

SUPPORTING STATEMENT A:

**COLLECTION OF CUSTOMER SERVICE, DEMOGRAPHIC,
AND SMOKING/TOBACCO USE INFORMATION FROM THE
NATIONAL CANCER INSTITUTE'S
CANCER INFORMATION SERVICE CLIENTS (NCI)**

June, 2009

**HIGHLIGHTS IN YELLOW REPRESENT
CHANGES FROM 2006 SUBMISSION**

Submitted by:

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A. Justification

A.1 Circumstances Making the Collection of Information Necessary

The National Cancer Institute (NCI) currently collects: 1) customer service and demographic information from clients of the Cancer Information Service (CIS) in order to properly plan, implement, and evaluate cancer education efforts, including assessing the extent by which the CIS reaches and impacts underserved populations; 2) smoking/tobacco use behavior of individuals seeking CIS's smoking cessation assistance in order to provide smoking cessation services tailored to the individual client's needs and track their smoking behavior at follow up.

We are requesting OMB to review this extension to “NCI Cancer Information Service (CIS) on Demographic and Smoking/Tobacco Use” (OMB No. 0925-0208).

Legislative Authority. NCI, established under the National Cancer Act of 1937, is the Federal Government's principal agency for cancer research and training and has a direct congressional mandate to disseminate information related to cancer to the public. The National Cancer Act of 1971 broadened the scope and responsibilities of the NCI and created the National Cancer Program. Over the years, legislative amendments have maintained the NCI authorities and responsibilities and added new information dissemination mandates as well as a requirement to assess the incorporation of state-of-the-art cancer treatments into clinical practice. The Health Omnibus Programs Extension of 1988 (Public Law 100-607, Nov. 4, 1988, 102 Stat. 3048) and its amendments require the NCI to establish an information and education program to collect, identify, analyze, and disseminate on a timely basis, through publications and other appropriate means, to cancer patients, their families, physicians and other health professionals, and the general public, information on cancer research, diagnosis, prevention, and treatment (Section 410 of the Public Health Service Act (42 USC § 285a-1 and 285a-2)).

Office of Communications and Education. Within NCI, the Office of Communications and Education (OCE) serves as the NCI's primary voice for communicating information about cancer to the Nation. The OCE's mission is to effectively communicate the most up-to-date, evidence-based information related to cancer prevention, detection, diagnosis, treatment and survivorship. Within OCE, the Office Public Information and Resource Management (OPIRM) is the NCI's primary public-facing office and access point. The OPIRM administers the CIS, which provides cancer information to the public through a toll-free telephone service and other channels.

Cancer Information Service. The CIS serves the United States (U.S.), Puerto Rico, the U.S. Virgin Islands, and the U.S. Associated Pacific Territories through a network of 15 regional offices¹ located at cancer centers and academic institutions. The CIS provides cancer information to cancer patients, family members and friends of patients, health professionals, and the general public. In addition, the CIS provides cessation assistance to smokers and other tobacco users trying to quit. Since its inception in 1976, the CIS network has handled more than ten million calls from the public. NCI's Executive Committee approved continuation of the CIS Contact Centers (see **Appendix 1** for location of Contact Centers) in August 2008 for a 5-year contract that will begin in January 2010.

The CIS Contact Centers. Three of the CIS regional offices function as Contact Centers, providing cancer information services to the public through the following access points:

- **CIS toll-free number (1-800-4-CANCER).** Callers from anywhere in the U.S., Puerto Rico, the U.S. Virgin Islands, and the US Pacific Territories can use this toll-free number (callers from Guam and the Pacific Territories reach CIS through a different number). Information Specialists

¹ NCI's regional offices currently operate, under contract, one or more of the following: Contact Centers, as described below; the Partnership Program; and the Research Program. We have chosen not to describe the Partnership and Research components of the CIS because they will become inactive in January 2010.

answer calls Monday through Friday from 9:00 am to 4:30 p.m. local time, in English or Spanish.

Callers can speak with an Information Specialist, order NCI publications, or listen to recorded automated messages on cancer information. Telecommunication technology ensures rapid response to callers through call routing to the next available Cancer Information Specialist in any of the Contact Centers.

- **LiveHelp.** LiveHelp is an instant messaging service accessed through links on the NCI and CIS websites. The service is available from 9:00 a.m. to 11:00 p.m. Eastern Time, Monday through Friday. Information Specialists address online clients' cancer-related questions and provide assistance in navigating NCI's Web site (<http://www.Cancer.gov>).
- **E-mail Response Service.** Individuals can contact CIS via e-mail by using the "contact us" function on the NCI and CIS websites. CIS provides individualized e-mail responses in English and Spanish within 5 to 7 business days. An automated response is generated immediately to inform clients that a personalized response will follow and advising them to contact CIS by telephone if they need assistance right away.

The Contact Centers provide smoking cessation assistance through the NCI Smoking Quitline toll-free number (1-877-44U-QUIT). CIS has the capacity to offer a callback service to telephone clients in order to provide ongoing motivation and counseling. In addition, smokers can seek assistance through LiveHelp, which can be accessed from NCI's smoking cessation website (<http://www.smokefree.gov>) as well as the NCI and CIS websites.

CIS currently collects demographic and customer service information from a sample of individuals who contact CIS by telephone and LiveHelp. The data are used for program planning and evaluation

purposes. For telephone clients, current approval is for twelve demographic questions that cover: age, education, ethnicity, race, sex, income, number of household members. Additional demographic questions focus on the whether or not individuals seek advice for health care, and location, type, regularity and length of health insurance coverage. Customer service questions include: previous contact with the CIS, how found out about CIS, and ZIP code (See **Appendix 2A** for telephone customer service and demographic question questions). An additional question is approved for LiveHelp to determine client category (e.g., patient, family member/friend of patient) (See **Appendix 2B** for LiveHelp questions). CIS is currently approved to ask 20 smoking cessation intake questions for individuals who call CIS for cessation assistance, as well as one follow-up smoking question for clients participating in the callback service (See **Appendix 2C** for reactive smoking cessation questions and **Appendix 2D** for the proactive smoking cessation question).

A.2 Purpose and Use of the Information

As indicated above and in previously approved packages (OMB Number 0925-0208), this is a request for approval of an extension of information collection to: (1) characterize the user population, including an assessment of the extent by which the CIS is serving and impacting minority and medically underserved populations, and measure the success of promotions and programs targeting these populations—all for the purpose of program planning and evaluation; (2) conduct a comprehensive needs assessment among smoking cessation clients in order to provide more effective individualized counseling and track smoking behavior among clients during the callback period.

Customer service questions help NCI determine whether the caller has used the service in the past; how the caller learned about the CIS, and the caller's zip code (See **Appendix 2A** for customer service questions).

Demographic questions, in part, support the NCI's mission to address the unequal burden of cancer across populations groups in the U.S., and the CIS's goal of meeting the cancer information needs of minority and medically underserved populations. In general, collecting demographic data allows NCI to understand the types of users of CIS services and to determine the types of training CIS information specialists need to effectively meet the needs of those clients. As NCI continues to place emphasis on addressing health disparities, it is imperative that NCI Divisions, Offices, and Centers are able to demonstrate positive program impact on underserved populations. Responses to demographic questions, including those about clients' income, health insurance coverage, and whether or not they have a regular source of health care, help CIS measure its success in reaching underserved populations and evaluate promotions and programs targeting these populations (See **Appendix 2A** for demographic questions).

Occasionally, national or local media may promote the CIS toll-free number as a call to action related to a media story. Promotions are tracked in the demographic section of the questionnaire (See Appendix 2A, p. 1). Examples of types of media include consumer magazines, local TV story, radio talk shows, and other print media. Promotion of CIS will drive an increase of inquiries to the CIS for a few days. During anticipated promotions, 50 percent of eligible telephone clients responding to the CIS promotions are sampled for the demographic questions.

Smoking cessation questions allow Information Specialists to conduct comprehensive needs assessments of smoking cessation clients to encompass an in-depth understanding of the client's smoking/tobacco use history, previous quit attempts, and motivation to quit, which is essential to

providing effective individualized counseling. An additional smoking follow-up question is also asked of clients participating in the callback service, which allows CIS to track smoking behaviors at follow up to determine the impact of the quitline service on quit rates.

Data are used to assess the impact and effectiveness of the CIS, but they are also used to inform the health communication community—researchers, practitioners, and academics. Recent examples of research utilizing CIS client data are included in a special issue of *the Journal of Cancer Education*, Volume 22, Supplement 1 (2007) (See **Appendix 3** for the Table of Contents from this issue).

A.3 Use of Improved Information Technology and Burden Reduction

The respondent's burden from this survey will result from: (1) the time spent hearing the questions and responding to them (for telephone clients); or (2) the time spent reading the questions online and selecting answers (for LiveHelp clients). The speed of response to the telephone questions is enhanced by the technology used to record the answers in the Electronic Contact Record Form (ECRF), an automated data collection tool used for the current data collection. The ECRF has been the CIS web-based data collection tool since 1996 (See **Appendix 2A, 2B, and 2C** for images of the ECRF). Prior to that time, CIS collected data on hard copy. CIS does not retain personal identifiers and the data is reported in aggregate.

A Privacy Impact Assessment (PIA) is being completed and will be reviewed by NCI, NIH and HHS once completed.

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

The data collection is designed to obtain information about individuals who contact the CIS for cancer information or smoking cessation assistance via telephone or LiveHelp. This information is not available from any other source. The CIS keeps abreast of surveys and other research focusing on individuals seeking cancer information or smoking cessation assistance, and of data collection efforts undertaken by other health/cancer information services (e.g., other federal agencies, HMOs, international cancer information services). However, none of these data collections meet CIS' needs for information specific to CIS clients.

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

Demographic data are collected only once for clients contacting CIS by telephone or LiveHelp. Smoking intake questions are asked only once of smoking cessation clients, at the time of the initial telephone contact, and the follow-up questions are asked of quitline clients participating in the callback service up to four times.

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

The data collection will be implemented in a manner consistent with 5 CFR 1320.5.

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

Federal Register Notice

The 60-Day Federal Register notice soliciting comments on this study prior to initial submission to OMB was published on May 1, 2009, Vol. 74, No. 83, p. 20320. One public comment was received on May 1, 2009 requesting a copy of the data collection plans. An email response was

sent on May 5, 2009, which included the Supporting Statements and the screenshots of the surveys.

Consultations

When CIS initially developed these data collection protocols, as indicated in the previous submissions, we consulted with other NCI Divisions, Offices, and Centers. For this renewal we consulted with:

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Dr. Augustson was also consulted during the 2006 submission (OMB #: 0925-0208). CIS also consulted with its counterparts in other countries (e.g., **German Cancer Information Service**) and inventoried other Federal agencies and private organizations that offer 1-800 numbers for health information and assistance. For the smoking intake questions, CIS works closely with the CDC and the North American Quitline Consortium to develop priority questions for quitline callers. **CIS has collaborated with these two organizations on smoking cessation initiatives since 2004.**

NCI used several consultants when developing the demographic questions. Bradford Hesse, Director of Health Communication and Informatics Research Branch, Division of Cancer Control and Population Sciences (DCCPS) at NCI, oversees the administration of the Health Information National Trends Survey (HINTS) survey (HINTS) (OMB No. 0925-0507) and is a consultant on OMB No. 0925-0208. HINTS collects nationally representative data routinely about the American public's use of cancer-related information, therefore providing updates on changing patterns, needs, and information opportunities in health; identifying changing communications trends and practices; assessing cancer information access and usage; providing information about how cancer risks are perceived; and offering a test bed to researchers to test new theories in health communication. Nancy Breen, PhD, an economist in the Applied Research Branch of DCCPS was consulted regarding the California Health Interview Survey (UCLA Center for Health Policy Research, California Department of Health Services, Public Health Institute) (OMB No. 0925-0544 and 0925-0598), and the American Community Survey (U.S. Bureau of the Census) (OMB No. 0607-0810). Anne Hartman, a biostatistician in the Applied Research Program, DCCPS, was consulted for the smoking intake questions included the *Current Population Survey, 2003 Tobacco Use Supplement* (U.S. Bureau of the Census and U.S. Bureau of Labor) (OMB No. 0925-0368).

A.9 Explanation of Any Payment or Gift to Respondents

Respondents will not receive any payment or gift for answering the questions.

A.10 Assurance of Confidentiality Provided to Respondents

For smoking cessation callbacks, personally identifiable information (PII) is collected in the form of name, mailing address, email, and telephone number (See **Appendix 2C** for the form used to facilitate smoking cessation callback services). Within 24 hours after the interaction and any follow-

up actions are completed, all identifying information is deleted. For smoking cessation clients who agree to callbacks, personal identifier information is retained until callbacks are completed or the case is closed. The data collection is covered by NIH Privacy Act Systems of Record 09-25-0156, “Records of Participants in Programs and Respondents in Surveys Used to Evaluate Programs of the Public Health Service, HHS/PHS/NIH/OD” (See **Appendix 4** for the Privacy Act Memo). Additionally, the NIH Office of Human Subjects Research (OHSR) has reviewed and found that the “protection of human subjects do not apply” to this information collection (See **Appendix 5** for the OHSR Clearance).

Information Specialists follow procedures to assure clients that their responses will be kept confidential and will not be disclosed, except as required by law, to anyone but CIS staff members involved in quality assurance, research, and evaluation and research partners (See **Appendix 6** for CIS Policy No. 6 on Confidentiality of CIS Communications). Information Specialists are trained to ask questions in a discrete and non-threatening manner, explain the reasons for collecting information, and not to survey clients who are emotionally upset or hostile.

Before asking the demographic questions at the end of the session (on the phone or via LiveHelp), Information Specialists obtain consent by asking: “May I ask you a few questions to help us evaluate our program and see who we are serving? Your responses will be kept confidential.” Currently, before callers are connected to an Information Specialist, they hear a recording informing them that calls may be monitored or recorded for quality assurance purposes. The recording also includes the statement: “So that we can better serve you, the Information Specialist will ask you for some background information about yourself or the person for whom you are calling. **Your responses will be kept confidential.**” **Questions will not be asked and data, therefore, will not be collected if a caller/user answers, “no” to the above question.**

Responses to the LiveHelp web survey are voluntary and clients are anonymous. Client identity is stripped from the session before it appears on the Information Specialist’s screen and CIS has full 128 bit encryption Secure Socket Layer (SSL) that secures chats between LiveHelp clients and Information Specialists.

CIS, as it has in the past, will implement procedures to ensure confidentiality and appropriate use of data when shared with research partners. We do this by requiring research partners to sign a confidentiality agreement.

A.11 Justification for Sensitive Questions

Information Specialists do not collect or record clients' names or contact information except when information is to be sent or clients have agreed to smoking cessation callbacks. In these cases, PII is collected in the form of name, mailing address, email, and telephone number (See **Appendix 2C**).

In addition to the above PII, the demographic question on income is potentially sensitive in nature. Obtaining a measure of clients' income is essential so that CIS can assess the program's reach to underserved populations and evaluate the effectiveness of promotions and programs targeting these populations. The income question, together with measures of health insurance coverage, regular source of health care, race/ethnicity, and educational attainment, all have allowed CIS to better identify underserved populations.

Also indicated in the previous submission, a number of smoking intake questions are also potentially sensitive, such as questions about pregnancy, smoking/tobacco use behaviors, person(s) likely to influence the client's effort to quit, and others in the household who smoke/use tobacco. This information is necessary, however, for Information Specialists to conduct a thorough needs assessment and provide effective individualized counseling. In CIS' experience, clients share much of this information over the course of the interaction without the Information Specialist

having to ask directly. During the last several years, however, we have not experienced difficulty collecting this information.

A.12 Estimates of Annualized Burden Hours and Costs

Customer service questions are asked of all individuals who call the CIS. Demographic questions are asked of 25 percent of telephone and 50 percent of eligible LiveHelp clients in the following “type of user²” categories: (1) cancer patients, no treatment; (2) cancer patients, in treatment; (3) cancer patients, post treatment; (4) cancer patients, recurrence; (5) cancer patients, status unknown; (6) family members/friends of cancer patients; and (7) general public. In addition, 50 percent of eligible telephone clients responding to special CIS promotions are sampled for the demographic questions so we can determine which segments of the population are impacted by special promotions. We estimate that these occur approximately twice per year (see A.2 for a brief explanation of promotions). Overall, approximately 36 percent of clients are sampled for the demographic questions. These sampling levels provide sufficient data to support program planning and evaluation and to measure the success of special promotions and programs.

Smoking intake questions are asked of all telephone clients who contact CIS for smoking cessation assistance. Asking all smoking cessation clients these questions is necessary as the information collected is the basis for providing individualized counseling. The smoking follow-up question (“When was the last time you smoked a cigarette, even a puff?”) is asked at each callback for clients participating in the callback service. Responses to this question guide follow-up counseling and allow CIS to assess smoking quit rates at each callback point.

²The “type of user” is generally determined in the initial assessment that the Information Specialist conducts to determine who the caller/user is and how they relate to the cancer concern. The caller usually volunteers this information upon calling the CIS, so they can explain why they are calling. Other types of clients (e.g., health professionals, media representatives) are not surveyed.

Burden and Cost Estimates. Annualized estimates for numbers of respondents and respondent burden are presented in Table A.12-1. The total annual number of respondents is estimated at 97,883, with a burden of 2,492 hours. This represents a total of approximately 100,667 responses.

- **Telephone Clients.** Burden hour estimates for the 3 customer service questions and 12 demographic questions are based on data provided by CIS’s quality monitoring team. Respondents take an average of 30 seconds (.0083 hours) to complete the customer service questions and 90 seconds (.025 hours) to complete the demographic questions. As is current policy, the time per response has been increased to increments of one minute (see Table A.12-1) which has resulted in an adjustment and part of the reason for the increase in burden from the previous submission. Based on the number of callers in 2008, our sampling design, and 2008’s response rates, we anticipate that 62,000 callers will respond to the customer service questions and that 22,000 callers will respond to the demographic questions. Therefore, the total estimated annual burden for general telephone clients is 1,767 hours. See Telephone Clients section of table A.12-1 and the table’s footnotes provide details.
- **Quitline Clients.** Burden hour estimates for the smoking questions also are based on data provided by our quality monitoring team. Respondents take an average of 5 minutes to answer the 20 smoking intake questions and 1 minute to answer the follow-up question (“When was the last time you smoked a cigarette, even a puff?”). Of the smoking cessation clients, about 80 percent are expected to receive one-time reactive service and about 20 percent to participate in the proactive callback service. For both the reactive service clients and the callback service clients, about 36 percent are sampled for the demographic questions and thus answer both the demographic and smoking intake questions. The total annual number of quitline respondents is estimated as 6,869, and the total estimated burden is 492

hours. See the Quitline Smoking Cessation Clients section of Table A. 12-1 for respondent and burden estimates for subgroups of smoking cessation clients. The table's footnotes provide details.

- LiveHelp Clients.** Burden hour estimates for all demographic questions are based on CIS' experience that the time required for clients to answer questions online is approximately the same as the time required to answer questions on the telephone. Thus, the estimated mean time to complete the demographic questions is 2 minutes (same as for telephone). Again, due to current policy, the time per response has been increased to increments of one minute which is part of the reason for the increase in burden from the previous submission. The total annual number of LiveHelp respondents is estimated as 7,014; the estimated annual burden is 234 hours. See the LiveHelp Clients section of Table A. 12-1 for respondent and burden estimates. The table's footnotes provide details.

Table A. 12-1. Estimate of Annual Burden Hours					
Type of Respondents	Survey Instrument	Number of Respondents	Frequency of Responses	Average Time per Response (Minutes/Hour)	Annual Burden Hours
Telephone Clients¹					
	Customer Service	62,000	1	1/60	1,033.33
	Demographic Questions	22,000	1	2/60	733.33
Smoking Cessation "Quitline" Clients^{1,2}					
Reactive Service Clients	Smoking Cessation "Intake" Questions	4,641	1	5/60	386.75
	Demographic Questions	1,300	1	2/60	43.33
Proactive Callback Service Clients³	Follow-Up	928	4	1/60	61.87
LiveHelp Clients⁴					
	Demographic	7,014	1	2/60	233.80

	questions			
Total		97,883		2492.41

¹ Approximately 36% of telephone and quitline clients will be sampled for the demographic questions, and 100% of telephone clients will be sampled for the customer service questions. Estimates based on 77.5% response rate.

² 100% of smoking cessation clients will be asked the smoking intake questions. Estimates for quitline callers answering demographic questions are based on 77.8% response rate.

³ 100% of smoking cessation clients participating in the proactive callback service (about 20% of all smoking callers) will be asked the smoking follow-up question (at up to 4 callbacks).

⁴ Approximately 50% of LiveHelp clients will be sampled for the demographic questions.

An estimate of annualized cost to respondents for the hour burden for this information collection is presented in table A.12-2. There are no direct costs to the respondents themselves. The cost to respondents may, however, be calculated in terms of the costs of their time spent in responding to the questions. Assuming an hourly wage of \$19.56 per hour (based on the mean U.S. hourly wage, May 2007, Bureau of Labor Statistics) and the annualized estimated total burden of 2524 hours, the annualized cost to respondents is \$48,752.

Type of Respondents	Survey Instrument	Annual Burden Hours	Hourly Wage Rate	Respondent Cost
Telephone Clients				
	Customer Service	1,033.33	\$19.56	20,212.00
	Demographic Questions	733.33	\$19.56	14,344.00
Smoking Cessation "Quitline" Clients				
Reactive Service Clients	Smoking Cessation "Intake" Questions	386.75	\$19.56	7,564.83
	Demographic Questions	43.33	\$19.56	847.60
Proactive Callback Service Clients³	Follow-Up	61.87	\$19.56	1210.11
LiveHelp Clients				
	Demographic questions	233.80	\$19.56	4,573.13
Total		2524		48,751.67

A. 13 Estimate of Other Total Annual Cost Burden to Respondents and Record keepers

There are no Capitol Costs, Operating Costs, and or Maintenance Costs to report.

A.14 Annualized Cost to the Federal Government

The estimated average annual cost to the Federal government for collection of data during the 3-year period is \$99,864.17. Labor costs for Year 1 are computed as follows: \$33.83 per hour for Information Specialists for 2,525 hours, \$60.78 per hour for Supervisors for 127 hours, and \$75.74 per hour for Contact Center Managers for 25 hours. Estimates for all years include indirect costs at 40% and labor, escalated at 5 percent per year. Labor covers the time to ask the questions and record the answers during phone calls, quality assurance of records, preparation of database files, and supervision and training.

Table A.14-1 Annual Cost to the Federal Government					
Labor	Year 1	Year 2	Year 3	Total	Annualized
Total	\$95,033.31	\$99,784.98	\$104,774.22	\$299,592.51	\$99,864.17

A.15 Explanation for Program Changes or Adjustments

This is an *extension* of the currently approved collection under (OMB No. 0925-0208). This adjustment involves an increase in burden and total number of respondents from the previous submission, primarily due to the changing trends in CIS points of access. The numbers of LiveHelp and quitline clients are expected to increase somewhat as a result of the public's increasing reliance on the Internet for health information and promotion of the National Network quitline number.

The 2006 submission included a total of 49,400 respondents, and this submission estimates a total

of 97,883 respondents (based on actual number of respondent contacts during 2008). The 2006 submission had a burden of 1,823 hours, and for this submission we are estimating a burden at 2,492 hours. Though most of the increase in burden is due to the increase in respondents, another factor to consider is that it is now standard policy to calculate “Average Time per Response” in intervals of one minute. For the 2006 submission, some questions estimated a time per response at 30 seconds and 90 seconds, depending on the questionnaire section.

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

The CIS publishes an annual report of CIS client data (see **Appendix 7**). Data are presented for subgroups of clients (e.g. by ethnicity), but no statistical analyses are conducted for this report. CIS staff and research partners conduct additional in-depth analyses of client data for a variety of presentations and publications. All publications and manuscripts resulting from research collaborations are reviewed and approved by the CIS Project Office before they are finalized and disseminated. CIS staff serving as investigators on a study analyzing data from the Electronic Contact Record Form which is expected to result in a publication will seek approval from NCI’s Institutional Review Board prior to conducting analyses.

Note: CIS intends to seek permission to ask additional customer service and satisfaction questions in the future but has not yet formulated those questions.

Data Analysis Plan. Our data analysis plan outlines analyses that have been and will be performed on a routine monthly and annual basis (see **Appendix 8** for Current and Future Data Analysis Plan). CIS will begin collecting data immediately upon receipt of OMB approval. Data will be compiled on a monthly basis thereafter and compiled into an annual report. Additionally,

data may be used for articles like those displayed in **Appendix 3**, the Table of Contents from a special issue of the *Journal of Cancer Education* (2007).

A.16-1 Project Time Schedule	
Activity	Time Schedule
Data Collected	0-36 months after OMB approval
Data Analyzed and Quality Assurance Performed	0-36 months after OMB approval
Publication	12-36 months after OMB approval

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

The OMB expiration date will be displayed.

A.18 Exceptions to Certification for Paperwork Reduction Act Submission

No exceptions to the certification statement are required by this information collection.