HEALTH MARKETING

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National Center for Health Marketing
Centers for Disease Control and Prevention
July 15, 2008

GENERIC HEALTH MARKETING

A. Justification

1. Circumstances Making the Collection of Information Necessary

Since it was founded in 1946 to help control malaria, the Centers for Disease Control and Prevention (CDC) has remained at the forefront of public health efforts to prevent and control infectious and chronic diseases, injuries, workplace hazards, disabilities, and environmental health threats. Today, CDC is globally recognized for conducting research and investigations and for its action oriented approach. CDC applies research and findings to improve people's daily lives and responds to health emergencies—something that distinguishes CDC from its peer agencies.

As America has entered a new millennium, new health and safety challenges have emerged:

- Emerging infectious diseases (SARS, monkeypox, pandemic influenza)
- Terrorism
- Environmental threats (hurricanes, wildfires, toxic chemical spills)
- Aging population
- Lifestyle choices (tobacco use, poor nutrition, lack of physical fitness)

CDC is adapting to meet these new challenges. New strategies, new innovations, and new goals bring new focus to the agency's work, allowing CDC to do even more to protect and improve health. CDC is committed to achieving true improvements in people's health. To do this, the agency is defining specific health protection goals to prioritize and focus its work and investments and measure progress.

It is imperative that CDC provide high-quality timely information and programs in the most effective ways to help people, families, and communities protect their health and safety. Through continuous consumer feedback, prevention research, and public health information technology, we identify and evaluate health needs and interests, translate science into actions to meet those needs, and engage the public in the excitement of discovery and the progress being made to improve the health of the Nation. In our outreach to partners, we build relationships that model shared learning, mutual trust, and diversity in points of view and sectors of society. The National Center for Health Marketing (NCHM) of the Coordinating Center for Health Information and Service (CCHIS) was established to help ensure that health information, interventions, and programs at CDC are based on sound science, objectivity, and continuous customer input.

NCHM is requesting a 3-year approval for the generic concept of health marketing to provide feedback on the development, implementation and satisfaction regarding

public health services, products, communication campaigns and information. The information will be collected using standard qualitative and quantitative methods such as interviews, focus groups, and panels, as well as questionnaires administered in person, by telephone, by mail, by email, and online. More specific types of studies may include: user experience and user-testing; concept/product/package development testing; brand positioning/identity research; customer satisfaction surveying; ethnography/observational studies; and mystery shopping. The data will be used to provide input to the development, delivery and communication of public health services and information at CDC and to address emerging programmatic needs.

Every National Center and Office at CDC will have the opportunity to utilize this generic clearance. The conduct of such research is authorized under the Public Health Service Act (42 USC 241) Section 301. A copy of the legislation is included in the attachments. (Attachment 1)

2. Purpose and Use of Information Collection

Health communication and social marketing (also known as "health marketing") at CDC is based on a variety of media including print (for example, brochures, posters, fact sheets, information kits), broadcast (for example, radio, television and internet public service announcements), and electronic formats (for example, the Internet, email, listservs, audio and video podcasts, CD-ROMs, DVDs, and online videos), as well as direct response to inform and educate the public and health professionals. Production and assessment of these materials is the primary means for CDC programs to reach CDC's various audiences. To ensure that health marketing has the potential to be received, understood and accepted by those for whom they are intended, CDC programs employ formative studies. This involves (1) assessing audience knowledge, attitudes, behaviors and other characteristics for the planning/development of health messages, educational products, communication channels, and public information programs; and (2) pre-testing these health messages, products, strategies and program components while they are in developmental form to assess audience comprehension, reactions and perceptions. The information obtained from audience research, pre-testing and evaluation can lead to improvements in materials and strategies while revisions are still affordable and possible. By maximizing the effectiveness of these messages and strategies for reaching targeted audiences, the frequency with which publications, products and programs need to be modified is reduced.

Frequently it is urgent that CDC have information in a very short turnaround time. In order to facilitate the collection of such information, NCHM is requesting approval for a range of questions that can be used in various types of studies (Attachment 3). In the interest of the participant's time and reducing burden to the participant, each study will ask only those questions which are absolutely necessary to improve the specific program's products, services and information.

3. Use of Improved Information Technology and Burden Reduction

Whenever possible the studies will employ the newest information technology to collect and analyze data in order to reduce respondent burden and to make data processing and reporting maximally efficient. They will be conducted electronically when feasible; for example, online surveys, and telephone interviews. In those cases, respondents will submit their response electronically and the responses will also be tallied electronically. Electronic collection will minimize the burden on respondents and facilitate the most rapid processing of results. This, in turn, provides CDC the quickest means for making improvements based on customer feedback. In some instances, however, the most appropriate methodology will involve written or oral responses to questionnaires, interviews, and focus groups.

4. Efforts to Identify Duplication and Use of Similar Information

Prior to each study CDC staff will review existing literature and data bases and consult with outside experts to determine if the subject matter information is available from other venues. All proposed studies will address needs specific to CDC and will be forwarded to OMB only if it is determined that the information is not available from another source.

5. Impact on Small Businesses or Other Small Entities

A few small businesses such as physicians, other health care providers and non-profit organizations may be included in some studies; however, they should not be adversely affected. The number of questions will be held to the absolute minimum for the intended use of the data. Form design and the electronic data collection methodology will further minimize respondent burden.

6. Consequences of Collecting the Information Less Frequently

These studies will examine public perception of CDC's ability to respond in a timely manner to the needs of its customers. Collection of information routinely and systematically enhances its utility in monitoring customer satisfaction and in identifying problems and needs so as to make changes and improve products and services. These studies are expected to be one-time data collections. There is no legal obstacle to reducing the public burden.

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

There are no special circumstances for the collection of information.

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

A. A 60-day Federal Register Notice was published in the *Federal Register* on May 14, 2008, Vol. 73, No. 94, pp. 27833-27834. (Attachment 2) There were no public comments.

B. Because of the unique nature of the public health work at CDC it was not necessary to consult with agencies inside or outside HHS.

9. Explanation of Any Payment or Gift to Respondents

Each proposed data collection submitted under the Health Marketing ICR will provide information specific to that particular study. Incentives will be decided on a case-by-case basis. It is standard practice in commercial market research to offer recruited respondents some form of remuneration for the time they spend engaged in data collection activity. Small amounts of money, where appropriate, a free meal or snack scheduled around the time of the data collection, and/or remuneration for parking and/or transportation are most often used, particularly when recruiting hard-to-reach and minority respondents.

A review of survey methodologists and practitioners in October, 1992, The "Symposium on Providing Incentives to Survey Respondents," sponsored jointly by OMB and the Council of Professional Associations on Federal Statistics (COPAFS), considered a number of incentive-related issues, including the impacts on response rates, biases, and incentive types, recommended OMB "seriously consider the use of incentives" for surveys that target difficult-to-engage respondent populations, surveys that are long or time consuming, surveys with items that are potentially sensitive or require detailed record keeping, surveys for which relatives serve as gatekeepers to respondent access, and surveys that are part of longitudinal panels."

Market research literature suggests that monetary incentives have a strong positive effect on the response rate and no known adverse effect on reliability. Response rate and participant objectivity are further encouraged by reminding participants, either orally or in writing, about the importance of providing both negative and positive feedback. Circumstances, however, do not always require that remuneration be given; many audiences including the public, patients, survivors, and health and other professionals often participate gratis because of their interest or involvement in the topic, or as a professional courtesy.

In the National Adult Literacy Survey by Berlin and colleagues (Berlin, M., Mohadjer, L., Waksberg, J., Kolstad, A., Kirsch, I., Rock, D., & Yamamoto, K. (1992). An experiment in monetary incentives. In the American Statistical Association (ed.), *Proceedings of the American Statistical Association Section on Survey Research Methods* (pp. 393-398). Alexandria, VA: American Statistical

Association.), found a $20 incentive resulted in not only higher response rates from the sample cohort, but also lower costs per completed case than the comparison group. Importantly, the incentives provided higher response rates from adults with lower-than-average levels of education and basic literacy and numeracy skills.

10. Assurance of Confidentiality Provided to Respondents

Each proposed data collection submitted under the Health Marketing ICR will provide information specific to that particular study. 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 wish not 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. Respondents will be informed prior to participation that their responses will be treated in a secure manner, unless otherwise compelled by law.

In most instances no names or other information that could identify the respondent will be recorded. All participants will be informed at the beginning of the activity that their responses will be treated in a secure manner, that all data will be safeguarded closely, and that no individual identifiers will be used in study reports.

It has been determined these studies are public health practice and non research, and, therefore do not require IRB review. (Attachment 4)

11. Justification for Sensitive Questions

Because of the various topics that will be included in the studies, it is not possible to state if questions of a sensitive nature will be asked. If sensitive topics are proposed, respondents will be told they are not required to answer any questions they are not comfortable answering and will be assured that the information is voluntary and will be treated in a secure manner. Some questions may be considered sensitive to some individuals and not others. Sensitive topics will be discussed only if the need and proposed use of the information is strong enough to justify asking such questions.

12. Estimates of Annualized Burden Hours and Costs

It is not possible to give an exact number of the burden hours or the type survey that will be used. The type of respondents, number of respondents/responses, and total burden hours will be addressed in each ICR when submitted. The numbers in the table below are only an estimate gathered from past submissions that fall in the category of health marketing.

Type of Respondents	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours
CDC Partners, Public Health Professionals, Health Care Professionals, General Public	86,000	1	27/60	38,700
Total	86,000			38,7 00

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

Type of Respondents	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
CDC Partners, Public Health Professionals, Health Care Professionals, General Public	86,000	1	27/60	38,700	$19.56	$756,972.00
Total	86,000			38,700		$756,972.00

Respondents will not need capital equipment, on-going recordkeeping operations, or services to complete the information collection. There are no costs to the respondents except their time. According to the U.S. Department of Labor (DOL), Bureau of Labor Statistics, Occupational Employment Statistics, May 2007 National Occupational Employment and Wage Estimates the mean hourly wage for all occupations was $19.56. Because of the scope of this generic clearance and the variety of the types of participants, this salary was utilized rather attempting to estimate salaries for groups of respondents.

14. Annualized Cost to the Government

The annualized cost to the government will be included in each ICR when submitted. The cost to the government for preparing this submission is 2.5% of the time/salary of two staff, a GS-13 and a contract employee, approximately $5000.00.

15. Explanation for Program Changes or Adjustments

This is a new data collection.

16. Plans for Tabulation and Publication and Project Time Schedule

As this is a generic package designed to encompass health marketing studies from across the agency, there are not any specific plans for tabulation, publication, or project time schedule at this time. This will be determined by each National Center or Office proposing a health marketing study.

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

No exemption is requested.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.