Focus Group Testing to Effectively Plan and Tailor Cancer Prevention and Control Communication Campaigns

Generic Information Collection
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Supporting Statement Part B

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B. DATA COLLECTION & STATISTICAL METHODS

Data collection will consist of focus groups or in-depth interviews with varying modes (in-person, by telephone, or on-line). Focus groups include a small group of people typically directed by a moderator who guides the discussion on selected topics of interest 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 as found in quantitative data collection techniques. In-depth interviews follow the same tenets as focus groups but are one-on-one to provide an opportunity for a deeper understanding of a topic of interest.

Statistical methods will not be employed to analyze focus group data (Carey, 1995; Morgan, 1995; National Cancer Institute, 2002; Webb & Kevern, 2001). Typically, not every participant in a group comments on every issue discussed (Carey, 1995), and the course of discussion will vary across groups, with some topics emerging in one group and not in another (Carey, 1995; Morgan, 1995). Qualifiers such as "many," "several," and "few" will be used to describe the number of participants who expressed a particular view.

B1. Respondent Universe

Study participants will include members of the general public who are non-incarcerated, non-institutionalized adults. Additional inclusion and exclusion criteria will vary depending on the target campaign. Questions similar to those **Attachment C1** will allow us to identify respondents with the relevant characteristics.

The design of each communication campaign focus group or in-depth interviews will allow for the exploration potential contrasts between respondent groups or audience segments. The contrast of interest will vary. A few examples include race, ethnicity, language, geographic region, knowledge, attitudes, and beliefs.

The capacity to tailor information collections to specific time-limited circumstances and maintain the ability to move rapidly among phases of the Health Communication Process (National Cancer Institute, 2002) are major advantages of the generic clearance format. In some cases, preliminary cancer control messages may already exist, and DCPC would begin focus group testing at a point corresponding to a later stage of the Health Communication Process. The proposed generic clearance will provide DCPC with the flexibility to conduct tailored information collection involving multiple campaigns on an as-needed basis.

B2. Procedures for Information Collection

In order to elicit responses to effectively plan and/or tailor existing DCPC communication campaigns, the following steps will occur:

1. Participants will be identified and recruited from a variety of geographic regions using commercial focus group companies and other sources. Eligibility criteria will be established for all focus group or in-depth interview participants, and potential participants will be screened using a telephone or self-administered screening form (**Appendix C1**). If selected, consent forms will be signed by all participants (**Appendix C2**).

2. A professionally trained moderator will conduct the focus group or in-depth interview. A discussion guide will be developed (**Appendix C3**) and used throughout the duration of the session. The verbal discussion that ensues will be partly directed by the moderator and partly by the comments of other participants.

3. In stage 1 of the Health Communication Process, individual knowledge, attitudes, behaviors, message preferences, and media preferences will be explored. All stage 1 focus groups will be video- and/or audio-recorded, and a verbatim transcript will be compiled. Investigators will draft a codebook that captures themes related to the discussion topics. The codebook will include definitions, examples, inclusion criteria, and exclusion criteria for each code. To refine the codebook, several members of the study team will independently code the same transcript, compare their application of codes, and reconcile coding discrepancies. During this test, the codebook will be revised and expanded. Using the final codebook, at least two analysts will code the remaining transcripts, and intercoder reliability will be assessed.

4. In stage 2 of the Health Communication Process, participants' reactions to prototype materials will be video-and/or audio-taped for note-taking purposes. All tapes will be kept in a locked cabinet and will be erased at the conclusion of 24 months following the focus group or in-depth interview. Materials tested in stage 2 will be revised immediately, based on participants' feedback, and the newly revised materials will be tested. To produce the immediate analysis required to support this process, three or more investigators will monitor each focus group or interview and take extensive notes. The study team will hold a debriefing meeting to discuss results and establish consensus among the observers.

B3. Methods to Maximize Response Rates

Participants will be recruited from sources which offer an abundant supply of the target audience like the database of the commercial research facilities where the groups are held.

For focus groups, as many as 25% more participants are invited to each group than are needed to minimize the possibility of a cancellation. If too many participants report, excess participants will receive the honorarium 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:

1. planning and strategy development
2. developing and pretesting concepts, messages, and materials
3. implementing the program, and
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 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., 2005; Cooper et al., 2011). The use of focus group methodology to inform the development and refinement of communication campaigns has been well documented (Bull, et al., 2002; Edmunds, 1999; Jorgensen, et al., 2001; Krueger, 1994; Krueger & Casey, 2000; Wong, et al, 2004; Cooper et al., 2011).

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

The proposed protocol and reference set of example questions were developed and reviewed by the following DCPC staff.

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