

ATTACHMENT A:

Testing the CDC Clear Communication Index Website and Supporting Materials

Web Survey Protocol

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Objectives

The Clear Communication Index is designed to be a tool that Centers for Disease Control and Prevention (CDC) staff can use to evaluate how well public health communication products conform to research-based clear communication practices. To collect feedback on user satisfaction with 8 Index-designed materials, CommunicateHealth will conduct a large online web survey to collect quantitative metrics on revised materials.

The purpose of this survey is to determine if participants' attitudes and opinions are more positive about materials that have been revised using the Clear Communication Index compared with the original versions.

Participants and Recruitment

CommunicateHealth will work with CDC and Schlesinger & Associates, a large international market research company, to recruit participants and administer this online cross-sectional survey.

Recruitment Plan

We will recruit participants either from an existing web panel or from email lists supplied by CDC and partner organizations. Specifically:

- **Clinicians (doctors and nurses):** Schlesinger & Associates, a third party recruitment firm will recruit doctors and nurses from an existing nation-wide panel.
- **Partners:** CDC will provide a list of contacts and email address from partner organizations.
- **Public health department staff:** CH will place a solicitation in the weekly Society for Public Health Education (SOPHE) newsletter or similar Association of State and Territorial Health Officials (ASTHO) publication with a unique email address for members to contact if interested in participating (Attachment I).
- **Policymakers:** CH will work closely with CDC to identify state and local level decision-makers to recruit. For this audience we will also consider congressional liaisons and advocacy staff working in health-related organizations.

Participants will be invited via email to complete a brief (15-minute) online survey that will be programmed and sent out via email by Schlesinger. An additional 5 minutes will be included in the burden calculation to account for participants volunteering to participate after receiving and reading a solicitation about the survey (see recruitment email - Appendix I).

Participants such as state and local health department staff, CDC partners and policymakers may not be able to accept the incentive based on their organization's ethics rules. Clinicians will be offered an incentive of \$45. The third party recruitment organization (Schlesinger & Associates) offers recruited clinicians a minimum of \$45 for participating in their web surveys. This is the smallest amount required to recruit and retain this audience for similar activities, according to their experience.

Methods

The purpose of the survey is to compare participants' responses to materials designed using the Index (revised) and those designed not using the Index (original). Specifically, the survey is designed to answer the following main research questions:

Which material (original or revised) results in a greater proportion of respondents who:

1. Correctly identify the main message of the materials?
2. Reveal that the material uses unfamiliar words or phrases?
3. Indicates that the material has unfamiliar numbers?
4. Say they are able to find information that is important to them?
5. Indicated that the material helped them decide what to do?
6. Identified specific factors that got in their way of understanding the information?
7. Found the material useful for learning about the material's topic?
8. Indicated that the material was easy to understand?
9. Indicated that the material contained useful information?
10. Said they would recommend the material to others?
11. Found the length and amount of information appropriate?

Stimulus Materials

The project team selected 8 original materials developed using current practices and active on the CDC website. When the Index was applied to the original materials, none received a passing score of 90%. The project team then revised the materials by addressing areas identified by the Index as potentially being problematic for the intended audience. CDC programs that developed the original materials reviewed the revised materials to ensure the accuracy of the content. Table 1 lists the materials selected and revised for each audience.

Table 1:

Audience	Material
Clinicians (doctors & nurses)	1. Influenza (Attachment B1 & B2)
	2. Wisconsin Surveillance of Autism (Attachment B3 & B4)
CDC partners	1. Healthcare-Associated Infections (Attachment B5 & B6)
	2. Heart Disease Fact Sheet (Attachment B7 & B8)
Policymakers	1. CDC Budget Overview (Attachment B9 & B10)
	2. Introduction to Epidemiology (Attachment B11 & B12)
Public health department staff	1. Model Aquatic Health Code (Attachment B13 & B14)
	2. National Violent Death Reporting System (B15 & B16)

Study Design and Data Analysis

Clinicians and Public Health Department Staff: 112 Participants in each group will be randomized to see two materials: either two original or two revised materials. Specifically, 56 clinicians will view original versions of Influenza and Wisconsin Surveillance, while the other 56 will view revised versions of these two materials. Similarly, 56 health department staff will view original versions of the Model Aquatic Health Code material and the National Violent Death Reporting System material, and 56 will view revised versions of both. Participant responses will be compared between revised and original versions of each material.

Policymakers and CDC Partners: 20 Participants in each group will be randomized to see two materials: either two original or two revised materials. Specifically, policymakers will either view originals of the Budget Overview and Introduction to Epidemiology, or revised versions of both. Similarly partners will view either original versions of the Healthcare-Associated Infections and Heart Disease materials or revised versions of both. A simple comparison of means will examine aggregate differences in response categories. Qualitative responses will also be reviewed to provide context for any observed differences.

Final Report and Recommendations

CommunicateHealth will draft a written memo with a summary analysis of the web survey results and any recommendations for material revisions. After OADC approval, we will make any final revisions to the materials.