

0920-0726 - 2006 Hispanic/Latino ATS -

Modification to OMB Supporting Statement

There are four changes in the H/L ATS between the version of the instrument originally approved and the current version. These changes, with justification, are detailed below.

1. The title of Section 2 was changed from “Tobacco Use” to “Cigarette Smoking,” because the section addresses cigarette smoking specifically.
2. Q40 was split into two parts for clarity: Q40 original asked if the respondent was “...in favor of smoking bans in public places excluding bars, clubs, and casinos.” An answer of “No” could be given by a person against all bans AND by a person in favor of all bans. In the new version, after the original Q40 is asked, a very similar questions is asked (...in favor of smoking bans in public places including bars, clubs and casinos). The 2nd question is added to clarify the meaning of “No” to the first question (i.e., to yield information on exactly what about the ban the respondent is opposing: the banning part, or the “excluding bars” part).
3. Addition of questions specific to El Paso respondents were added. These were added at the request of the local health department that is supporting the current administration of the H/L ATS. There are 9 questions and all appear at the end of the current instrument.
4. There was minor formatting changes (i.e., bolding, spelling correction, placement of line) that make the instrument easier to read but did not change any questions.

To facilitate the comparison of the old and new versions, a copy of the questionnaire with changes in “track change” mode has been provided.

We estimate that there will be a very small increase in burden associated with these changes. Section A.12 of the original supporting statement has been updated to reflect the small increase. The updated Section A.12 appears on the following pages.

Background to 2006 Hispanic/Latino ATS

The Purpose and Use section of the original OMB supporting statement are provided here as background to this modification request.

Purpose and Use of Information Collection

The Center for Disease Control and Prevention (CDC) plans to fund three state health departments to conduct the Hispanic/Latino ATS. The information collected from Hispanic/Latino ATS will expand data and existing knowledge of tobacco use among Hispanic/Latino adult populations in three locations (NY, FL, TX). The major topic areas included in the ATS that will be administered in each site are:

- Introduction to the survey
- Initial demographics
- Cigarette smoking
- Cessation
- Secondhand smoke exposure
- Risk perception and social influences
- Closing demographic items

The survey results will be used to obtain site-specific information that will assist in the development of culturally sensitive tobacco use prevention programs. Specifically, the following uses of the Hispanic/Latino ATS data are anticipated:

- The Hispanic/Latino ATS will provide location-specific estimates that the local health agencies can compare to national, state, regional, and Healthy People 2010 benchmarks. This will help determine the extent of tobacco-related dangers specific to the Hispanic/Latino population.
- Data collection regarding tobacco knowledge, attitudes, behaviors, and beliefs will be used to direct health programs that focus on topics regarding cessation and awareness of the dangers of tobacco use. As discussed earlier, targeted programs are needed to meet the special needs and issues of Hispanic/Latino persons.
- General questions regarding exposure to tobacco use in the media will be used to monitor the degree of exposure to pro- or anti-tobacco messages and gauge social context. Little is known about the nature and extent of media exposure among this population, but such information is critical to enacting effective anti-smoking programs.
- Questions regarding exposure to secondhand smoke will indicate where adults and children are exposed to smoke and to what extent. These data are especially critical for Hispanic/Latino populations because they tend to work in industries that have high rates of secondhand smoke exposure, such as restaurants and bars where patrons smoke and construction jobs that require riding in vehicles with smokers.
- The data regarding cessation attempts will indicate the level of desire to quit as well as of addiction. This information will reflect the extent of the need to provide adults with programs that help them quit using tobacco.

Three specific locations—New York, Florida, and Texas—were deemed appropriate for this study. The target area for the New York survey is four largely Hispanic boroughs (Brooklyn, Bronx, Manhattan, and Queens) in New York City. The target area for Florida is Dade County. The majority of the population of Dade County resides in the city of Miami and is predominately Hispanic. The target area for Texas is “colonias” in El Paso County. Colonias are low-income residential areas located along the border between the U.S. and Mexico.

In addition to simply having high numbers of Hispanic/Latino residents, the following considerations recommend these locations for administration of the Hispanic/Latino ATS:

- These locations have active anti-smoking initiatives in place that will be of practical use to the Hispanic/Latino ATS findings.
- The locations have active governmental efforts at setting anti-smoking policies in place. This information will help improve those efforts in specific ways to protect the Hispanic/Latino populations in the selected areas.
- The data will help in the development of tobacco control initiatives in areas of high Hispanic/Latino population growth.
- The data will help identify and eliminate tobacco-related disparities among Hispanic/Latino populations in these locations.

A.12 Estimates of Annualized Burden of Hours and Costs

As reported in *Exhibit A-2 and A-3*, the annualized number of respondents participating in the 2006 Hispanic/Latino ATS is estimated to be 4,250 persons. The total annualized burden in hours of participation is estimated to be 1,858 hours. The annualized cost to respondents is solely their time to participate which is valued at approximately \$31,921.

Annualized Number of Respondents. In order to complete 750 interviews each in New York, Florida, and Texas on an annual basis, we anticipate that we will have to contact and attempt to administer the screener to one adult in about 4,250 households. Based on the results of the screening, we expect to administer the informed consent and interview to approximately 2,250 persons. It is possible that the screener respondent and the interview respondent may be different people in the same household (for example the husband may participate in the screener, but the wife may actually be the survey participant), but for the purposes of this study we have counted one household as one participant. *Exhibit A-2* provides detail on the number of respondents separately for each of the three locations.

Annualized Respondent Burden in Hours. In order to complete 2,250 interviews in New York and Florida and 2000 in Texas in one year, we anticipate that we will have to contact and attempt to screen one adult in 4,250 households. On average, we expect the screening to take 10 minutes. Therefore, we estimate the burden for the screening to total 708 hours. Out of these 4,250 households we expect to administer the informed consent and the interview to approximately 2,250 persons. The time to read the informed consent and administer the interview is estimated to be 30 minutes (Pretest results with the ATS indicate that the interview ranges from 20 to 25 minutes.) Nine questions have been added to the El Paso administration at the request of the local health department. It is estimated to add no more than 2 minutes to the administration time. Therefore, we expect the burden to administer the informed consent and interview to total 1,150 hours. Therefore, on an annualized basis, the total burden is 1,858 hours. *Exhibit A-2* provides detail on the annualized hours of respondent burden separately for each of the three locations.

Exhibit A-2. Estimate of Annualized Burden Hours

Location/ Survey Area		# of Respondents	# of Responses per Respondent	Average Burden (in hours)	Total Annualized Burden (in hours)
New York	Screener	1500	1	10/60	250
	Survey	750	1	30/60	375
Florida	Screener	1500	1	10/60	250
	Survey	750	1	30/60	375
Texas	Screener	1250	1	10/60	208
	Survey	750	1	32/60	400

NY, FL, TX SubTotal	Screener Survey	4250 2250			708 1150
Grand Total					1858

Annualized Respondent Cost. Respondent’s participation is voluntary and there is no cost attributed to them, other than their time. As this is a survey of the general population, we are using the U.S. Department of Labor (2003) estimate of the mean of state, local, and private hourly earnings of \$17.18. At that rate, the total annual cost burden for the time spent participating is \$31,921. *Exhibit A-3* provides detail on the cost to respondents separately for each of the three locations.

Exhibit A-3. Estimated Annual Total Burden Costs

Location/ Survey Area		Total Burden Hours	Hourly Wage Rate	Respondent Cost
New York	Screener	250	\$17.18	\$4,295
	Survey	375	\$17.18	\$6,443
Florida	Screener	250	\$17.18	\$4,295
	Survey	375	\$17.18	\$6,443
Texas	Screener	208	\$17.18	\$3,573
	Survey	400	\$17.18	\$6,872
NY, FL, TX	Grand Total	1858		\$31,921

A.12 Estimate of Other Total Annual Cost Burden to Respondents or Record Keepers

There are no costs to respondents other than their time.