

**SUPPORTING STATEMENT**

**For**

**The Effectiveness of Teen Safe Driving Messages and Creative Elements on  
Parents and Teens**

**CENTERS FOR DISEASE CONTROL AND PREVENTION**

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## **Justification**

### **A.1. Circumstances Making the Collection of Information Necessary**

Motor vehicle crashes are the leading cause of death for young drivers ages 15 to 20 years old, accounting for nearly one-third of all deaths in this age group. In 2005, 7,460 young drivers within this age group were involved in fatal crashes, according to the National Highway Traffic Safety Administration (NHTSA) (Ref: NHTSA's National Center for Statistics and Analysis, Traffic Safety Facts, Young Drivers, 2005 Data). Furthermore, according to NHTSA, 3,467 young drivers were killed in motor vehicle crashes that same year, and an additional 281,000 were injured (Ref: NHTSA's National Center for Statistics and Analysis, Traffic Safety Facts, Young Drivers, 2005 Data). Driving is especially dangerous for teens during the early stages of licensure, as novice drivers require months and even years to develop proficiency behind the wheel.

Fatalities and injuries caused by teen motor vehicle crashes are in fact preventable. Research suggests that ongoing parental management and monitoring, including strict parent-imposed restrictions of teen driving privileges, may be associated with fewer teen motor vehicle crashes and violations (Ref: Bruce Simons-Morton, Ed.D., M.P.H.; *Journal of Safety Research*; March 2007). This includes parental education and enforcement of state graduated driver licensing (GDL) systems, a method that has been demonstrated to be effective in decreasing the number of fatal crashes among young drivers. GDL systems were created to give newly licensed teen drivers experience driving under low risk driving conditions, allowing them time to acquire the skills, maturity, and experience necessary for full licensure. In general, there are three stages to a graduated system: a supervised learner's period; an intermediate license (after passing the driver test) that limits driving in high-risk situations except under supervision; and then a license

with full privileges, available after completing the first two stages. GDL systems may include a learner's stage, beginning at age 16 and lasting at least 6 months, plus restrictions on unsupervised night driving and passengers during the first 6 to 12 months of licensure. Some states add other requirements including belt use provisions, cell phone use restrictions, penalty systems so that violations result in license suspension or extension of the holding period, and driver education. Parental enforcement of GDL restrictions should be considered the bare minimum, though, as Centers for Disease Control and Prevention believes it is just one component of the overall effort parents need to take in managing and monitoring their teens' driving privileges.

Currently forty-six states and the District of Columbia have a three-stage system although laws and restrictions vary widely by state (Ref: Insurance Institute for Highway Safety; U.S. Licensing Systems for Young Drivers; September 2007). Parents of teen drivers, however, are not always aware of GDL restrictions specific to their state. In addition, parents tend to overlook motor vehicle crashes as a significant threat to their teen's safety, particularly if they believe their teen is a "good" child without a history of risk-taking behavior. The National Center for Injury Prevention and Control (NCIPC) at CDC recognizes there is an opportunity to increase awareness among parents of the important role they play in managing their teenage drivers' behaviors, as well as educating their teens about the high-risk activities that lead to motor vehicle crashes.

In preparation for a national campaign to educate parents about their role in their teens' driver education, Ogilvy Public Relations Worldwide, PerformTech, International Communications Research (ICR) Survey and Fieldwork Network, on behalf of CDC, seek to determine the most effective messages and channels through which to communicate with

parents. These proposed activities support CDC's Healthy People in Every Stage of Life goal; which states that all people, and especially those at greater risk of health disparities, will achieve their optimal lifespan with the best possible quality of health in every stage of life. They also are in step with NCIPC's Division of Unintentional Injury Prevention's identification of adolescent drivers as a priority area of focus.

The proposed data collection will assess the appropriateness and impact of messages and creative materials, intended to (a) increase parental involvement in their teen's driving education and experience, and (b) encourage teens to adopt safer driving practices. The proposed data collection will include:

1. Six focus groups among members of target audiences. Materials to test during focus groups include seven creative concepts with varied and distinct messaging. Among the six focus groups, four groups will include parents of 15 to 18 year olds (i.e. teens who are at least 15 years old and younger than 19 years old – herein described as “15 to 18 year olds”) who have a learner's permit or driver's license, and two groups will include teens (not related to the parents). Each of the six focus groups will include approximately 10 participants. Based on the results – information learned from the focus groups – there may be a need to submit a modification to OMB, as the information learned in the focus groups will affect the final creative materials.
2. Pre-intervention survey among parents of teen drivers within the two pilot cities (400 interviews per pilot city for a total of 800 pre-intervention interviews). The pre-intervention telephone survey will benchmark parental knowledge, attitudes and behaviors of teen safe driving. This survey will take place among parents with at least one child in the 15-18 year old age range, who has a learner's permit or driver's

license. The parents in this survey will be different from the parents in the focus groups.

3. Post-intervention survey among parents of teen drivers within the two pilot cities (400 interviews per pilot city for a total of 800 post intervention interviews). Upon completion of the campaign, a post-intervention survey will be conducted to assess knowledge, attitudes and behaviors of teen safe driving among a different group parents than the parents who participated in the focus groups or in the pre-intervention. The results of the post-intervention survey (which is the same as the pre-intervention survey) will be compared to the pre-intervention survey results to observe any shifts or changes.

This is a request to OMB for the approval of *The Effectiveness of Teen Safe Driving Messages and Creative Elements on Parents and Teens* in accordance with section 301 of the Public Health Service Act (42 USC 241) (Attachment 1), for a period of two years.

#### **A.2. Purpose and Use of the Information**

The CDC, as demonstrated by the attached moderator's guide (Attachment 2), seeks to conduct six focus groups, each consisting of approximately 10 people to learn valuable information regarding parents' and teens' levels of awareness and concern about safe driving; motivators for behavior change, and message/channel preferences. Focus group participants will be recruited by FieldWork Network, using their databases of households in each of the two sites (Chicago, IL and Atlanta, GA) and the screeners developed for this project. FieldWork screeners do an initial search of their databases for households with children in the target age group. They then call the households and ask to speak to a parent. For the parent focus group, the recruiter will complete a screening interview. If the parent meets all the criteria the recruiter will confirm

their willingness to participate in the focus group at the scheduled time. For the teen focus group, the recruiter will confirm that there is a teen in the household that meets the screening criteria, and ask permission to speak to the teen. The recruiter will complete the screening interview with the teen. The goal is to recruit 12 to 13 participants for each focus group to ensure that sufficient participants show up.

The focus groups will be conducted by Katie Moran, President of PerformTech. Fieldwork Network will videotape (with a fixed camera) and audio record the sessions and provide copies to Ogilvy PR. In addition, a representative from Ogilvy PR will manually take notes during each session. The note taker and observers will be seated in an observation room where they can hear and see the entire discussion and send notes in to the facilitator if they want to add a question or get clarification on a point that was made. Questions were developed by Katie Moran.

Focus group participants will put their first name only on a table tent card. It is not necessary for them to put their name on any worksheets. Worksheets will be numbered prior to participants' arrival, so it will be possible to match up each number with the person sitting in a particular location. Fieldwork Network will also provide Ogilvy PR with a set of the screener information sheets of the participants as well as the sign-in sheets.

Parents, the primary-audience target, will be the most important audience to understand; thus, they will be the subject of four of the six focus groups. The two teen focus groups will be split between male participants and female participants, as adolescent boys and girls tend to provide more open and honest answers when they are among members of the same sex. Parents will be asked for their permission to interview their child and for that child to participate in a focus group. All focus group participants will receive a confirmation letter (Attachment 3) from

Fieldwork Network upon recruitment. For focus group participants less than 18 years of age, his or her parent or guardian will receive the confirmation letter. The teen's subsequent participation in the focus group after his or her parent receives the confirmation letter will be considered the parent's consent. The information collected will be used to develop final creative materials to implement the CDC teen safe driving campaign in two pilot cities, Little Rock, Arkansas and Columbus, Ohio.

Surveys in Pilot Markets (Attachments 4-9), will evaluate knowledge, attitude and behaviors of parents of 15 to 18 year old teenage drivers both pre- and post-communications campaign. ICR will recruit parents of teens through usage of random digit dialing (RDD) sample. Interviews will be conducted by ICR through telephone surveys in the form of pre-intervention assessment of baseline knowledge, attitude and behaviors of parents of teens and a post-intervention assessment of knowledge, attitude and behaviors of a different group of parents of teens. This information will determine the effectiveness of the campaign and evaluate its ability to be extended to the national level. Without this information, the CDC risks the possibility of inefficiently and ineffectively implementing campaign activities. If the campaign is found to be effective, CDC will pursue strategies to implement nationwide, such as adding additional funding and/or partnering with other federal and non-federal partners.

### **A.3. Use of Information Technology and Burden Reduction**

The CDC, with the help of Perform Tech, will conduct in-person focus groups, and so there will be no automated, electronic, or technological collection techniques. The Pre- and Post-Intervention Survey will be implemented by ICR, in the form of CATI (computer assisted telephone interviews), a program that helps reduce burden for the respondents, rather than completing a paper survey or a computerized survey.

#### **A.4. Efforts to Identify Duplication and Use of Similar Information**

The CDC has taken steps to ensure that the proposed Focus Groups and Pre- and Post-Intervention efforts are not duplicative of another study, and that the data/similar data are not available from NHTSA, CDC, or other private organizations. The CDC has created specific campaign materials (Attachment 11) as the result of an environmental scan and analysis conducted in March 2006 and a meeting with experts in the teen safe driving field that took place on June 27, 2006. The materials are individual to CDC and have not been tested or implemented at any other time.

At the time it was conducted, the environmental scan resulted in a number of insights that influenced development and direction of campaign materials and strategy. The two most salient insights include the following:

- 1) Few interventions actively involve parental management of teen driving privileges and behavior. Research from the National Institute of Child Health and Human Development suggests that sustained parental involvement with their teens' driver education – that is, education beyond simply passing a state driver's test – is key to affecting behavior change. According to Luis del Rio, a senior communications strategist at NHTSA, parents remain a “largely untapped” audience among teen driver safety programs. Research from Students Against Destructive Decisions (SADD) and Liberty Mutual reinforces the fact that parents strongly influence their children's driving habits. (Source: Liberty Mutual/SADD Teen Driving Study, Teens Inherit Parents' Bad Driving Habits, August 10, 2004).
- 2) Many current interventions lack a component to educate both teens and parents about state GDL laws and requirements for graduation to the next “level” of licensure. CDC's

environmental scan revealed that less than 25 percent of teen interventions mention GDL anywhere in their program. In a 2004 study conducted by the University of North Carolina Highway Safety Research Center, only 5 percent of parents and 3 percent of teens were aware of safety belt provisions in the state GDL law. Publicity and education of state GDL requirements may provide an effective strategy to prevent unsafe teen driving behaviors. However, the fact that GDL laws and requirements vary from state to state presents a challenge to this approach.

Teen safe driving experts that participated in the June 2006 expert meeting are also considered members of the expert panel. The expert panel was assembled to gain perspectives on potential communication strategies and tactics for raising parental awareness about teen motor vehicle crashes and motivating parents to closely manage their teens' driving behavior. These communication strategies and tactics were presented to experts during the June 2006 expert meeting in a communications plan developed by CDC and Ogilvy PR. Following the expert meeting, the communications plan was revised to incorporate expert panel recommendations. The expert panel includes the following individuals:

- Kenneth Beck, Ph.D.; College of Health and Human Performance; University of Maryland
- Bill Combs; Consultant; Former Director of Teen Driver Safety Programs, National Safety Council; Former Director of Public Affairs, National Highway Traffic Safety Administration (NHTSA)
- Patricia Ellison-Potter, Ph.D.; Research Psychologist; NHTSA

- Robert D. Foss, Ph.D.; Senior Research Scientist and Director, Center for the Study of Young Drivers; The University of North Carolina Highway Safety and Research Center (not in attendance at expert meeting)
- J. Peter Kissinger; President and CEO; AAA Foundation for Traffic Safety
- Jeff Linkenbach, Ed.D.; Department of Health & Human Development; Montana State University (not in attendance at expert meeting)
- Robin Mayer; Chief, Consumer Information Division; NHTSA
- Kathleen McCoy, Ph.D.; UCLA Medical Center
- Justin McNaull; Director of State Relations; National AAA
- Peter Picard; Vice President; Teenage Research Unlimited
- Shayne Sewell; Consumer Information Division; NHTSA
- Bruce Simons-Morton, Ed.D., M.P.H.; Chief, Prevention Research Branch; Division of Epidemiology, Statistics and Prevention Research; National Institute of Child Health and Human Development; National Institutes of Health
- Mike Stephenson, Ph.D.; Department of Communication; Texas A&M University

In addition to the June 27, 2006 expert meeting, outreach to the expert panel for solicitation of campaign development feedback was conducted by CDC on the following dates:

- January 12, 2007: Experts were consulted on draft concepts and messages that were developed based on the communications plan and insights generated by the expert panel meeting.

- June 12, 2007: Experts were provided an overall summary of their feedback on the draft concepts and messages. Creative concepts and messages were revised by Ogilvy PR based on the Expert Panel feedback and recommendations.

#### **A.5. Impact on Small Businesses or Other Small Entities**

No small businesses will be involved in this study.

#### **A.6. Consequences of Collecting the Information Less Frequently**

This item is not applicable to the proposed studies as the CDC is planning a single-time collection of information. All respondents in the focus groups and in the pre- and post-intervention surveys will be asked to provide information only once for this particular study. Due to cost and logistical purposes in the pre- and post-intervention surveys, pre-intervention survey participants will not be asked to take part in the post-intervention survey. The post-campaign survey will include an entirely different set of survey participants.

There are no legal obstacles to reduce the burden.

#### **A.7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5**

This data collection request fully complies with Guidelines of 5 CF 1320.5. No special circumstances exist outside the guidelines.

#### **A.8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside Agency**

A 60-day Federal Register Notice was published in the *Federal Register* on December 22, 2006 (Volume 71, No 244, Page 76342) (see Attachment 10). One public comment was received from a private citizen and the necessary action was taken. Other efforts by the CDC to seek comments from individuals and outside agencies include the following:

1. CDC consulted with numerous experts in the field of teen safe driving, within and outside of the Federal government. CDC has assembled an Expert Panel that includes representatives from the National Highway Traffic Safety Administration; National Institute of Child Health and Human Development, National Institutes of Health; AAA Foundation for Traffic Safety; National AAA; Montana Social Norms Project, Montana State University; University of Maryland, College of Health & Human Performance; Texas A&M University; National Safety Council; UCLA Medical Center and Teenage Research Unlimited. Details about the participants and their involvement to date can be found in section A4.
2. CDC utilized the consultative services of two outside research groups, Perform Tech and ICR, with many years of experience in study, survey, and sampling design study implementation and data analysis and reporting.

#### **A.9. Explanation of Any Payment or Gift to Respondents**

Focus Groups participants will be given a small incentive of \$60 for taking part in this data collection – the minimum competitive incentive to recruit suburban-area focus group participants, according to both PerformTech and Fieldwork Network. Incentives are provided to ensure that potential focus group participants will not be excluded due to burden such as transportation and fuel costs, lost wages and other barriers. Incentives for participants will be provided in the form of cash or check. The CDC will not provide payment of gift incentives to respondents in the pre- and post-intervention surveys, as the time required to complete the information collection via telephone is relatively short.

#### **A.10. Assurance of Confidentiality Provided to Respondents**

This submission has been reviewed by ICRO who determined the Privacy Act does not apply. This study will not collect personally identifiable information. The name, address and phone numbers of respondents are a part of the contractor's pre-existing records system. Following the focus groups, PerformTech and Ogilvy PR will use their notes and video and audio tapes to develop a report. During this time, the video and audio tapes will be kept in a locked cabinet to ensure their protection and the participants' anonymity. Once the focus group report has been finalized and submitted to CDC, the tapes and notes will be destroyed. As stated in the contract between ICR and Ogilvy Public Relations Worldwide (paragraph 4 of the ICR Market Research Contract) – ICR shall not disclose the identity of respondents and any respondent-identifiable information to CDC, except in specifically-described research situations, such as validation or modeling, permitted by and in accordance with the CASRO Code of Standards and Ethics for Survey Research.

All respondents will be advised of the nature of the activity, the length of time it will require, and that participation is purely voluntary. Respondents will be assured that no penalties will occur if they do not wish to respond to the information collection as a whole or to any specific questions. These procedures conform to ethical practices for collecting data from human participants. All information provided by respondents will be treated in a private manner. Participants' data will be safeguarded to the fullest extent. Respondents will be informed prior to participation that their responses will be treated in a private manner. NCIPC applied for and has received CDC's IRB approval (Attachment 13).

### **A.11. Justification for Sensitive Questions**

The racial information for the focus group screening is not used for interpreting the results – just to ensure that the group is balanced so that the discussion can reflect a wide range of opinions. Focus groups participants will be screened and selected with an intent to approximate a cross-section all of U.S. residents. Questions that may be considered sensitive – including topics such as speeding and failure to wear seat belts – are necessary to ask during focus groups, as exploring and understanding parents’ attitudes/beliefs about driving is critical to message and concept development. Furthermore, research suggests that parents’ driving habits strongly influence their teens’ driving behavior (Students Against Destructive Decisions/Liberty Mutual, “Teens ‘Inherit’ Parents’ Bad Driving Habits,” August 2005). Following the pre- and post-intervention survey, it is also necessary to ask a question regarding the participants’ total annual household income (which the participant has the option not to answer) for classification purposes and data analysis.

### **A.12. Estimates of Annualized Burden Hours and Costs**

This collection of information includes Focus Group Testing, a Pre-Intervention Baseline Survey, and a Post-Intervention Survey.

#### **Estimates of Annualized Burden Hours and Costs**

The respondents targeted for the proposed focus groups and surveys are parents and teenagers. To estimate the hour burden of the collection of information, we estimated the responses to both of the screener forms (focus group and survey, respectively), the focus group questions, and the survey questions. Screener forms will be used with all respondents and will determine whether or not a person agrees to participate in a focus group or complete the survey; the amount of time required for a respondent to be screened is estimated to be 1 minute. The

focus group questions will be used with people who agree to participate in the focus group; the amount of time required for a respondent to take part in a focus group is estimated to be 2 hours. The survey questions will be used with people who agree to take the survey; the time required for a respondent to complete the survey is 15 minutes. These estimates are based on internal testing with project staff and input from the Fieldwork Network and ICR Survey.

Fieldwork Network, working through its affiliates in both selected cities, will recruit participants for the focus groups from their databases of more than 200,000 individuals. To calculate the number of respondents and participants, we've made two assumptions based on information provided by Fieldwork Network. Of the 70 parents screened, we expect 20 to become focus group participants. Similarly, of the 35 teens that are screened, we expect 10 to become focus group participants. These figures are based on Fieldwork Network's estimate of the number of screened individuals necessary to recruit 10 participants per focus group from their databases. Because the data collected is qualitative, rather than quantitative, we expect four focus groups among parents and two among teens will provide information sufficient to help CDC understand these audiences and evaluate concepts and messages.

It is CDC's goal to achieve 800 completed surveys, i.e. 400 from each pilot market. The universe of Little Rock, Arkansas and Columbus, Ohio to be surveyed is parents with at least one child between the ages of 15 and 18 who has a learner's permit or driver's license. The universe of potential qualifying households for the pre/post surveys in Little Rock, Arkansas and Columbus, Ohio is 77,352 and 301,534, respectively. Within this universe, CDC expects ICR Survey to make contact with 1,800 potential survey participants. Based on this assumption, we expect ICR

Survey to complete 800 surveys (400 within each pilot market) among parents with at least one child between the ages of 15 and 18 who has a learner's permit or driver's license.

The total estimated annualized cost is \$4035.85. Our calculations were made based on the average hourly wage of \$14.35 for adults and \$7.00 for teens (source Bloomberg.com).

The overall annualized cost for the focus group screener was estimated by multiplying the number of respondents (70 parents and 35 teens, respectively), by the frequency of response (1.0), by the average time per response (1 minute, or 1/60), by the average hourly wage (\$14.35 for adults and \$7.00 for teens).

The overall annualized cost for the focus group questions was estimated by multiplying the number of respondents (20 parents and 10 teens, respectively), by the frequency of response (1.0), by the average time per response (2 hours), by the average hourly wage (\$14.35 for adults and \$7.00 for teens).

The overall annualized cost for the pre/post intervention screener was estimated by multiplying the number of respondents (1,800 parents), by the frequency of response (1.0), by the average time per response (1 minute, or 1/60), by the average hourly wage (\$14.35 for adults).

The overall annualized cost for the pre/post intervention survey was estimated by multiplying the number of respondents (800 parents), by the frequency of response (1.0), by the average time per response (15 minutes), by the average hourly wage (\$14.35 for adults).

The total burden hours annualized in the table below have been rounded up to the next whole number.

**A.12. Estimated Annualized Burden Hours and Costs**

Type of Respondent	Form	Number of Respondents	Number of Responses per Respondent	Average Burden per Respondent (in hours)	Total Burden Hours
Parents	Parent Focus Group Screener	70	1	1/60	1
Teens	Teen Focus Group Screener	35	1	1/60	1
Parents	Parent Focus Group Questions	20	1	2	40
Teens	Teen Focus Group Questions	10	1	2	20
Parents	Pre/Post Intervention Survey Screener	1,800	1	1/60	30
Parents	Pre/Post Intervention Survey	800	1	15/60	200
Totals					<b>292</b>

**Estimated Annualized Burden Costs**

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Parents	1	14.35	\$14.35
Teens	1	7.00	\$7.00
Parents	40	14.35	\$574.00
Teens	20	7.00	\$140.00
Parents	30	14.35	\$430.50
Parents	200	14.35	\$2870.00
Totals	292		\$4035.85

The same survey is administered to the pre- and post-intervention parents but the pre-intervention and post-intervention parents are different individuals.

**A.13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers**

Respondents will not incur capital, start-up, operations or maintenance costs as a result of participation in this information collection. Respondents should be able to answer all questions without research and do not need any type of equipment or processes to complete this information collection.

#### A.14. Annualized Cost to the Federal Government

The one time cost for the focus groups includes instrument design and implementation, data collection, data analysis, refinement of messages and reporting. The one time cost for the Pre-and Post-Intervention Survey includes instrument design and implementation, data collection and data analysis.

The total to the federal government is \$202,755, annualized as \$101,377.50.

	<b>Activity</b>	<b>Estimated Cost</b>	
<b>Focus Groups</b>	Project management (CDC)	\$1,810	40 total labor hours at \$45.26* per hour
	Project management (Ogilvy PR)	\$35,571.00	Project team: 226.5 total labor hours at \$157.00/hour (average)
	Development of Moderator’s Guide and Screener (PerformTech)	\$10,670.41	Cost to develop Moderator’s Guide and Screener
	Recruitment of participants in two cities (Fieldwork Network) and implementation of six focus groups (PerformTech)	\$31,329.59	Cost to recruit for and implement focus groups.
	Travel to and from focus group cities: Chicago, IL and Atlanta, GA (Ogilvy PR)	\$3,424.00	Two trips for two people, including lodging, airfare, per diem and miscellaneous expenses
	Prepare report of focus group concept and message testing (Ogilvy PR)	\$8,732.00	Project team: 55.6 total labor hours total at \$157.00/hour (average)
	General administration (Ogilvy PR)	\$636.00	General administrations costs, including telephone, fax, photocopies, postage and shipping costs
		<b>Subtotal Focus Groups</b>	<b>\$92,173.00</b>
<b>Pre-Intervention Survey</b>	Project management (CDC)	\$1,810	40 total labor hours at \$45.26* per hour
	Project management (Ogilvy PR)	\$6,006.00	Project team: 38.25 total labor hours at \$157.00/hour (average)
	Development of Telephone Screener and Survey (ICR Survey)	\$1,600.00	Costs for development of survey and screener
	Quantitative research: Pre-campaign survey (ICR Survey)	\$46,600.00	Cost for implementing pre-campaign survey
	General administration (Ogilvy PR)	\$75.00	General administrations costs, including telephone and fax
		<b>Subtotal Pre-Intervention Survey</b>	<b>\$56,091.00</b>
<b>Post-Interven</b>	Project management (CDC)	\$1,810	40 total labor hours at \$45.26* per hour
	Project management (Ogilvy PR)	\$6,006.00	Project team: 38.25 total labor hours at \$157.00/hour (average)

	Quantitative research: Post-campaign survey (ICR Survey)	\$46,600.00	Cost for implementing post-campaign survey
	General administration	\$75.00	General administrations costs, including telephone and fax
	<b>Subtotal Post-Intervention Survey</b>	<b>\$54,491.00</b>	
<b>TOTAL Cost to the Federal Government</b>			<b>\$202,755.00</b>
<b>TOTAL Annualized Cost to the Federal Government</b>			<b>\$101,377.50</b>

\* Hourly wage cited for General administrator, Public administrator in the National Compensation Survey: Occupational Wages in the United States, July 2002, U.S. Department of Labor, Bureau of Labor Statistics, June 2003.

### A.15. Explanation for Program Changes or Adjustments

The proposed study is a new data collection.

### A.16. Plans for Tabulation and Publication and Project Time Schedule

#### A.16-1 Project Time Schedule

<b>Activity</b>	<b>Time Schedule</b>
Focus group screening	4 weeks after OMB approval
Focus group testing (city 1)	4 to 6 weeks after OMB approval
Focus group testing (city 2)	7 to 9 weeks after OMB approval
Focus group analysis	9 to 12 weeks after OMB approval
Material revisions of campaign materials	6 to 9 months after OMB approval
Pre-campaign in pilot cities #1 and 2 fieldwork start	8 to 11 months after OMB approval
Material Implementation campaign materials	9 to 12 months after OMB approval
Pre-intervention in pilot cities #1 and 2 fieldwork completed	8 ½ to 11 ½ months after OMB approval
Pre-intervention in pilot cities #1 and 2 survey analysis and reporting	9 to 12 months after OMB approval
Implementation of Pilot Communications Campaign in pilot cities # 1 and 2	9 to 12 months after OMB approval
Post-intervention in pilot cities #1 and 2 fieldwork start	11 to 14 months after OMB approval
Post-intervention in pilot cities #1 and 2 fieldwork completed	11 ½ to 14 ½ months after OMB approval
Post-intervention in pilot cities #1 and 2 survey analysis and reporting	12 to 15 months after OMB approval

The focus groups will be held in Chicago, IL and Atlanta, GA. The results of the focus groups will be presented in a report developed by PerformTech and Ogilvy PR.

Cities identified by CDC as campaign pilot sites are Little Rock, Arkansas and Columbus, Ohio. In each pilot site, a pre-intervention survey will be conducted to benchmark knowledge, attitudes, and behaviors of teen safe driving. This survey will be done among parents with at least one child in the 15 to 18 year old age range who has already obtained a learner's permit or driver's license.

Following the pre-intervention survey, the communications campaign will be implemented over a two-month period in the pilot sites. Upon completion of the pilot campaign, a post-intervention survey of a different set of parents with at least one child in the 15 to 18 year old age range who has already obtained a learner's permit or driver's license will be conducted to assess knowledge, attitudes, and behaviors of teen safe driving among parents. The results of the post-intervention survey will be compared to the pre-campaign survey to observe for any shifts. The results of the pre and post-intervention surveys are not intended for publication.

Complex analytical techniques are not required for the reporting of the data. The type of test used to determine significant differences is a Neuman-Kuels T-test. This is a more conservative test developed to deal with the problem of "false positives". The procedure is as follows:

1. Of any group of cells, the two groups (i.e., means) that are most different are tested first.
2. If these groups are not significantly different, no more pairs of means are tested.
3. If these groups are significantly different, the next two groups that are most different are tests.
4. This procedure is repeated until there a non-significant group.

The data will be presented in tabular format statistically tested at a 95% confidence level to highlight any significant shifts in data between the pre-campaign survey and the post-campaign survey.

The deliverables for this research include:

- Providing results in tabular format for:
  1. Pre-Intervention Survey
  2. Post-Intervention Survey
  3. Pre-Intervention vs. Post-Intervention Survey Trending
- A report in PowerPoint format analyzing:
  1. Results from Pre-Intervention Survey
  2. Results from Post-Intervention Survey with comparisons to Pre-Intervention Survey

CDC is requesting OMB Approval for two years after approval is granted.

#### **A.17. Reason(s) Display of OMB Expiration Date is Inappropriate**

The CDC intends to display the OMB approval expiration date and the information collection control number.

#### **A.18. Exceptions to Certification for Paperwork Reduction Act Submissions**

The CDC intends to meet all certification requirements and is, therefore, not seeking exception to any part of the Certification for Paperwork Reduction Act Submission.