minutes before the focus group begins to allow participants to settle in and to review and sign the consent form.

Two of the target audiences are likely to be immunocompromised—cancer patients and their caregivers and patients who survived sepsis and their caregivers—and will participate in an online focus group discussion. We are still asking them to arrive 15 minutes before the focus group begins to allow participants enough time to sign into the conferencing platform, troubleshoot any issues, and review and sign the consent form if they have not done so.

The proposed dollar amounts are based on those offered to similar consumer target audiences in previous rounds of research related to this educational effort (2016-2017). Even at these levels, research recruitment proved to be difficult within the time frame available for this work, resulting in lower than desired participation numbers. In response to offering this incentive level, respondents are much more likely to honor their commitment of participating in the focus groups. Lower incentive amounts could lead to inadequate participation, delayed results, and/or higher recruiting costs and burden to the public due to the need for additional screening.5

1. Bonevski, B.; Randell, M.; Paul, C.; Chapman, K.; Twyman, L.; Bryant, J.; Brozek, I.; Hughes, C. Reaching the hard-to-reach: A systematic review of strategies for improving health and medical research with socially disadvantaged groups. *BMC Med. Res. Methodol 14*(42).
2. Salant, P. and Dillman, D.A. (1994). *How to Conduct Your Own Survey*. New York, NY: John Wiley & Sons, Inc.
3. Church, A.H. (1993). “Estimating the effect of Incentives on Mail Survey Response Rates: A Meta Analysis.” *Public Opinion Quarterly 57*: 62-79.
4. Groves, R. and Couper, M. (1998). *Nonreponse in Household Interview Surveys*. New York, NY: John Wiley & Sons, Inc.
5. Krueger, R. and Casey, M. (2009) *Focus Groups: A Practical Guide for Applied Research*. Sage Publications: Thousand Oaks, CA.
6. Robinson, K.A., Dennison, C.R., Wayman, D.M., Pronovost, P.J., and Needham, D.M. (2007). Systematic review identifies number of strategies important for retaining study participants. *J Clin Epidemiol; 60*(8): 757-765.
7. Singer, E., N. Gelber, J. Van Hoewyk, and J. Brown (1997). *Does $10 Equal $10? The Effect of Framing on the Impact of Incentives*. Paper presented at the American Association for Public Opinion; Norfolk, VA.
8. Singer, E., Van Hoewyk, J., and Maher, M.P. (2000). Experiments with Incentives in Telephone Surveys. *Public Opinion Quarterly 64*(3):171-188.
9. Stewart, D.W. and Shamdasani, P.N. (2014). *Focus Groups: Theory and Practice, 3rd edition*. Sage Publications: Thousand Oaks, CA