

Attachment B: Incentive Justification for the *Be Antibiotics Aware* HCP Campaign

Participants who complete either the pre- or post-test HCP surveys will be given an honorarium/token of appreciation for their participation in the approximately 20 minute online survey. Incentives serve as an acknowledgment that the information a respondent provides and the time they offer is valuable.^{1,2} The incentives will also help to off-set any costs associated with participation, such as childcare and/or time away from work. Incentive amounts will be offered as followed:

- Urgent Care physicians, nurse practitioners (NPs), and physician assistants (PAs) = \$45
- Nurse practitioners and physician assistants, outpatient settings = \$30
- Primary care physicians (PCPs), outpatient settings = \$35

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 interviewees, the length and burden of the interview, 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 educational effort assessments utilizing online surveys, healthcare professionals are frequently inundated by numerous entities requesting interviews, surveys, or other research participation. As a result, healthcare professionals often decline to participate, even though they do not have to physically travel to a site. Because the work being proposed needs to be completed in a short timeframe, and the proposed study audiences are restricted to specific types of healthcare professionals within one metro area (Memphis, TN), offering a token of appreciation to participants can help ensure that the work is completed within the time allotted.

CDC has previously contracted with ICF to conduct a similar assessment of the *Get Ahead of Sepsis* educational effort (2018) and found that a monetary gift of approximately \$30 for similar HCP audiences is adequate for a 20-minute, online survey, especially given HCPs' training and education, specialization, and role and responsibilities related to sepsis recognition and treatment. Even at these levels, research recruitment proved to be difficult within the time frame available for this work, especially for identifying individuals within the specified target audiences who had been exposed to the educational effort. In response to offering this incentive level, HCPs are more likely to complete the online surveys, especially the post-test survey. 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

In addition to ICF's previous experience conducting a similar assessment of the *Get Ahead of Sepsis*, we have also consulted with an online survey panel vendor who specializes in recruiting HCPs for this type of assessment and who is familiar with these HCP populations within the Memphis area. Because the maximum available audience sizes are limited by the geographic specifications of this assessment, it will be necessary to recruit a larger percentage of the overall population for the smaller target audiences. Therefore, based on the vendor's expertise and a brief review of the population size for each of the specified target audiences, the vendor recommended a tiered incentive structure, with higher incentives offered for target audiences with a smaller population in the target market and lower incentives offered for larger target audiences. They believe that the incentives noted above will be adequate to recruit the maximum response from each target audience up to a maximum of 30 responses per target audience.

References

Be Antibiotics Aware (BAA) Pilot Assessment Incentive Justification – HCP Audiences

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