

November 26, 2024

**GenIC Clearance for CDC/ATSDR**

**Formative Research and Tool Development**

**Communication Evaluation:  
Assessing Foodborne, Waterborne and Mycotic  
Disease Prevention Messages**

**Supporting Statement B**

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## **Table of Contents**

|    |                                                                                                      |   |
|----|------------------------------------------------------------------------------------------------------|---|
| 1. | <u>Respondent Universe and Sampling Methods</u>                                                      | 3 |
| 2. | <u>Procedures for the Collection of Information</u>                                                  | 4 |
| 3. | <u>Methods to Maximize Response Rates and Deal with No Response</u>                                  | 5 |
| 4. | <u>Tests of Procedures or Methods to be Undertaken</u>                                               | 5 |
| 5. | <u>Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data</u> | 6 |

## **LIST OF ATTACHMENTS**

1. Eligibility Screener
2. Recruitment Materials
3. Eligible Participant Screener
4. Privacy Agreement
5. Respondent Consent Form for Focus Groups
6. Standard Invitation for FGs
7. Participant Confirmation Email
8. Focus Group Moderator Guide
9. Eligibility Survey for Rapid Survey
10. Screenshot of Eligibility Screener for Survey
11. Rapid Survey
12. Respondent Consent Form for Survey
13. Recruitment Materials for Survey
14. Screenshot of Rapid Survey
15. Messages to be Tested

## Supporting Statement B

The collection of data for this project does not involve statistical methods, and the purpose of the collection is not to make statistical generalizations beyond the respondents included in the study. The objectives of the project are to:

- Identify appropriate and effective messages for the public to increase awareness on preventing foodborne, waterborne, and environmental illness and following proper safety practices.
- Gather data on the preferred tone, format, and placement of those messages on CDC's communication channels.

### 1. Respondent Universe and Sampling Methods

The project team will enlist a national recruitment agency to recruit and manage participant screening. They will recruit from a national proprietary database of individuals. The primary audience for the focus groups and online survey is U.S. adults aged 18 and older. We have set targets for the sample by key audiences, based on CDC data on risk for foodborne, waterborne, and environmental illness<sup>1</sup> and previous research on disparities in foodborne, waterborne, and environmental illness<sup>2</sup>. Key audiences will consist of general consumer audiences, people at high risk for severe foodborne, waterborne, and environmental illness, caregivers of people at high risk for foodborne, waterborne, and environmental illness, and people interested in health and wellness. The project team will aim to recruit a sample of diverse participants by various demographic and risk characteristics segmented as shown in Table 1 and 2, respectively. For each audience segment, one demographic characteristic will be held constant (e.g., all participants identify as 65+ years old) and other demographic characteristics will vary (e.g., some participants identify as female and others do not, some participants identify as racially white and others do not). We will conduct a series of 3 online survey administrations. Each survey will consist of up to 500 participants (n=1500).

Table 1. Focus group demographic makeup by key audience, type, and number.

| Population                                | Number of Focus Groups | Number of Participants |
|-------------------------------------------|------------------------|------------------------|
| Pregnant women (18+) (general population) | 1                      | 6-8                    |
| Older Adults (65+)                        | 1                      | 6-8                    |
| Caregivers of children <5                 | 1                      | 6-8                    |
| Immunocompromised                         | 1                      | 6-8                    |

<sup>1</sup> <https://www.cdc.gov/foodsafety/people-at-risk-food-poisoning.html>

<sup>2</sup> Quinlan, J. J. (2013). Foodborne illness incidence rates and food safety risks for populations of low socioeconomic status and minority race/ethnicity: a review of the literature. *International journal of environmental research and public health*, 10(8), 3634-3652.

|                                                       |          |              |
|-------------------------------------------------------|----------|--------------|
|                                                       |          |              |
| Hispanic individuals                                  | 1        | 6-8          |
| Hispanic pregnant women                               | 1        | 6-8          |
| Individuals who are interested in health and wellness | 2        | 6-8          |
| <b>Total</b>                                          | <b>8</b> | <b>48-64</b> |

Table 2. Demographic characteristics to be captured.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Geographic location</li> <li>• Race and ethnicity</li> <li>• Gender identity</li> <li>• Age</li> <li>• Income</li> <li>• Education level</li> <li>• Household income</li> <li>• Health insurance status</li> <li>• Number in family/household</li> <li>• Occupational status</li> <li>• Pregnancy status</li> <li>• Parental/guardian status of children under the age of 5</li> <li>• Caregiver status of an adult 65+</li> <li>• Immunocompromised status</li> </ul> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## 2. Procedures for the Collection of Information

## Recruitment

For the survey and focus group participants must meet the necessary inclusion criteria and help achieve the project team's recruitment goals across identified demographic characteristics, the team will use screeners (**Attachments 1, 3, 9 & 10**).

For the focus group discussions to identify and recruit participants, we will employ a two part screening process to assess eligibility for participation. The first screener (**Attachment 1**) will ensure if they are eligible to participate in the focus groups. The second screener, Eligible Participant Screener (**Attachment 3**), will allow the recruiters to group the participants into specific focus groups (e.g. older adults). Participants who agree to participate in the focus groups will receive a confirmation with details to prepare, including information on signing their consent form (**Attachment 7**).

Exclusion criteria for participation includes people:

- under 18 years of age;
- who are not comfortable speaking or reading in English;
- who have participated in a focus group in the last 6 months;
- who work in the following industries: market research, graphic design or website design, advertising or public relations, media (TV/radio/newspapers/magazines), healthcare (e.g., doctor, nurse, pharmacist, dietician), a restaurant, federal government, or any company that manages food;
- who work on the topic or field of foodborne, waterborne, or fungal diseases;
- who have cooked or worked professionally in a food preparation role in the past 3 years; and
- who do not have access to the internet with a computer or mobile device.

These comprehensive screeners were developed in collaboration between CDC and the contractor. During the recruitment phase for both projects, the recruitment firm will provide a respondent report, confirmed attendees, and respondents for review. Staff will review these documents to ensure the recruitment mix is being reached. For the focus groups alone, the recruitment firm will complete confirmation calls and provide a recruitment report after each focus group session is completed and each survey administration is completed.

The contractor and recruitment agency will provide ongoing screening and recruitment updates to CDC and work with the project team to select a diverse sample for the groups during the recruitment phase. Samples of the recruitment materials that may be used by the recruitment agency can be found in **Attachment 2, 6 & 13**. These, and similar items, will be used for recruitment.

## Implementation

The project team will conduct 8 virtual focus groups lasting about 60 minutes each. The team has developed a focus group approach designed to gather information about and assess participants' knowledge, attitudes, beliefs, and behaviors and related messages. Specifically, the focus groups will provide responses to targeted questions about interests, behaviors, and opinions as well as the effectiveness, preferred tone, format, and placement of new and existing messages (**Attachment 15**). Experienced moderators will facilitate the focus groups following approved semi-structured facilitator discussion guides (**Attachment 8**). The guides will contain multiple items and probes, which start more generally and get more specific, for individuals to respond to throughout the session. The contractor will conduct the virtual focus groups using a web conferencing platform.

CDC project staff will have access to the live focus group for observation. The focus groups will be audio and video recorded and the recordings will be provided to CDC upon completion of all focus groups along with corresponding transcripts.

To protect the privacy of participants, personally identifiable information (e.g., names, places of employment mentioned) will be redacted from all transcripts and not included in the field notes, final report, or any presentation about the project. Further, to ensure security, the contractor will provide CDC with password-protected files of the transcripts, notes, audio and video recordings, and analysis files.

Further, the project team will conduct 3 online survey administrations. Specifically, the surveys will provide responses to targeted questions about behaviors as well as the effectiveness, preferred tone, format, and placement of new and existing messages (**Attachment 11 & 14**). The data files will be provided to CDC upon completion of each survey administration.

To protect the privacy of participants, personally identifiable information will be redacted from all data files and not included in the final report, or any presentation about the project. Further, to ensure security, the contractor will provide CDC with password-protected files of the survey data and analysis files.

#### Analysis and Reporting

The contractor will use iterative thematic analysis to identify key themes and subthemes captured in the data collected during focus groups. Using ATLAS.ti, the contractor will use both inductive and deductive coding to identify themes and organize the data captured from participants. The contractor will provide CDC with a final report summarizing the results of the focus groups. The report will also include quotes from participants to illustrate themes and topics of interest.

The contractor will use descriptive statistics of the data collected during online surveys. The contractor will provide CDC with a final report summarizing the results of each survey administration.

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

Tokens of appreciation will be used in the focus groups to increase the likelihood of participation and offer a token of appreciation to participants for their time and input to the study. Based on industry standards and national vendor's expertise, and a previously cleared project, the team recommends a participant token of appreciation of \$75.00 per focus group participant. In order to optimize and increase the chance of having at least a minimum of eight participants in each focus group, the contractor will over-recruit by 20 percent. This will account for any last-minute cancellations or no-shows and aim to get eight people per focus group.

A similar communication evaluation project was conducted in the summer of 2023 proposed and was approved for \$75 per person as an incentive for a 60-minute focus group discussion (OMB: 0920-1154, Agency IC Tracking Number: 0920-23DK). This year, the team plans to conduct 60-minute focus groups with the same populations, therefore \$75 per person is appropriate. This amount was chosen due to the health equity component of this work, with the knowledge that lower income individuals may have a harder time attending a focus group without being compensated for their time. In addition, reviewed literature revealed the payment of incentives can

provide significant advantages to the government in terms of direct cost savings and improved data quality. (See References.)

The study also involves 3 rounds of quantitative data collection via a 10-15-minute online survey. Participants of the quantitative data collection will not receive an incentive for participation but will receive “points” offered by our recruitment firm that can be accumulated and exchanged for products or cash.

#### **4. Tests of Procedures or Methods to be Undertaken**

One technical run-through will be conducted with contractor staff prior to the start of the study.

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

No individuals outside of the project team were consulted for statistical aspects of the design. Target numbers for the focus participants and groups were informed by the project scope of work, surveillance data and research, and DFWED priorities. The data being collected are qualitative and descriptive and there will be no statistical aspects of analysis. The individuals collecting and/or analyzing data include:

**Lead Investigator:** Sara Bresee, MPH, Research Lead, Centers for Disease Control and Prevention (CDC), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Division of Foodborne, Waterborne, and Environmental Diseases (DFWED), Office of the Director (OD)

#### **Collaborators**

| <b>Name</b>                                                     | <b>Organizational Unit</b>            |
|-----------------------------------------------------------------|---------------------------------------|
| Nora Kuiper, Project Director                                   | Banyan Communications<br>(contractor) |
| Tola Aina, Project Manager                                      | Banyan Communications<br>(contractor) |
| Sharanya Thummalapally, Lead Research and Evaluation Specialist | Banyan Communications<br>(contractor) |
| Bria Berry, Research and Evaluation Specialist                  | Banyan Communications<br>(contractor) |

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