

October 27, 2009

To: Allison Schmidt, OMB

From: Amanda Cash, HRSA

Subject: Bright Futures for Women's Health and Wellness: Emotional Wellness Evaluation;
HRSA Responses to OMB Recommendations

1. Please provide justification for the incentive structure used in this ICR, particularly the proposed \$350 remuneration per site. (Also, the term should be revised throughout the supporting statement from "remuneration" to "incentive," as OMB does not support the remuneration of participants).

HRSA has revised the term "remuneration" to "incentive" as the money given to the sites will be used as an incentive to participate in the evaluation. The incentive is not intended to reimburse costs associated with the evaluation; rather it is to acknowledge time and effort required on the part of each of the four sites participating in the evaluation.

2. Please remove the term "intermediate".

HRSA understands the term intermediate has caused confusion and has removed the term from the supporting statement and other documentation.

3. Please provide a definition of the term "emotional wellness"

HRSA has provided a definition of "emotional wellness" in both the Bright Futures: A Young Woman's Guide to Emotional Wellness and the Bright Futures: A Woman's Guide to Emotional Wellness on Page 2: Introduction. The definition was developed by the members of the BFWHW Mental Health Expert Panel (MHEP), HRSA OWH Staff, and the product development contractors to conceptualize key concepts relevant to the promotion of mental health among female adolescents and adult women. The definition reads as follows, and is intended for a sixth grade reading level:

Emotional wellness means you feel good about yourself, your relationships and your purpose in life. It does not mean that you will never be sad, angry, or confused. Everyone will have some of these feelings from time to time. However, if you are emotionally well, you will have fewer lows and will be able to bounce back from sad times faster. Emotional wellness also helps you to be happier during the good times.

4. Please review comments/suggestions related to the Consumer Survey regarding questions #3, 6, 10, 11, 12, 14, 16, 17, and 20.

HRSA agrees with the comments/suggestions regarding questions #3, 6, 10 (see definition as mentioned above in both guides), 11 (HRSA agrees to eliminate “happy” and keep “satisfied”), 12, 14, 16, 17.

In regards to question #20, many of the consumers completing the survey will receive the guide shortly before receiving the survey; therefore it will be difficult to evaluate what the consumer has “put into practice” and learned from the guide over an extended period of time. The consumer may have at most 60 minutes (duration of services received) to review the guide before completing the survey. Therefore HRSA recommends keeping question 20 as it is.

5. Please review comments/suggestions related to the Provider Survey regarding questions #4, 8, 13, 18, 21, 22, 23, 28, and 29.

HRSA agrees with the comments/suggestions for the questions above.

For question #8 – #27, HRSA is referring to services provided by the health professional (distributor) and not the site. The question will now read “What types of services do you (personally) provide to the women you see? (check all that apply).”

For question #25, HRSA agrees to add two more choices: “No, somewhat less often than before” and “No, much less often than before”.

For question #26, HRSA proposes that “probably” be removed from the second choice and “No, no difference” be changed to “About the same”.

6. Please change question number 4 to conform with OMB requirements.
HRSA has changed question 4 to comply with OMB standards when collecting race and ethnicity.

7. Please justify providing \$350 to the sites and \$10 for the 15-minute survey to the consumer as an incentive.

HRSA would like to note that in the previous evaluation of the Bright Futures for Women’s Health and Wellness Physical Activity and Nutrition tools the sites were also given an incentive of \$350 (OMB #0915-0308).

For this similar evaluation, each site received a \$350 incentive. The incentive was used to encourage sites to participate in the evaluation since most of the sites where the evaluation will take place are not-for-profit institutions. The evaluation may require additional use of administrative and support staff time to determine patient eligibility for the materials and the evaluation, and recruiting clients. The \$350, while nominal in HRSA’s view, is meant to provide a small incentive for participation.

Offering incentives for a survey respondent's time is one way to increase survey response rates. HRSA believes the \$10 incentive for consumer participation is a nominal amount that will not bias response rates, and HRSA believes \$10 is not coercive and is appropriate for the respondents of the survey. Additionally, the previous evaluation of the physical activity and healthy eating tools yielded an extremely low response rate (less than 5% of the anticipated response). Because of this, HRSA believes that the \$10 incentive may increase the response rate of consumers.