GenIC Clearance for CDC/ATSDR
Formative Research and Tool Development

Focus Groups and In-Depth Interviews with Travelers and Travel Medicine Specialists

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Supporting Statement B

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The data collection will not involve any statistical methods and no statistical generalizations will be made beyond the particular respondents.

1. Respondent Universe and Sampling Methods

All respondents must be aged 18+ and comfortable participating in English-language discussions in order to participate. The specific inclusion criteria for each audience are outlined below.

Frequent International Travelers

- Currently live more than 50% of the year in the United States
- Have relatives (spouse, children, parents, siblings, grandparents, cousins, aunts or uncles) or friends living in target region
- Traveled to target region to visit friends or relatives 3+ times in the last 5 years
- Have spent at least two weeks in target region when visiting friends or relatives in the last 5 years
- Plan to travel to target region to visit friends or relatives again in the future

The following countries will qualify for target regions of travel:

- Asia: Afghanistan, Bangladesh, Bhutan, India, the Maldives, Nepal, Pakistan, and Sri Lanka
- Mexico and Central America: Mexico, Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, and Panama

Travel Medicine Specialists

- Be licensed Medical Doctors, Doctors of Osteopathic Medicine (maximum 2), Nurse Practitioners, or Physicians Assistants
- Have direct patient care as a primary responsibility
- Dedicate 20+ hours per week to direct patient care (of which 50% or more is adult care)
- Have travel medicine as a dedicated specialty
- Be a member of or credentialed by a professional travel medicine organization. This would include the International Society of Travel Medicine (ISTM) and the American Society of Tropical Medicine & Hygiene (ASTMH).
- See 10 or more patients seeking travel health-related care or consultation per week

Potential participants are drawn from a national panel of individuals who have opted in to participate in focus groups or interviews on various topics. The contractor KRC Research will direct a subcontracted panel provider to distribute an invitation to screen for the focus groups and

interviews to members of its panel, starting with those individuals whose panel profiles suggest they are most likely to qualify (e.g., healthcare professionals who have already said they have a travel medicine specialty). When an individual receives the invitation to screen, they will either complete a screening questionnaire online (Attachments 1, 4, 7) or via the phone in a call with a panel provider staff member. Individuals must pass the screening questionnaire without being disqualified based on their answers or due to quotas reached on certain characteristics.

A total of 56 participants will be purposively selected for this project (48 international travelers, 8 travel medicine specialists). Within the parameters of each subpopulation, participants will be selected to maximize variability across age, gender identity, geographic region, and type of region (urban, suburban, small town/rural) to ensure a diversity of experiences.

Selected participants will be invited to confirm their interest and availability in participating. Once confirmed, a confirmation message will be sent to the participants with logistical information, as well as the date and time of the focus group or interview. A day or two prior to the scheduled discussion, participants will receive a reminder email. To incentivize participation, participants will be offered a $75 incentive for their time, in line with market research recruitment standards for this audience. If, at the time of invitation, the participant declines to participate, a replacement participant will be selected from the pool of eligible participants.

A contracting company will conduct all recruitment and screening activities.

2. Procedures for the Collection of Information

After completing screening, eight interviews that will last no more than 60 minutes and six focus groups will last no more than 90 minutes will be conducted. Prior to the discussions, participants will be required to sign and date a consent form that outlines the details about the focus group or interview, such as confidentiality and incentive (Attachments 2, 5, 8). They will be sent the form electronically and required to sign it electronically. Project records will be maintained in accordance with the federal record retention requirements. Additionally, at the start of each discussion, respondents are given a brief verbal reminder of the consent form details.

Trained moderators from the contracted firm KRC Research will conduct all focus groups and interviews as well as oversee recruitment and screening (described in Section 1). The moderator will use a semi-structured guide for all focus groups and interviews (Attachments 3, 6, 9). The questions in the guides explore the knowledge, attitudes, and beliefs of each audience about a travel health topic, their experiences with travel health, and the information sources they use and need. The guides for travel medicine specialists will also assess reactions to CDC materials and messages developed for that audience.

With the consent of each participant, discussions will be audio and video recorded to capture the content of the focus group or interview. Recordings will be transcribed into transcripts which will be used for analytic purposes in the development of a report. Field notes will be taken during the discussions to capture key quotes or expressions. No recordings or transcripts with personally identifiable information will be shared outside of the KRC Research team conducting and analyzing the focus groups and interviews.

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

By design, all potential participants in these focus groups and interviews will be drawn from a panel of individuals who have opted in to participate in studies like this one. The use of panel sampling helps to maximize the efficiency of recruiting, since all possible participants are familiar with the recruiting contractor, and many will have been contacted before. Additionally, to maximize response, the screening questionnaire (Attachments 1, 4, 7) is intentionally designed to collect only the minimum amount of information needed to determine the qualifications of participants, and quotas for several demographic variables are "loose," meaning that there is no exact number of individuals who must be recruited with certain criteria. (For example, recruiting "a minimum of 2" individuals with less than a four-year college degree, rather than "exactly 2." This reduces the number of individuals who will be screened.

It is sometimes the case that participants do not sign in on time for their focus group or interview, either for unexpected personal reasons, forgetfulness, or other reasons. To minimize the instances of this occurring, respondents are given several days' advance notice of the focus group or interview and are sent reminder emails the day before and day of the scheduled discussion. Should they still not appear, the moderating team at KRC Research has protocols in place so that the recruiting team can quickly email or call the participant to confirm availability, or to reschedule as needed. If the respondent is entirely unresponsive, they may be replaced after the day of the planned discussion.

At the beginning of each discussion, participants will be reminded that their participation is voluntary, they do not need to answer any question that they are no comfortable answering, and they may leave the focus group or interview at any time if desired.

4. Test of Procedures or Methods to be Undertaken

No pre-tests are planned for this project.

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

The following individuals are working under contract with NCEZID and have been consulted throughout the development and design of this data collection. These individuals will lead the data collection once the package is approved.

Mike Ruddell Vice President, KRC Research	**Lindsay Gutekunst** Senior Vice President, KRC Research