

Supporting Statement for the National Park Service's Evaluation of Pilot Interventions to Increase Healthful Physical Activity in Parks

OMB Control Number 1024-new

A. Justification

1. Explain the circumstances that make the collection of information necessary. Identify any legal or administrative requirements that necessitate the collection. Attach a copy of the appropriate section of each statute and regulation mandating or authorizing the collection of information.

President George W. Bush's *HealthierUS* Initiative and Executive Order 13266 call on federal agencies to improve the flow and use of information on personal fitness and increase the accessibility of resources for physical activity. In March 2006, the Health and Recreation Committee of the National Park Service Advisory Board recommended that the agency undertake seven pilot projects to determine how the National Park Service (NPS) could effectively implement the key objectives of the *HealthierUS* Initiative. The reports and its recommendations were accepted by the NPS Director. These pilot projects will evaluate a variety of interventions for increasing healthful physical activity by park visitors and/or residents of communities near parks. The pilots include three "destination" parks (Sitka National Historical Park, Zion National Park, and Acadia National Park) and four "urban" parks (Cuyahoga Valley National Park, Chesapeake and Ohio Canal National Historical Park, Point Reyes National Seashore, and Timucuan Ecological and Historic Preserve).

ATTACHMENT A contains the text of Executive Order 13266, published in the Federal Register on June 20, 2002. **ATTACHMENT B** contains the report of the NPS Advisory Board Committee on Health and Recreation, adopted on March 21, 2006.

In addition, the National Park Service Act of 1916, 38 Stat 535, 16 USC 1, et seq., requires the NPS to preserve national parks for the use and enjoyment of present and future generations. The National Park Omnibus Management Act of 1998 (P.L. 105-391, Title II, Sec. 202) directs that management of national parks be enhanced by the availability and utilization of a "broad program of the highest quality science and information."

ATTACHMENT C contains a copy the 1916 act, and **ATTACHMENT D** contains the relevant sections of the 1998 act.

The NPS is requesting an emergency review of the information collection associated with these seven health and recreation pilot projects. In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, we are submitting to the Office of Management and Budget (OMB) the following requirements for emergency review: 1) The NPS is requesting emergency review because the collection of this information is needed in order to fulfill an initiative of the Administration; and 2) The NPS cannot reasonably comply with the normal clearance procedures because the use of the normal process would delay the implementation of the pilot projects, which in turn would jeopardize the science of their evaluation, which is designed around high-visitation periods in national parks.

2. Indicate how, by whom, and for what purpose the information is to be used. Except for a new collection, indicate the actual use the agency has made of the information received from the current collection. [Be specific. If this collection is a form or a questionnaire, every question needs to be justified.]

This is a new collection. Its purpose is to systematically evaluate the effectiveness of communication and programming strategies in seven pilot parks (one in each NPS administrative region) that are designed collectively to achieve the following outcomes:

- Increase awareness of health benefits by park visitors derived from participation in recreation in units of the National Park System;
- Increase healthful recreation/physical activity behavior by park visitors; and
- Increase healthful recreation/regular physical activity behavior as a lifestyle at home.

In all cases, evaluations will be conducted using quasi-experimental designs in which baseline measures of physical activity and health awareness are compared with post-intervention measures from the same or equivalent populations. The knowledge gained from the pilot interventions will be used by parks, regional offices, and the NPS Washington Office to develop a plan for implementing the *HealthierUS* Initiative in the National Park System. This plan will consist of: 1) an internal communications strategy to engage parks and partners in support of the initiative, and 2) an external communication strategy directed at visitors and residents living near parks to address the three outcomes described above.

Because the seven pilot projects were selected to represent a range of park types, target populations, and recreation activities, a variety of interventions are being evaluated. The types of information collections planned are summarized in Table A1. A more detailed description of each collection follows.

Pilot park	Target audience	Trail-intercept survey	Focus groups	Participant surveys
Acadia	General recreation visitors	X		
Point Reyes	General recreation visitors	X		
Sitka	General recreation visitors	X		
Zion	General recreation visitors	X		
C&O Canal	Employees of nearby businesses		X	X
Cuyahoga Valley	6 th and 7 th grade middle school students		X	X
Timucuan	Inner city youth, 10-12 years old			X

Table A1. Summary of Health and Recreation Pilot Project Information Collections.

Trail-Intercept Surveys

In four pilot parks (Acadia, Point Reyes, Sitka, and Zion), the target audiences for interventions are general recreation visitors. Each park will implement a tailored communication strategy intended to achieve the following objectives:

- Increase awareness of health benefits by park visitors derived from participation in recreation in units of the National Park System;
- Increase healthful recreation/physical activity behavior by park visitors; and
- Increase healthful recreation/regular physical activity behavior as a lifestyle at home.

Acadia NP. At Acadia, the pilot project will be directed at general park visitors, especially those visiting downtown Bar Harbor, Maine. The intervention promotes hiking on the Great Meadow Loop Trail connecting the town of Bar Harbor with attractions inside the park. The project will measure changes in trail use through baseline and post-intervention traffic counts on the trail (using electronic counters) and baseline and post-intervention administrations of the trail-intercept survey. Promoting trail use will be done using print and broadcast media distributed in the park and at points of visitor concentration in Bar Harbor. The promotional materials focus on park attractions at Sieur de Monts Springs (Abbe Museum of Native American Antiquity, Wild Gardens of Acadia, and the Acadia National Park Nature Center) and on the fitness benefits of walking.

Point Reyes NS. At Point Reyes, the resources to be utilized include three major trails: Cross Marin Trail (6 miles), Bear Valley Trail (4.2 miles), and Limantour Beach Trail (2.3 miles). These were selected because they are fairly easy to access from different areas in the park. The intervention is a campaign of programs and marketing activities called “Take A Walk On The Wild Side” that encourages visitors and local residents to use the trails in order to gain health benefits. The intervention strategy includes the development of a brochure and signs for broad distribution, a press release to announce the health initiative, and strategic advertising. These materials will emphasize the health value of recreation, specifically the use of the three trails. As at Acadia, the effect of the intervention will be evaluated with electronic traffic counters and a trail-intercept survey conducted during both the baseline and post-intervention periods.

Sitka NHP. Sitka’s “Take A Walk In Your Park” campaign targets arriving cruise ship passengers and is intended to promote the health, recreation, and educational benefits realized by visiting the park on foot as an alternative to the motor coach tours experienced by many passengers. Based on a stratified schedule of intervention days (alternating with baseline days), passengers will be welcomed by uniformed rangers as they disembark in Sitka. Visitors will be informed of the healthful activities available at the park, encouraged to walk the well-maintained trails, and invited to join regularly scheduled ranger tours. On baseline days, uniformed rangers will be absent from the disembarkation points. The effect of the intervention at Sitka will be measured using electronic trail counters and the trail-intercept survey.

Zion NP. The intervention at Zion National Park is designed to increase use of the Pa’rus Trail for walking and bicycling. This wide and level concrete pathway extends 1.5 miles from the Zion Canyon Visitor Center near Springdale, Utah to the Canyon Junction shuttle

stop inside the park. Use of the trail will be promoted through a variety of intervention activities, including print media distributed in the park and in Springdale businesses (hotels and bicycle rental shops), maps on shuttle buses that travel from Springdale into the park, mention in oral interpretive programs, and a promotional script for bus drivers announcing the opportunity to hike the Pa'rus Trail at the Canyon Junction shuttle stop. The script will also inform riders of the healthful benefits of walking. Visitors who complete the trail will receive a special patch, stamp, or pin. The effect of the intervention activities will be measured using trail counters and the trail-intercept survey.

In all four parks, a standard questionnaire (**ATTACHMENT E**) will be used to contact visitors as they are walking on the designated trails. The trail-intercept survey in Attachment E is a “menu” of questions available to each park. Because local conditions and intervention strategies differ between sites, not all pilot parks will use all questions.

The surveys will supplement electronic trail counters that record the amount of baseline/post-intervention trail use. A major purpose of the intercept surveys is to determine if any changes in trail use captured by the counters can be attributed to visitors' exposure to the parks' interventions. To encourage participation in the surveys, trained interviewers will administer them face-to-face while walking with respondents on the trails. The interviewers will be overseen by principal investigators working with each park. Data collected from the trail-intercept surveys will be entered, managed, and analyzed by the principal investigators working with the staffs at each park. Table A2 presents the justifications for questions in the trail-intercept survey.

Table A2. Justification for Questions in the Trail-Intercept Survey (Attachment E).

Item(s)	Justification
(Not numbered) Weather	To measure factors unrelated to the intervention that may affect trail use/physical activity behavior.
1-3	To describe trail users in order to determine how they differ in exposure to the intervention and in the three outcomes.
4-5	To assess exposure to the intervention and its effect on trail use.
6	To describe trail users in order to determine how they differ in exposure to the intervention and in the three outcomes.
7	To assess outcome #1, increase awareness of health benefits. (Optional domains may be included in some surveys where these reasons for visiting the park are common and where the intervention materials promote these experiences as reasons for visiting the park, in addition to health reasons.)
8	To assess outcome #2, increase physical activity in the park.
9	To assess exposure to the intervention and its effect on trail use (outcome #2).
10-12	To assess outcome #2.
13-15	To measure factors unrelated to the intervention that may affect trail use/physical activity behavior.
16	To assess outcome #3, increase physical activity at home.
17-18	To assess outcome #2.
19-20	To measure factors unrelated to the intervention that may affect trail use/physical activity behavior.
21-26	To describe trail users in order to determine how they differ in exposure to the intervention and in the three outcomes.
27	To allow trail users to provide open-ended feedback about trail, trail use, and/or interventions that can be used to fine-tune the walking program.

Focus Groups

Focus groups will be conducted at C&O Canal NHP (CHOH) and at Cuyahoga Valley NP (CUVA). At CHOH, the focus groups will be used to plan specific aspects of the park’s intervention. At CUVA, focus groups will provide rich qualitative insights into the park’s intervention beyond the quantitative data collected in baseline and post-intervention surveys of participants.

C&O Canal NHP. At CHOH, the target audience is employees of businesses in Washington, D.C. that are located adjacent to the canal towpath. Teams of employees from businesses belonging to the Georgetown Business Improvement District (GBID) will participate in a voluntary walking program called “Your Towpath To Healthy Living.” In this program, teams will accumulate walking miles with the goal of reaching 185 miles in two months, equivalent to a hike of the entire length of the C&O Canal. Employees who are not members of teams also will be able to participate. As participants reach designated “mileposts of accomplishments,” they will be rewarded with attainment prizes provided by sponsors.

The CHOH focus groups will elicit salient positive and negative beliefs about outcomes associated with participation in the walking program. The results will be used to create the first intervention, i.e., messages that target these beliefs and encourage walking for 30

minutes a day on CHOH trails, including the towpath. A second intervention will consist of social support networks in the form of team competition and online walking logs modeled after successful programs employed elsewhere (e.g., “Walk Across Texas”). Participants will register for the program online and throughout the course of the intervention will upload their miles and track their progress on a weekly basis.

Four focus groups will be conducted prior to the intervention: two comprised of “doers” (i.e., employees who report meeting the Surgeon General’s guideline of 30 minutes of vigorous physical activity per day) and two of “non-doers.” Participants will be recruited through the GBID, using its newsletter and flyers distributed in Georgetown. Interested persons who contact the principal investigator will be screened for activity level and assigned to either the doer or non-doer groups. Each focus group will have 8-10 participants.

CHOH focus group participants will be asked the eight open-ended questions shown in **ATTACHMENT F**. These will be answered individually on a paper handout and then discussed collectively, with responses being recorded on flip charts. Justifications for the focus group questions are presented in Table A3. The questions are based on the Theory of Planned Behavior (Ajzen, 1991), which has been used in a number of studies addressing health-related behaviors (Blue, 1995; Godin, 1993; Hagger, Chatzisarantis, & Biddle, 2002; Hausenblaus, Carron, & Mack, 1997; Rosen, 2000).

Table A3. Justification for Questions in CHOH Focus Groups (Attachment F).

Item(s)	Justification
1-4	To elicit participants’ beliefs about the positive and negative outcomes that they will experience from walking 30 minutes a day on CHOH trails.
5-6	To elicit participants’ beliefs about what people or groups who influence their decisions think about them walking 30 minutes a day on CHOH trails.
7-8	To elicit participants’ beliefs about their own personal control over walking 30 minutes a day on CHOH trails.

Cuyahoga Valley NP. At CUVA, two focus groups (**ATTACHMENT G**) will be conducted with middle school students participating in “Get Up, Get Out, And Go!”, a program of free recreation activities to be offered by the park during July and August of 2007. The purpose of the focus groups is to collect qualitative information about the effects of the activities that will complement quantitative data obtained from baseline and post-intervention surveys. The two focus groups will be held on-site at the conclusion of the park’s summer program, with each group consisting of 8-10 participants. Justifications for the CUVA focus group questions are presented in Table A4.

Table A4. Justification for Questions in CUVA Focus Groups (Attachment G).

Item(s)	Justification
1	To gain insights into whether the park’s program should be adjusted in future summers to include other activities popular with the target audience.
2	To gain insights into participants’ responses to the intervention activities.
3-4	To gain insights into factors constraining visits by the target audience and suggestions for overcoming these constraints.

Participant Questionnaires

“Participant questionnaires” will be utilized at CHOH, CUVA, and TIMU to assess program outcomes. Due to the specific intervention strategies and target audiences at these three parks, the questionnaires differ from the trail-intercept surveys, although the CHOH questionnaire contains some items that duplicate trail-intercept questions. At CHOH and CUVA, surveys will be conducted off-site during baseline and post-intervention periods. At TIMU, the questionnaire is completed on-site, but for kayaking rather than for walking.

C&O Canal NHP. The objectives addressed by the intervention at CHOH are:

- Increase awareness of health benefits by park visitors derived from participation in recreation in units of the National Park System;
- Increase healthful recreation/physical activity behavior by park visitors; and
- Increase healthful recreation/regular physical activity behavior as a lifestyle at home.

The CHOH baseline questionnaire is included in **ATTACHMENT H** and the post-intervention questionnaire in **ATTACHMENT I**. Because “Your Towpath To Healthy Living” is a new program, its participation baseline is zero. Therefore, the first way to evaluate effects of the program is by the amount of activity recorded by participants. Employees will record their steps or miles using an online log which will serve as both a tracking device and feedback tool. However, this does not take into account that some participants may have been as physically active before the program, either at home or in the park. So a baseline questionnaire will be administered to participants when they register for the walking program. This survey will ask registrants to estimate their previous levels of physical activity in the park and at home. At the program’s conclusion, the post-intervention survey will be administered to measure changes in activity levels (outcome #2).

Tables A5 and A6 present the justifications for questions in the CHOH baseline and post-intervention surveys.

Table A5. Justifications for Baseline Questions at CHOH (Attachment H).

Item(s)	Justification
1	To measure baseline awareness of the CHOH towpath as a recreation resource.
2	To measure information sources about the towpath for comparison with post-intervention measures.
3-8	For those aware of the towpath before interventions, to measure use and reasons for use to compare with post-intervention measures.
9	To measure self-reports of physical health for comparison with post-intervention measures.
10	To measure intentions to be physically active in the future (outcome #3) for comparison with post-intervention measures.
11-14	To measure physical health and activity levels, including use of the towpath, for comparison with post-intervention measures.
15-17	For towpath users, to measure opinions about the towpath that may affect trail use.
18a-r	To measure attitudes toward walking and outcome #1 (awareness of health benefits) for comparison with post-intervention measures.
19	To assess employee participation rates in different types of businesses.
20	To measure intended participation in the CHOH walking program during the baseline period.
21-26	To describe program participants in order to determine how they differ in baseline awareness of the towpath, physical activity levels, opinions about the towpath, and attitudes toward walking.

Table A6. Justifications for Post-Intervention Questions at CHOH (Attachment I).

Item(s)	Justification
1	To measure post-intervention information sources about the towpath (a measure of exposure to the intervention communications).
2-7	To measure post-intervention changes in use of the towpath (outcome #2, increase physical activity), reasons for use, and how the trail is accessed.
8	To measure post-intervention changes in self –reported health that might be associated with changes in physical activity.
9	To measure post-intervention changes in intentions to be physically active in the future (outcome #3).
10-14	To measure post-intervention changes in use of the towpath for walking (outcome #2).
15-17	To measure post-intervention opinions about the towpath, including factors unrelated to the interventions that may affect trail use.
18a-r	To measure post-intervention attitudes toward walking (outcome #1, awareness of health benefits provided by parks).
19-30	To measure exposure to and use of specific CHOH interventions, including communications, social support through team formation and weblog use, and other services provided by the park (ranger-led walks and podcasts).
31-37	To measure the post-intervention motivational impact of the CHOH program.
38	To elicit a self-assessment of the effectiveness of the CHOH interventions in increasing walking in the park (outcome #2).
39-41	To identify potentially unknown influences on walking.
42-49	To describe program participants in order to determine how they differ in baseline awareness of the towpath, physical activity levels, opinions about the towpath, and attitudes toward walking.

Because people who are less active in the CHOH walking program also may be less motivated to respond to the post-intervention questionnaire, a brief telephone follow-up to approximately 30 non-respondents is planned (**ATTACHMENT J**). The purpose of this follow-up is to determine if the results of the walking program are biased because the less-active participants failed to respond to the post-intervention questionnaire. Table A7 presents justifications for questions in the follow-up telephone survey to non-respondents.

Table A7. Justifications for Telephone Survey of Nonrespondents at CHOH (Attachment J).

Item(s)	Justification
1	To determine if the respondent was a registered participant in “Your Towpath to Healthy Living.”
2-4	To measure post-intervention changes in use of the towpath for walking (outcome #2).

Cuyahoga Valley NP. At CUVA, the baseline and post-intervention questionnaires will be used to evaluate the success of the park’s intervention, a series of free summer activities for middle school students called “Get Up, Get Out, And Go!”

The target audience for the CUVA intervention is 6th and 7th grade students (11-14 years old) from neighborhoods in Akron, Ohio adjacent to CUVA and the Ohio and Erie Canalway National Heritage Corridor. The CUVA intervention addresses all three outcomes of the Health and Recreation Initiative:

- Increase awareness of health benefits by park visitors derived from participation in recreation in units of the National Park System;
- Increase healthful recreation/physical activity behavior by park visitors; and
- Increase healthful recreation/regular physical activity behavior as a lifestyle at home.

“Get Up, Get Out, And Go!” was developed by CUVA working with student leaders and community partners in the Akron area. This engagement process revealed that many children living within blocks of the park had not been to CUVA, nor were they aware of its existence. Some children feared the parks’ wooded environment. For example, during one visit to the park, students indicated they were afraid of being attacked by wild animals, such as snakes, lions, and tigers. To overcome these fears and increase awareness of the park, a twice-weekly program of guided recreation activities for youth was pre-tested during the summer of 2006. Based on this experience, the program has been refined for summer 2007.

The CUVA baseline survey assesses students’ physical activity level prior to program participation (**ATTACHMENT K**) and will be completed in May and June of 2007. The student survey will be Web-based and completed in home rooms under the supervision of teachers. Surveys will be completed for the intervention school (Reidinger Middle School), as well as a similar Akron middle school not receiving an invitation to participate in “Get Up, Get Out, And Go!” This school will serve as a control. The park has received permission from the schools to conduct the surveys and is awaiting additional permission from the Akron Public Schools Department of Testing, Research and Evaluation. The surveys have been reviewed and approved by the North Carolina State University Institutional Review Board. The parental consent form for this study is included in **ATTACHMENT K**.

In addition to the baseline survey, a post-intervention survey (**ATTACHMENT L**) will be administered to the same cohort of students during late summer and early fall of 2007 (when they are in the 7th and 8th grades). This survey will employ a Web-based method identical to the one used in the baseline survey and will be conducted at both the intervention and control schools.

Justifications for questions in the baseline survey and post-intervention survey are shown in Tables A8 and A9.

Table A8. Justifications for Baseline Questions at CUVA (Attachment K).

Item(s)	Justification
1	To measure baseline levels of student's outdoor physical activity for comparison with post-intervention measures. This question was developed by Baranowski and associates ¹ specifically for African American youth. Studies using accelerometry as a criterion measure show the question reliably measures activity in this population.
2-3	To further probe for information about students' outdoor physical activity.
4	To measure levels of students' recent sedentary and indoor activity for comparison with post-intervention measures.
5-6	To measure frequency and length of participation in sedentary and indoor activities for comparison with post-intervention measures.
7	To measure students' use of different types of outdoor recreation settings in the Akron area for comparison with post-intervention measures.
8-9	To measure students' fear levels with respect to wooded areas such as CUVA for comparison with post-intervention measures.
10	To measure perceptions of the walkability of students' immediate neighborhood for comparison with post-intervention measures. (These perceptions may affect continued participation in outdoor physical activities.)
11	To measure students' familiarity with and use of CUVA and the Ohio and Erie Canalway towpath, as well as other nearby outdoor recreation areas, for comparison with post-intervention measures.
12	To elicit students' assessment of their future outdoor physical activity and use of parks for comparison with post-intervention measures.
13-15	To describe students in order to determine how they differ in outdoor and indoor activity levels and use of parks.

Table A9. Justifications for Post-Intervention Questions at CUVA (Attachment L).

Item(s)	Justification
1	To measure post-intervention levels of students' outdoor physical activity to compare with baseline levels and the control group (outcome #2, increase physical activity).
2-3	To further probe for information about students' post-test outdoor physical activity.
4	To measure post-intervention levels of students' recent sedentary and indoor activity to compare with baseline levels and the control group.
5-6	To measure post-intervention frequency and length of participation in sedentary and indoor activities to compare with baseline measures and the control group.
7	To measure students' post-intervention use of different types of outdoor recreation settings in the Akron area for physical activity (outcome #2).
8-9	To measure students' post-intervention fear levels with respect to wooded areas to compare with baseline levels and the control group.
10	To measure post-intervention perceptions of the walkability of the students' immediate neighborhood to compare with baseline perceptions and the control group.
11	To measure students' post-intervention familiarity with and use of CUVA and the Ohio and Erie Canalway towpath to compare with baseline perceptions and the control group (outcome #2).
12	To elicit students' post-intervention assessment of their future outdoor physical activity and park use to compare with baseline perceptions and the control group (outcome #3, increase physical activity as a lifestyle).
13-14	To measure students' participation in and awareness of the "Get Up, Get Out, and Go!" program in order to evaluate the effectiveness of its promotional campaign.
15-17	To describe students in order to determine how they differ in outdoor and indoor activity levels and use of parks.

Timucuan EHP. At TIMU, baseline and post-intervention surveys will evaluate the success of the park's "Timucuan Explorer" kayaking program. Because 30,000 of the park's 46,000 acres are aquatic, TIMU provides opportunities for visitors to engage in water-based activities that promote health and well-being. The TIMU pilot is the only project evaluating programs promoting participation in aquatic recreation.

The target audience at TIMU is African American youth 10-12 years old residing in underserved and economically disadvantaged areas of Jacksonville, Florida. (The park lies entirely within the City of Jacksonville.) The TIMU intervention will address all three outcomes of the Health and Recreation Initiative:

- Increase awareness of health benefits by park visitors derived from participation in recreation in units of the National Park System;
- Increase healthful recreation/physical activity behavior by park visitors; and
- Increase healthful recreation/regular physical activity behavior as a lifestyle at home.

Seven groups of youth (ten per group) enrolled in the Sierra Club's "Inner City Outings" program will participate in the two-day Timucuan Explorer program during the summer of 2007. The baseline level of park visitation and kayaking is expected to be very low in this target audience. In fact, the TIMU staff reports that many Jacksonville residents who live in economically disadvantaged areas of the city away from the water have never seen the ocean or the Timucuan Preserve and are shocked and moved by this exposure. Because the baseline

participation level in kayaking is expected to be very low, mere participation in the program will address outcome #2. In addition, all participants will be administered baseline and post-intervention surveys. On the first day, the five-minute baseline survey will be completed on-site by all youth prior to their introduction to the kayaking activity. The ten-minute post-intervention survey will be administered at the close of the second day and will measure outcome #1 (increased awareness of health benefits). These surveys will be supplemented by a structured non-participant observation schedule involving group scans every 10 minutes for one minute (on land only). The observations will be conducted by two researchers working independently (to measure inter-rater reliability) and will record prosocial and fear-associated and other negative reactions to the park and to kayaking during both the pre-activity and post-activity periods. The observers will be graduate students from the University of North Florida trained by the principal investigator prior to the pre-test phase. Operational definitions of the behavioral categories and recording techniques will be standardized. The observations will focus on prosocial behaviors by participants, in addition to fear-associated behaviors and other negative actions. Observations are recorded on a sheet displaying a matrix that lists behaviors down the vertical axis and time intervals across the horizontal axis. Prosocial behaviors include helping other participants, displays of positive enthusiasm, play and exuberance, and indicators of curiosity, such as asking questions of staff. Negative behaviors include complaints and protests, social withdrawal, harassment or teasing of other participants, and physically displacing oneself from others.

Each participant in the Timucuan Explorer program will receive a voucher redeemable for a free kayak rental at the park’s concession. A count of vouchers used by participants will be collected during a park event to be held in October 2007 in conjunction with the Kingsley Heritage Celebration recognizing African American contributions to Jacksonville. The number of vouchers returned will provide a measure of continuing participation in kayaking two-to-five months after the intervention (outcome #3, increase physical activity as a lifestyle). The vouchers are not being used to encourage higher response to the baseline and post-intervention questionnaires (see question 9 for further discussion). This study has been reviewed and approved by the Institutional Review Board at the University of North Florida. The parental consent form is included in ATTACHMENT M.

Table A10 displays the justifications for questions in the TIMU baseline survey (ATTACHMENT M). Justifications for the post-intervention survey (ATTACHMENT N) are shown in Table A11.

Table A10. Justifications for Baseline Questions at TIMU (Attachment M).

Item(s)	Justification
1-5	To measure baseline levels of participation in and attitudes toward aquatic activities. (Although baseline levels are expected to be low, this needs to be documented.)
6-7	To measure baseline levels of exercise.

Table A11. Justifications for Post-Intervention Questions at TIMU (Attachment N).

Item(s)	Justification
1-3	To describe students in order to determine how they differ in post-intervention attitudes and knowledge toward kayaking and other experiences in the park.
4-7	To directly measure post-intervention gains in awareness of recreation and health benefits from the TIMU intervention (outcome #1), as well as closely related dimensions of the park experience that could affect future visits to TIMU.
8	To assess the extent to which the different components of the TIMU intervention experience appealed to youth.
9-12	To assess whether the tour of the Kingsley slave plantation and exposure to nature and kayaking had positive or negative emotional effects on inner-city youth. These reactions will inform future planning of outreach programs.

3. Describe whether, and to what extent, the collection of information involves the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses, and the basis for the decision for adopting this means of collection. Also describe any consideration of using information technology to reduce burden.

In four parks (Acadia, Point Reyes, Sitka, and Zion), information from electronic trail counters will measure traffic before, during, and after the interventions. Trail counters enumerate users based on beam breaks. Before the start of the baseline measurement period in each park, counters will be calibrated using statistical techniques developed at Sitka NHP in 2006. This will allow identification of any systematic biases (e.g., under-counting at high traffic volumes), thus enhancing the validity of these measurements.

At CUVA, baseline and post-intervention surveys of physical activity among middle school students may be supplemented by physical activity measures recorded with accelerometers worn by a small sample of students during baseline and post-intervention periods. Currently, the park, principal investigator, and schools are examining the feasibility of using accelerometers with this target audience. **If accelerometers are employed at CUVA, additional parental consent and IRB review (beyond that obtained for the surveys) will be solicited, and a notice of a non-substantive change will be transmitted immediately to OMB/OIRA.**

4. Describe efforts to identify duplication. Show specifically why any similar information already available cannot be used or modified for use for the purposes described in Item 2 above.

Surprisingly little research has been done on the role of national parks in promoting healthful recreation. As part of the planning for the NPS Health and Recreation Initiative, an extensive review of relevant scientific literature in the fields of active living, public health, and preventative medicine was conducted. This review included individual research reports, conceptual articles, and meta-analyses synthesizing research from scores of additional studies. The review covered published literature in six relevant areas: 1) health benefits of physical activity; 2) walking as a physical-activity intervention; 3) correlates associated with walking as a physical activity; 4) media campaign effectiveness to promote walking; 5)

ecological approaches to health and physical activity; and 6) volunteering linked to physical activity and health. The majority of articles were either correlational or conceptual. Only three studies were quasi-experimental evaluations of media campaigns to promote physical activity, and just one of these was done in the U.S. None occurred in the type of setting represented by a national park. Therefore, research to inform a Servicewide NPS plan for successfully implementing the *HealthierUS* Initiative and E.O. 13266 in the National Park System is insufficient in its scope and relevance.

5. If the collection of information impacts small businesses or other small entities (Item 5 of OMB Form 83-I), describe any methods used to minimize burden.

The data collection will not impact small businesses or other small entities.

6. Describe the consequence to Federal program or policy activities if the collection is not conducted or is conducted less frequently, as well as any technical or legal obstacles to reducing burden.

Should these data not be collected, it will be impossible to assess the interventions' outcomes as recommended by the NPS Advisory Board's Health and Recreation Committee. As noted above, data that quantifies and validates the value national parks provide in promoting a healthier America through appropriate recreational activities is lacking. Before considering any full-scale Servicewide initiative, empirical findings from the seven pilot projects is needed to inform the NPS about the likely success of strategies designed to incorporate a culture of health and wellness into existing recreation activities that are widely accepted in the national parks.

The promotional campaigns for the interventions will occur from May through September 2007. If data collection is not conducted prior to the interventions, baseline measurements will not be available in some parks. This will severely limit the degree to which scientific inferences can be drawn regarding changes in behavior and awareness from the interventions.

7. Explain any special circumstances that would cause an information collection to be conducted in a manner:
- * requiring respondents to report information to the agency more often than quarterly;
 - * requiring respondents to prepare a written response to a collection of information in fewer than 30 days after receipt of it;
 - * requiring respondents to submit more than an original and two copies of any document;
 - * requiring respondents to retain records, other than health, medical, government contract, grant-in-aid, or tax records, for more than three years;
 - * in connection with a statistical survey, that is not designed to produce valid and reliable results that can be generalized to the universe of study;
 - * requiring the use of a statistical data classification that has not been reviewed and approved by OMB;
 - * that includes a pledge of confidentiality that is not supported by authority established in statute or regulation, that is not supported by disclosure and data security policies that are consistent with the pledge, or which unnecessarily impedes sharing of data with other agencies for compatible confidential use; or

- * requiring respondents to submit proprietary trade secrets, or other confidential information unless the agency can demonstrate that it has instituted procedures to protect the information's confidentiality to the extent permitted by law.

In two parks (CHOH and TIMU), participants in the intervention programs will be asked to report information twice in one quarter. This is intrinsic to the pre-test/post-test designs employed in these parks. Because of unique circumstances presented by in-school surveying at CUVA, a complete enumeration of 6th and 7th grade students at the participating middle schools will be attempted and repeated when the students are in the 7th and 8th grades at the start of the 2007-2008 school year. Therefore, the student surveys at CUVA represent a census rather than a statistical sampling. At TIMU, survey data will be collected from a small sample of 70 youth from under-served neighborhoods in Jacksonville, Florida. The sample is limited because in kayaking the ratio of activity leaders to participants must be kept small for safety reasons. Therefore, even though some TIMU data are collected using surveys, this pilot study is considered qualitative. It is designed to provide insights into the feasibility of involving inner-city youth in a distinctive park program that then can be refined and further developed based on the pilot results.

8. If applicable, provide a copy and identify the date and page number of publication in the Federal Register of the agency's notice, required by 5 CFR 1320.8(d), soliciting comments on the information collection prior to submission to OMB. Summarize public comments received in response to that notice [and in response to the PRA statement associated with the collection over the past three years] and describe actions taken by the agency in response to these comments. Specifically address comments received on cost and hour burden.

Describe efforts to consult with persons outside the agency to obtain their views on the availability of data, frequency of collection, the clarity of instructions and recordkeeping, disclosure, or reporting format (if any), and on the data elements to be recorded, disclosed, or reported.

Consultation with representatives of those from whom information is to be obtained or those who must compile records should occur at least once every 3 years — even if the collection of information activity is the same as in prior periods. There may be circumstances that may preclude consultation in a specific situation. These circumstances should be explained.

Multiple opportunities for public involvement in the planning stages of the Health and Recreation Initiative were made available through Federal Register notices associated with regular meetings of the NPS Advisory Board. Between November 2004 and December 2006. Multiple Federal Register notices for the NPS Advisory Board were published, with business of its Health and Recreation Committee shown as an agenda item. To date, no specific comments on cost and hour burden from the public has been received by the NPS.

Intervention strategies employed in the pilot studies were developed in consultation with an array of partners with varied interests and expertise. These include individuals, agencies, and organizational representatives serving on the NPS Advisory Board Committee on Health and Recreation. Additionally, representatives from academia (parks and recreation, public health, and social science) participated extensively in planning the evaluation designs. Finally, each of the seven pilot parks has engaged a broad range of local community partners who have

provided skills and expertise critical to the planning and implementation of the interventions on the ground.

Data collection instruments were developed in a partnership involving the principal investigators for each of the pilot parks working with the coordinating principal investigators, Drs. Ross Brownson (314-977-8110) and Christine Hoehner (314-977-8502) from the Saint Louis University School of Public Health, 3545 Lafayette Avenue, St. Louis, MO 63104. Drs. Brownson and Hoehner have extensive experience in physical activity measurement and intervention.²⁻¹² Where possible, items used in the surveys originate from existing questionnaires that have undergone psychometric testing.^{13, 14}

A complete list of partners and stakeholders consulted as of April 2007 is shown in Table A12.

Table A12. Partners and Stakeholders Consulted and/or Participating in Planning and Implementation of the NPS Health and Recreation Pilot Projects.

Partners and stakeholders	Academic	Public Health	Recreation	Schools	Youth	Civic	Agency	Business/Corp.	Conservation
Cuyahoga Valley									
Cuyahoga Valley National Park Association, Akron Community Foundation, Akron District Church of God in Christ, 100 Black Men (Akron Chapter), Akron Urban League						X			
Reidinger Middle School (Akron)				X					
Boys and Girls Clubs of Summit County, Boy Scouts, Girl Scouts					X				
Akron Metropolitan Housing Authority, Akron Police Department, Summit County Juvenile Court, The Community Builders' Community Supportive Services Program							X		
Akron Children's Hospital		X							
Great Trails Council, Metroparks Serving Summit County, Cascade Locks Park Association, Akron Recreation Bureau			X						
North Carolina State University, Kent State University, Texas A&M University	X								
Sitka									
Holland America, Carnival, Princess cruise lines								X	
University of Alaska, Southeast – Dept. of Mathematics	X								
Point Reyes									
Coastal Health Alliance		X							
West Marin County							X		

Partners and stakeholders	Academic	Public Health	Recreation	Schools	Youth	Civic	Agency	Business/Corp.	Conservation
West Marin Medical Clinic (Kaiser Permanente)		X							
Dominican University of California - Dept. of Natural Sciences and Math	X								
Zion									
Zion Natural History Association						X			
International Health Care, Hurricane Family Clinic, Zion Canyon Medical Clinic, Dixie Regional Medical Center		X							
Zion Canyon Visitors Bureau, Town of Springdale, Town of Rockville							X		
Gold's Gym, Local hotels, bed and breakfasts, bicycle rental shops								X	
University of Utah – Dept. of Health Promotion and Education; Weber State University	X								
Timucuan									
Kayak Amelia, Florida Park Service concessionaire, other kayaking outfitters			X						
Police Athletic League						X			
City of Jacksonville Department of Parks, Recreation and Entertainment, Preservation Project Jacksonville							X		
Sierra Club									X
Hollybrook Homes								X	
University of North Florida – Dept. of Psychology	X								
Acadia									
Friends of Acadia, Bar Harbor Acadia Coalition, Down East Transportation						X			
Mount Desert Island Hospital, Jackson Laboratory		X							
Mount Desert Island YMCA			X						
Bar Harbor Chamber of Commerce, Jeff Dobbs Productions							X		
University of Maine – Dept. of Parks, Recreation, and Tourism	X								
C&O Canal									
Chesapeake & Ohio Canal Trust						X			
Georgetown Business Improvement District								X	
West Virginia University - Division of Forestry and Natural Resources; Dept. of Community Medicine	X								
Additional partners providing input into pilot project planning									

Partners and stakeholders	Academic	Public Health	Recreation	Schools	Youth	Civic	Agency	Business/Corp.	Conservation
Dr. George Willeford III National Park System Advisory Board, Committee Chair Dr. David M. Buchner, MD, MPH Chief, Physical Activity and Health Branch, Centers for Disease Control and Prevention Dr. Michael Suk, MD, JD, MPH Univ. of Florida, School of Medicine Dr. Ross C. Brownson, Saint Louis University School of Public Health Dr. Christine M. Hoehner, Saint Louis University School of Public Health		X							
Larry Selzer, President, The Conservation Fund									X
Melissa Johnson, Executive Director, President’s Council on Physical Fitness and Sports Kathy J. Spangler, Director of National Programs, National Recreation and Park Association Derrick Crandall, President, American Recreation Coalition			X						
Todd Hull and Judy Bassett, National Park Hospitality Association						X			
Unilever Lipton/Healthy Parks—Healthy Living Outdoor Industry Foundation								X	

9. Explain any decision to provide any payment or gift to respondents, other than remuneration of contractors or grantees.

At CHOH, focus group participants will receive refreshments during the meeting and a voucher for a free C&O Canal boat ride. Because participants are employees who will be taking time off during lunch or in the evening, these modest gifts will provide an incentive to encourage participation. No payments or gifts will be provided to any other respondents.

The vouchers to be provided to TIMU participants (redeemable for a kayak rental) are not an incentive to respond to the questionnaire, but instead are a component of the park’s intervention. The number of vouchers redeemed will be used to track longer-term effects of the Timucuan Explorer program. Because of the “captive-audience” nature of the intervention, responses to the baseline and post-intervention surveys are expected to be high anyway, and unaffected by the voucher offer.

10. Describe any assurance of confidentiality provided to respondents and the basis for the assurance in statute, regulation, or agency policy.

No assurance of confidentiality will be provided to respondents, since the Department of the Interior does not have the statutory authority to protect confidentiality or to exempt the survey from a request under the Freedom of Information Act. Instead, those who inquire about this issue will be told that their answers are voluntary and will be used only for statistical purposes. They will also be told that reports prepared from this study will summarize findings across the sample so that responses will not be associated with identifying information for specific individuals. Further, respondents will be informed that the cooperating universities will not provide information that identifies respondents to anyone outside the study team, except as required by law. Any personal identifiers will be stripped from the data files that are made available for analysis by others. Therefore, the survey and focus group administrations can be characterized as essentially anonymous.

11. Provide additional justification for any questions of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private. This justification should include the reasons why the agency considers the questions necessary, the specific uses to be made of the information, the explanation to be given to persons from whom the information is requested, and any steps to be taken to obtain their consent.

No questions are included in the surveys or focus groups that would be commonly considered as sensitive.

12. Provide estimates of the hour burden of the collection of information. The statement should:

- * Indicate the number of respondents, frequency of response, annual hour burden, and an explanation of how the burden was estimated. Unless directed to do so, agencies should not conduct special surveys to obtain information on which to base hour burden estimates. Consultation with a sample (fewer than 10) of potential respondents is desirable. If the hour burden on respondents is expected to vary widely because of differences in activity, size, or complexity, show the range of estimated hour burden, and explain the reasons for the variance. Generally, estimates should not include burden hours for customary and usual business practices.
- * If this request for approval covers more than one form, provide separate hour burden estimates for each form and aggregate the hour burdens in Item 13 of OMB Form 83-I.
- * Provide estimates of annualized cost to respondents for the hour burdens for collections of information, identifying and using appropriate wage rate categories. The cost of contracting out or paying outside parties for information collection activities should not be included here. Instead, this cost should be included in Item 14.

Table A13 shows the respondent numbers and burden hours for each information collection.

Table A13. Projected Number of Respondents, Completion Times, and Burden Hours for Information Collections of the NPS Health and Recreation Initiative.

Pilot park	Baseline respondents (#)	Post-intervention respondents (#)	Completion time (minutes)	Burden hours
Acadia visitors	180	180	15	90
Point Reyes visitors	180	180	15	90
Sitka visitors	180	180	15	90
Zion visitors	306	306	15	153
C&O focus groups	40	NA	90	60
C&O baseline survey	400	NA	15	100
C&O post-test survey	NA	400	20	133
C&O nonrespondent follow-up survey	NA	30	5	2
Cuyahoga Valley baseline survey	585	NA	15	146
Cuyahoga Valley post-test survey	NA	585	20	195
Cuyahoga Valley focus groups	NA	20	60	20
Timucuan baseline survey	70	NA	5	6
Timucuan post-test survey	NA	70	10	12
TOTAL	1941	1951	300	1097

Table A13 indicates that an estimated 3,892 people will participate in baseline and post-intervention information collections for all seven pilot projects. The estimated burden hours are 1,098. At a wage rate of \$20 per hour, this yields a total hour burden cost of \$21,960.

- 13.** Provide an estimate of the total annual [non-hour] cost burden to respondents or recordkeepers resulting from the collection of information. (Do not include the cost of any hour burden shown in Items 12 and 14).
- * The cost estimate should be split into two components: (a) a total capital and start-up cost component (annualized over its expected useful life) and (b) a total operation and maintenance and purchase of services component. The estimates should take into account costs associated with generating, maintaining, and disclosing or providing the information [including filing fees paid]. Include descriptions of methods used to estimate major cost factors including system and technology acquisition, expected useful life of capital equipment, the discount rate(s), and the time period over which costs will be incurred. Capital and start-up costs include, among other items, preparations for collecting information such as purchasing computers and software; monitoring, sampling, drilling and testing equipment; and record storage facilities.
 - * If cost estimates are expected to vary widely, agencies should present ranges of cost burdens and explain the reasons for the variance. The cost of purchasing or contracting out information collection services should be a part of this cost burden estimate. In developing cost burden estimates, agencies may consult with a sample of respondents (fewer than 10), utilize the 60-day pre-OMB submission public comment process and use existing economic or regulatory impact analysis associated with the rulemaking containing the information collection, as appropriate.
 - * Generally, estimates should not include purchases of equipment or services, or portions thereof, made: (1) prior to October 1, 1995, (2) to achieve regulatory compliance with requirements not associated

with the information collection, (3) for reasons other than to provide information or keep records for the government, or (4) as part of customary and usual business or private practices.

The cost burden on respondents and record-keepers, other than hour burden, is zero.

14. Provide estimates of annualized cost to the Federal government. Also, provide a description of the method used to estimate cost, which should include quantification of hours, operational expenses (such as equipment, overhead, printing, and support staff), and any other expense that would not have been incurred without this collection of information. Agencies also may aggregate cost estimates from Items 12, 13, and 14 in a single table.

The NPS Health and Recreation Initiative comprises seven pilot projects initially envisioned and proposed by the Health and Recreation Committee of the NPS Advisory Board. The implementation of the initiative at each pilot park is uniquely tailored to individual park resources and goals and consists of baseline measures, an intervention, and post-intervention measurements conducted by contracted principal investigators and scheduled to be completed by December 2007.

Total annualized cost to the Federal government was estimated by summing all labor and other associated costs for the effort and dividing by 3.5 (total duration of the project, in years). Using this method, total annualized cost for the initiative’s 3 ½ year time span (November 2004 to April 2008), is calculated to be \$207,962.

Labor costs include park personnel support and evaluation and assessment by the principal investigators, totaling \$308,672. “Other costs” include intervention, travel, and incidental costs from all of the pilots, which total \$189,123. Additional NPS program and regional personnel expect to contribute a total of 4,167 man-hours, valued at \$150,000, and incur administrative expenses totaling \$20,073. During the project planning phase, 2004-2006, the NPS Health and Recreation Committee incurred additional administrative expenses of \$50,000 in a series of four committee meetings.

Table A14. Annualized Cost to the Federal Government, FY 2005-2008.

	Labor \$	All other costs	Total
Pilot Parks	\$308,672	\$189,123	\$497,795
Project Coordinator	10,000		10,000
NPS Administration	150,000	20,073	170,073
Health & Rec. Comm.		50,000	50,000
TOTAL	\$468,672	\$259,196	\$727,868

Annualized cost to federal government: \$207,962 (\$727,868 project total /3.5 years)

Labor	\$468,672	64%
All other costs	\$259,196	36%

15. Explain the reasons for any program changes or adjustments reported in Items 13 or 14 of the OMB Form 83-I.

This is a new one-time collection. No adjustments are involved.

16. For collections of information whose results will be published, outline plans for tabulation and publication. Address any complex analytical techniques that will be used. Provide the time schedule for the entire project, including beginning and ending dates of the collection of information, completion of report, publication dates, and other actions.

Time schedule

The time schedule for the information collections and publication of the final report is shown in Table A15. Each pilot park is working with a principal investigator (PI), who is a university faculty member. The seven PIs are responsible for tabulating data from the individual parks and writing park-specific reports. A coordinating PI and co-PI (also university faculty members) have provided guidance on questionnaire construction and wording to each of the park PIs and additionally are responsible for synthesizing the results in a final report to the NPS. Following feedback on this draft from all pilot projects and the NPS, the final Health and Recreation Initiative report will be submitted by the end of September 2008.

Analysis plan

The final report will summarize the results both quantitatively and qualitatively across the seven parks. The quantitative results derived from the trail-intercept survey and trail counters will consist of tables and graphical plots of the effect sizes and their statistical significance for each of the outcomes by park. The statistical tests used to evaluate the outcomes measured by the intercept survey (listed in B.2) include the chi-square test for independent proportions and logistic regression. Analysis of variance will be used to measure changes in trail usage before and after the intervention, as assessed by the trail counters. In addition, means, medians, and ranges of the effect sizes will be calculated for each of the outcomes across parks as summary effect measures (e.g., mean/median change (post – pre intervention) in the proportion of trail users that report physical health reasons as important/very important for their trail visit). Multivariate models will be adjusted for potential confounders (e.g., weather conditions on the day of the intercept survey and amount of traffic entering the parks as recorded by vehicle traffic counters).

At both CHOH and CUVA, the baseline and post-intervention samples responding to the questionnaires will consist of approximately the same individuals (with allowance for persons moving or otherwise dropping out of the studies). These individuals will be linked to unique tracking numbers, allowing analysis of variance to be performed on the gain scores in physical activity and health awareness from the baseline to post-test periods.

At TIMU, analysis will necessarily be limited by the small sample size for this particular pilot project. Responses to questionnaires will be analyzed qualitatively for content, rather than quantitatively for statistically generalizable patterns. This analysis will be supplemented

by the non-participant observation of prosocial and fear-associated behaviors described previously.

The qualitative “lessons learned” across all sites will be gathered by the coordinating principal investigators at Saint Louis University. These data will be gathered via conference calls with the principal investigators at each site. A nominal group process will be used to elicit the factors that led to the ability to achieve objectives at each site, as well as the challenges involved in carrying out the pilot projects. This information should prove valuable as these programs are replicated and scaled-up.

Table A15. Pilot Intervention Schedules.

	Jan-Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-Mar	Apr-Jun	Jul-Sep
Acadia													
Baseline survey					X								
Implement intervention						X							
Post-intervention survey						X							
Process data							X	X					
Analyze data									X	X			
Write report									X	X			
Point Reyes													
Baseline survey			X	X									
Implement intervention					X	X	X						
Post-intervention survey					X	X	X						
Process data					X	X	X						
Analyze data								X	X	X			
Write report									X	X			
Sitka													
Baseline survey			X	X	X	X	X						
Post-intervention survey			X	X	X	X	X						
Process data						X	X	X					
Analyze data								X	X	X			
Write report									X	X			
Zion													
Baseline survey			X	X									

	Jan-Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-Mar	Apr-Jun	Jul-Sep
Implement intervention					X	X							
Post-intervention survey					X	X							
Process data							X	X					
Analyze data									X	X			
Write report									X	X			
C&O Canal													
Focus groups			X										
Develop targeted messages and website				X	X	X							
Baseline survey							X						
Implement intervention							X	X					
Post-intervention survey								X					
Non-respondent survey								X	X				
Process data			X				X	X	X	X			
Analyze data			X				X	X	X	X			
Write report									X	X			
Cuyahoga Valley													
Baseline survey			X	X									
Implement intervention					X	X							
Focus groups						X							
Post-intervention survey								X	X				
Process data								X	X	X			
Analyze data									X	X	X		
Write report										X	X		
Timucuan													
Baseline survey				X	X	X							
Implement intervention				X	X	X							

	Jan-Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-Mar	Apr-Jun	Jul-Sep
Behavioral observation and post-intervention survey				X	X	X							
Record redemption of vouchers							X	X	X	X			
Process data							X	X	X	X			
Analyze data							X	X	X	X			
Write report											X		
Final Initiative Report													
Analyze data												X	
Write report													X

17. If seeking approval to not display the expiration date for OMB approval of the information collection, explain the reasons that display would be inappropriate.

We are not seeking such approval.

18. Explain each exception to the certification statement identified in Item 19, "Certification for Paperwork Reduction Act Submissions," of OMB Form 83-I.

There are no exceptions to the certification statement.