B. COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS

B1. RESPONDENT UNIVERSE AND SAMPLING METHODS

The target audience for this project is African American women aged 40 to 64 years who are eligible for participation in the NBCCEDP in Macon and Savannah, Georgia. The focus groups will be composed of women from this population. Half of the participants will be women who have received a mammogram in the past 24 months (medically screened), and the other half will be women who meet the eligibility criteria for enrollment but have not had a mammogram in the past 3 years (unscreened). They will be asked to provide information about their opinions and thoughts regarding concepts and messages being tested in the focus groups.

There will be a total of eight focus groups. Four groups will be conducted in Macon, Georgia, and four groups will be conducted in Savannah, Georgia. In each city, the four groups will be conducted with NBCCEDP-eligible African American women who have never been diagnosed with breast cancer, live within a specific set of ZIP Codes, and do not have any family members who have been recruited for this study. The focus groups will be segmented by age (40 to 49 years and 50 to 64 years) and screening status (screened within the past 24 months and not screened within the past 3 years). Segmentation by age allows the study to explore any differences about how younger and older women view breast cancer and potential differences in response to concepts and messages tested. Segmenting by age will also help maintain a greater level of group homogeneity (Patton, 1990). Table B1 shows the focus group segmentation plan for the eight focus groups.

Table B1. Segmentation Plan

City	Screened (Women Screened in the Past 24 Months)		Unscreened (Women Not Screened in the Past 3 Years)	
	40–49 years	50–64 years	40–49 years	50–64 years
Macon	1 group	1 group	1 group	1 group
Savannah	1 group	1 group	1 group	1 group

The unit of analysis for this study is the focus group segment, and the segmentation plan for this focus group study allows the investigators to analyze the data by each unit. The study will contain eight segments of analysis:

1. African American women who have been screened within the past 24 months, aged 40 to 49 years, in Macon, Georgia
2. African American women who have been screened within the past 24 months, aged 40 to 49 years, in Savannah, Georgia

3. African American women who have been screened within the past 24 months, aged 50 to 64 years, in Macon, Georgia
4. African American women who have been screened within the past 24 months, aged 50 to 64 years, in Savannah, Georgia
5. African American women who have not been screened within the past 3 years, aged 40 to 49 years, in Macon, Georgia
6. African American women who have not been screened within the past 3 years, aged 40 to 49 years, in Savannah, Georgia
7. African American women who have not been screened within the past 3 years, aged 50 to 64 years, in Macon, Georgia
8. African American women who have not been screened within the past 3 years, aged 50 to 64 years, in Savannah, Georgia

This is an exploratory focus group study; therefore the unit of analysis is each focus group. The PDIS will be used only as a means of describing the study participants and drawing comparisons between groups or segments. These data will be reported and analyzed only in aggregate form. Data obtained from the PDIS will not be used to make generalizations about any larger population. The number of participants per focus group will be approximately 6 to 10. Therefore, for eight focus groups, the estimated number of participants is between 48 and 80 women.

B2. Procedures for the Collection of Information

The Persuasive Health Message Framework (Witte, 1995), an integrated approach to generating audience-specific messages, was used to guide data collection efforts in phase I and continues to guide data collection efforts in phase II. Phase II of the study involves concept and message testing through focus groups with the target population. The objective of the concept testing is to evaluate the effectiveness of the basic ideas (or concepts) for the radio messages created. This study's goal is to determine whether the ideas or concepts that were developed on the basis of the phase I research findings are clear and understandable to the target audiences; are personally relevant to the target audiences; have sensitive or controversial elements; capture the audience's attention; match the audience's preferences for wording and format; and confirm that selected settings and activities are appropriate.

The specific research question (RQ) and subquestions for concept testing are as follows:

RQ1: What are the audience's general thoughts about the concepts presented?
- Are the concepts understandable to this audience?
- Are the concepts believable to this audience?

The objective of message testing is to explore participants' thoughts about radio messages identified and developed on the basis of the findings from phase I formative research. Moderators will ask participants questions about message comprehension, source credibility, approval of the voices, and message ability to reinforce and/or motivate desired behaviors (e.g., breast cancer screening/mammography). The specific research questions and subquestions for message testing are as follows:

RQ2: What are the audience's general thoughts about the radio ads?
- What is the audience's initial reaction to this radio ad?

- Does the radio ad catch the audience's attention?
- If the audience heard this ad on the radio, would they listen/pay attention to it? Why/why not?

RQ3: Are the radio ads understandable?

RQ3a: Does the audience interpret the ads correctly?

- What does this radio ad say to the audience?
- What does the audience think is the main message it is trying to communicate?
- Is there anything confusing about this ad?

RQ4: Does the audience relate to the radio ads?

RQ4a: Does the audience feel like the ads speak to them, or to someone else (e.g., other types of people)?

- Did the audience relate to what this radio ad is saying? Why/why not?
- Whom does the audience think this radio message is meant for?
- Does the ad speak to the audience? Why/why not?

RQ4b: Does the audience believe what the radio ads are saying?

- Does the audience believe what this radio ad says? Why/why not?
- Does the audience think there is a better way to say what this ad is trying to say? If yes, what is the better way to say what the ad is trying to say?
- What else would the audience want to hear in this ad? Why?

RQ5: How does the radio ad affect the audience?

RQ5a: What emotional impact does it have on the audience?

RQ5b: What behavioral impact does it have on the audience?

- How does this radio ad make the audience feel?
- Is it encouraging or motivating? Why/why not?
- Does the ad make the audience think twice about the topic? Why/why not?
- Does the ad motivate the audience to call the number provided? Why/why not?
- Does the audience think they would get a mammogram after hearing this on the radio? Why/why not?

All focus group protocols and instruments are included in the following attachments:

- Attachment C: Informed Consent Form
- Attachments D and E: Pre-discussion Information Sheets (participant and moderator versions, respectively)
- Attachment F: Focus Group Moderator Guide
- Attachment J: Observer Confidentiality Form
- Attachment K: Confidentiality Agreement With Local Site Recruiters
- Attachment M: Recruitment Flyer
- Attachment N: Recruitment Screener

Selecting Recruiters

The local site recruiters (LSRs) will be African American women who received recruitment training and recruited women for participation in the phase I focus groups. These women will conduct recruitment for all of the phase II focus groups and work closely with ORC Macro and CDC staff to recruit women for the study.

Recruitment of Focus Group Participants

ORC Macro will subcontract with one LSR in Macon and one LSR in Savannah to identify and recruit eligible women to participate in the focus groups. LSRs will participate in a conference call that will provide an overview of focus group research, tips regarding recruiting, how to and how not to approach potential participants, where to conduct recruitment, and overall recruitment protocol. The LSRs previously participated in an intensive 2-day in-person recruitment training during phase I of this study. The training session was conducted with all recruiters to ensure consistent protocol implementation. The two current LSRs are well versed in the process of recruitment, particularly for this population of women, because of their previous work as LSRs during phase I of this project.

NBCCEDP-eligible women who self-report that they have received a mammogram within the past 24 months (screened) or have not received a mammogram within the past 3 years (unscreened) will be recruited through in-person intercept recruitment techniques at a variety of community locations, including community centers, faith-based organizations, and malls. Intercept recruiting is a common approach to sampling in focus group research. The process entails recruiting participants by contacting them in locations frequented by members of the target population desired to participate in the study. The focus group is then held after recruitment in a convenient location (Krueger & Casey, 2000). In their intercept recruiting efforts, LSRs will use a recruitment flyer (Attachment M) and a recruitment screener (Attachment N) provided by ORC Macro.

Once screened and unscreened potential participants are identified, the LSR will fax or e-mail participants' names and contact information to ORC Macro staff members, who will conduct reminder calls; mail reminder cards and directions to participants; and ensure that participants check in at the time of the groups. To secure participants' confidentiality, the LSRs will complete a confidentiality agreement (Attachment K). Per their required confidentiality agreement, LSRs will keep all screeners and original copies of the logs used to track recruitment in a secure place until meeting with ORC Macro on the first day of the focus groups. At that time, all screeners and original copies of the logs will be given to ORC Macro. In addition, all identifying information about participants will be kept in locked file cabinets and password-protected computer files, which will be destroyed at the end of the study.

It is anticipated that the recruitment process will begin 1 to 2 weeks after OMB approval, and 1 to 2 weeks before the scheduled focus groups, to allow ample time to assess how recruitment is progressing and whether any focus group needs to be rescheduled.

All recruitment activities will be recorded and updated in a recruitment tracking database maintained by ORC Macro in a password-protected computer file to protect the confidentiality of all recruited participants. Screened but nonrecruited individuals will not have their names included in the database.

Informed Consent

Focus group participants will be asked to complete an informed consent form (Attachment C). At the start of each focus group, the consent form will be read out loud by the focus group moderator. The consent form details the limited risks and benefits of their participation, the purpose of the group, the expected duration of the group, their rights as participants, and contact information of study personnel. The form also informs the women that participation is voluntary. Participants will be asked about any concerns or questions they might have, before they are asked to provide their signature, indicating consent. The moderator will serve as a witness and will also sign the consent form of each participant.

Participants will be given a copy of the informed consent form to take with them. The form includes contact information for the ORC Macro project manager, who can be contacted by participants if they have any questions once the groups are over.

Pre-discussion Information Sheet

After obtaining consent, the moderator will administer parts 1 and 2 only of the PDIS (Attachment D). The moderator will first explain the purpose of the PDIS (Attachment E) and then read out loud each of the questions and responses in part 1 of the PDIS to gather background information about the focus group participants. Participants will be instructed to record their answers on the sheet given to them. Following part 1 of the PDIS, the moderator will administer part 2 of this instrument, which is a three-step pretest of radio messages. The moderator will play the first radio message, then read aloud each of the questions and responses in part 2a of the PDIS. Participants will be instructed to record their answers on the sheet they were given. The same three-step process will follow for the second and third radio messages.

- **Step 1:** Play the message
- **Step 2:** Read aloud questions and responses
- **Step 3:** Participants record answers on the PDIS

Focus Group Discussion

After participants have completed parts 1 and 2 of the PDIS, the moderator will conduct a 90-minute focus group discussion, using the moderator guide (Attachment F). The focus group discussions will be led by an African American female moderator to make participants feel more at ease. Standard focus group methodology recommends matching the moderator's race/ethnicity to that of the participants to encourage open discussion and increase participants' comfort (Krueger & Casey, 2000; Morgan, 1998).

During the focus groups, participants will be asked questions to test the three concepts (Attachment G) and three messages (Attachment H) to determine whether the concepts and messages (1) are clear and understandable to the target audiences, (2) are personally relevant to the target audiences, (3) have sensitive or controversial elements, (4) capture the audiences' attention, (5) match the audiences' preferences for wording and format, and (6) confirm that selected settings and activities are appropriate.

The focus group discussion will begin with questions related to three conceptual messages. The first concept board will be shown to participants, then the moderator will ask specific questions from the moderator guide about the concept board presented. The same process will follow for the second and third concept boards.

Next, the discussion will focus on the three radio messages already played during administration of part 2 of the PDIS. The first message will be played for participants, then the moderator will ask specific questions from the moderator guide about the message. Following the questions in the moderator guide, the moderator will administer the part 3 message posttest section of the PDIS. The moderator will read aloud each of the questions and responses in part 3a of the PDIS and instruct participants to record their answers on the sheet provided. Then, the moderator will move back to the moderator guide, play the second message, ask the corresponding questions from the moderator guide, and ask the corresponding posttest questions in part 3 of the PDIS. This same three-step process will follow for the third message.

After participants complete the message posttest for the last message, the moderator will ask the final questions in the moderator guide before ending the focus groups.

For the focus group data, two trained notetakers from ORC Macro will record the group discussions in field notes. The notetakers will also observe and record participant interactions and the intensity of discussions in the form of gesticulations, head nodding, and other nonverbal communication. Each notetaker will be responsible for a particular audience segment (e.g., one notetaker will be responsible for the screened groups and another notetaker will be responsible for the unscreened groups). The detailed field notes will be used to perform a note-based analysis of the focus group data.

B3. Methods to Maximize Response Rates and Deal With Nonresponse

We expect an 80% response rate based on experience from Phase I. A number of measures are being taken to optimize recruitment of women to participate in the focus groups. ORC Macro will again subcontract with two previously contracted LSRs in Macon and Savannah, Georgia, to identify and recruit both screened and unscreened women to participate in the focus groups. This is to ensure that the recruiters are familiar with the localities and the community. LSRs previously participated in a conference call that included a thorough orientation to Phase I of the study, an update of the project goals and expectations, an overview of focus group research, tips regarding recruiting, how to and how not to approach potential participants, where to conduct recruitment, and overall recruitment protocol. This past experience will contribute to successful recruitment during Phase II.

All recruitment activities were monitored in Phase I and successful recruitment locations and strategies were identified and can be replicated for Phase II. ORC Macro staff will conduct reminder calls and spot checks with random screened and unscreened participants via telephone to rescreen them and ensure that participants check in at the time of the groups.

B4. Tests of Procedures or Methods to Be Undertaken

A trained moderator has reviewed the focus group protocol. In addition, all instruments and methods have been reviewed extensively by CDC/National Center for Chronic Disease Prevention and Health Promotion staff, including the Technical Monitor for this project, and LSRs from each of the two sites in which data are being collected. Staff from ORC Macro, the evaluation and research firm, also reviewed all instruments and methods for this study. All instruments were pilot-tested with fewer than 9 staff from ORC Macro to determine burden estimates.

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

No statistical sampling or estimation procedures will be used in this data collection. The Technical Monitor and CDC project consultant reviewed the protocol for this data collection:

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