OWH PPD CLIN 4 Campaign Quantitative Video and Materials Testing

To test video executions and draft messages tailored to each audience segment, LTG's subcontractor, NORC, will program and administer a quantitative online survey hosted by NORC with links to draft videos and materials developed and hosted by RSE. NORC has received approval through the NORC IRB in conjunction with the submission for the CLIN 3 qualitative focus groups, but the IRB will review the instrumentation for the continuation of the designation.

A purposive sample recruitment strategy will be implemented using the Lucid respondent panel. Respondents will receive screening questions and informed consent upon entry into the survey. Once qualified as eligible, respondents will receive a short series of questions from the *New Mom's Health and Wellness Survey* to assign them into audience segments. Once assigned to a group, respondents will be randomized to receive a draft video developed for the campaign or an existing video available online. They will also receive targeted materials to check for any concerns in the creative executions/messaging including potential negative reactions (red-flag testing).

Recruitment: Respondents will be recruited through the Lucid non-probability online panel. Lucid will identify potential respondents in their database and will send an invitation to their panel participants with a link to the online survey hosted by NORC. NORC will manage the recruitment process through Lucid. Initial respondent qualification will be based on age (18-44) and birth of new baby in the past year using approved language from the *New Mom's Health and Wellness Survey*. Other characteristics will be collected to make requests to Lucid in order to increase the balance of geographic residence, demographics and risk factors for PPD. Demographic items collected will include race-ethnicity, education level, marital status, employment status and income. Consent will be collected after initial qualification and before entering the first set of questions to assign women to one of five audience segments. We anticipate 2-3 waves/pauses to review of the data to ensure assignment across the audience segments and to balance the sample by geography, demographics, and risk factors.

Audience Segment Assignment: Once eligibility is determined, we will use responses from the *New Mom's Health and Wellness Survey* segmentation to match the sample characteristics as much as possible to the audience segments. The items used to assign women to audience segments are based on the higher statistical variance and conceptual importance in their contribution to understanding unique views and behaviors. The conceptual areas that the items cover are as follows:

- Interaction with a health care provider (HCP) to report depression (including PPD)
- Use of counseling/therapy for support
- Report of depression symptoms
- Stigma toward mental illness and postpartum depression
- Exposure to stressful life events
- Sources of social/community support with parenting
- Ability to cope during stressful situations
- Bonding and attachment behaviors
- Breastfeeding behaviors
- Personal sources for parenting advice
- Media sources for parenting advice
- Help-seeking behaviors and tendencies
- Typical media use

Video and Materials Testing: Following assignment to an audience segment, women will receive a random assignment to either one of two video exposures. They will either be assigned to the newly developed video for the campaign tailored to their audience segment by RSE or an existing video available online on the same issue of PPD ("The Road to Babyville" video). Depending on the randomized

assignment, they will be routed to the appropriate link to view the video. Following exposure to the video, they will receive a series of questions designed to assess the persuasiveness of the video, to capture respondents positive/negative reactions, emotional reactions, receptivity to the messages and to determine their likelihood to perform the call to action to report PPD symptoms to their HCP. Following exposure to the video and survey items about the video, red-flag testing of any additional materials tailored to each audience segment will be conducted to assess positive/negative reactions and persuasiveness of the materials.

NORC will be responsible for quality control testing of the online instrument. Women from each segment will be randomly assigned to a test group or a control group. The desired sample for each of the two randomized groups will be 100 women for the five audience segments (200 per audience), reaching a total of 1,000 or more for the sample.

Logistics: NORC will manage the development of the survey instrument, programming/testing of the online survey recruitment, screening, and quotas for the survey. Monitoring reports will be provided through the fielding process to ensure coverage of sample specifications including audience segments and respondents with key risk factors.

Videos and Materials for Testing:

- Women randomly assigned to the new video exposure will view a draft video tailored to each audience segment, hosted by RSE. (100 per group)
- Women randomly assigned to the existing online video will view "The Road to Babyville" video (100 per group)
- Up to three final executions of materials for distribution will be presented to all women in each of the audience groups/segments tailored to their audience group/segment. (200 per audience segment)

Analysis and Reporting: Analysis will be conducted to compare the persuasiveness of the new video to influence women to report any PPD symptoms to their HCP. Responses will be compared among the women exposed to the new draft videos with those of the existing video, overall and by audience segment. Frequency data will be tabled for the materials testing items by audience segment to identify any potential red flags that will require adjustment to final materials before they are released for dissemination. A presentation of the findings and any recommendations for final revisions of the creative executions will be provided 4 weeks after the fielding has ended and a final report will be provided 4 weeks after the presentation.