# Evaluation of health communication messages for Infertility Prevention Campaign

## Supporting Statement
## Part A

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**7/13/2009**

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**Table of Contents**

**Exhibits**

Exhibit A.12.A Estimated Annualized Burden Hours
Exhibit A.12.B Estimated Annualized Burden
Exhibit A.14.A Estimated Cost to the Government
Exhibit A.16.A Project Time Schedule

**LIST OF ATTACHMENTS**

1. Authorizing Legislation
2. 60-day *Federal Register* Notices
   - 2A Publication October 29, 2007
   - 2B Publication February 5, 2009
3. Data Collection Instruments
   - 3A. Moderator Guide: Female Adult and Minor (15-25 yr old)
   - 3B. Mall Intercept Screener & Moderator Guide: Female Adult & Minor (15-25 yr old)
   - 3C. Focus Group Screener for Parents of Minors
   - 3D. Focus Group Screener for Minors
   - 3E. Focus Group Screener for Adult Women
   - 3F. Online Screener and Survey: Female Adult & Minors (15-25 yr old)
4. Focus Group Verbal Consent Forms
   - 4A. Minor Informed Verbal Assent
   - 4B. Parent/Guardian Informed Verbal Consent (15-17) Focus Group
   - 4C. Adult Informed Verbal Consent
5. CDC Institutional Review Board Approval Letter

**Evaluation of health communication messages for Infertility Prevention Campaign**

**Section**
**A. Justification**

**1. Circumstances Making the Collection of Information Necessary**
The Centers for Disease Control and Prevention requests approval for a new data collection called "Evaluation of health communication messages for Infertility Prevention Campaign" for one year. This study is not funded through the Recovery Act.

Background
The new project will collect exploratory and formative data to provide feedback on the development, testing, implementation, and evaluation of effectiveness and satisfaction with Chlamydia health messages, products, and methods of dissemination.

The literature demonstrates that most cases of Chlamydia (CT) go undiagnosed, largely due to its asymptomatic nature. For example, many sexually active teens and young women may not seek testing in the absence of symptoms, and many think they would "just know" if their partner had a sexually transmitted infection (STI). In addition to these factors, provider-screening behaviors are largely out of step with current established guidelines.

In order to implement the CT measure designated in the Healthcare Effectiveness Data and Information Set 2000(HEDIS 2000), experts have insisted that investment in public education campaigns and social marketing strategies must be integrated in population-level interventions. CDC has already begun engaging provider, insurance, and other systems-level groups to increase CT screening of high-risk individuals in health care settings. An integrated social marketing effort is needed to fill in the gaps of Chlamydia knowledge and screening behaviors and could simultaneously work to increase the demand for, and uptake of screening by 15-25 year old females.

The mission of Division of Sexually Transmitted Disease Prevention (DSTDP) is to provide national leadership through research, policy development, and support of effective services to prevent sexually transmitted diseases and their complications such as enhanced HIV transmission, infertility, adverse outcomes of pregnancy, and reproductive tract cancer.

The CDC is authorized to conduct research with the public under Section 301 of the Public Health Service Act (42USC 241) (see Attachment 1: Authorizing Legislation).

Privacy Impact Assessment

The CDC Information Collection Review Office has determined that the Privacy Act is not applicable.

Overview of data collection system

This is a formative research, designed to test messages and materials that will communicate to girls and young women the need for Chlamydia screening in preventing infertility (see Attachment 3: Data Collection Instruments and Attachment 4: Focus Group Verbal Consent Forms).

The Academy of Educational Development(AED) will implement the project. The study involves focus groups, individual interviews in public places (mall intercepts), and an online survey, with the following groups of girls: aged 15–17 who attend school; aged 15–17 who do not attend school; aged 18–25 who work; and those aged 18–25 who attend school.

A professional recruitment firm will be subcontracted by AED to recruit participants and conduct the focus groups and mall intercepts. Eligibility will be determined through a standardized screening instrument which asks only age, gender, and race (Screener). Recruitment for the online survey will be conducted by a vendor specializing in research for adolescents and young adults. The same mall intercept and online survey screening and questionnaire will be used for female minors (15-17 yr old) and adult females (18-25 yr old) as the information collected does not change based on age of respondent. Data will be entered directly as paper notes during focus groups and using lap-tops during mall interviews (intercepts). The online survey will collect information in an electronic format.

If eligible for the mall intercept survey, and the person assents/consents to participate, the respondents are asked about their opinions about different messages/images and their responses. The interviewer will enter the responses into his/her own laptop during the mall intercepts. If eligible for the online survey, the respondent will complete the online survey. There will be no assistance from an interviewer. There is no identifying information collected and the respondent cannot save the information and return later to complete. The electronic responses collected in these interviews by AED will be destroyed within three days after CDC accepts the final report.

Items of information to be collected

Data collected in the eligibility screener will include self-reported age, race, and gender.

The research is anonymous, in that no identifying information will be used in the analysis of the data. Race, age, and gender will be collected for all research methods. Full name, address, email address, and phone number will be collected by a third-party professional recruitment firm for purposes of recruitment, but will not be shared with CDC or its contractor (AED). Data collected through mall intercepts and the online survey are stored by the contractor AED and accessed by a survey identification number but cannot be linked to the individual that completed it as no personal identifying information is collected.

Identification of Website(s) and Website Content Directed at Children Under 13 Years of Age

The information collection for the online survey will not include data from children under 13. The online survey will be developed by the contractor (AED) and hosted by a sub-contractor with no links to CDC.

**2. Purpose of Use of the Information Collection**

The data will be used to evaluate the relevance of the messages and materials pertaining towards increasing awareness of chlamydial infection and improve the messages and materials that will be developed for Chlamydia prevention in the future. CDC anticipates that the participants may raise awareness and influence healthy behaviors among their circle of friends and relatives and serve as advocates for appropriate screening and treatment.

The information gathered will be used to:

- ensure quality and prevent waste in the dissemination of health information by DSTDP to the target audience
- develop and refine message concepts and to test draft materials for clarity, salience, appeal, and persuasiveness to target audiences
- identify appropriate messages, communication strategies, and media channels to reach the target audience
- determine usefulness of materials and messages for the customer in accomplishing a task or taking preventive health measures

- determine readability and clarity of educational materials, both in terms of needs of low-literacy audience and with respect of plain language principles and design

- determine availability, accuracy, and cultural appropriateness of foreign language translations or adaptations of products/information

- determine relevance of topics addressed by DSTDP products/information to the needs, concerns, and interests of target audience

- determine general usefulness of DSTDP products/information with respect to the needs, concerns, and interest of target audience

- evaluate message/material effectiveness after implementation/dissemination and guide the actions of health communication officials.

DSTDP health educators and communication specialist will use the findings from this study to develop messages and tools that improve CT awareness, screening and treatment among at-risk girls and women. Using the products and promotional materials designed from this formative research, CDC envisions a population that is better informed; more empowered to communicate about and seek CT testing, and more likely to be screened and treated for CT for the prevention of future infertility. These findings will be disseminated to the general public, partners, and health care professionals through presentations at conferences, technical reports, and publication in peer-reviewed manuscripts.

Privacy Impact Assessment Information

The only information collected during the screening process for which CDC and AED will have access are age, race, and gender of participants, and this information will be reported in aggregate. The participants may use only their first name or an alias during the research. The names will not be connected to the report and all information will be reported in the aggregate. Only the third-party recruiting firms will have access to the names and contact information of the participants.

No identifying information is collected. The impact on privacy is expected to be minimal. The process identified above will prevent breaches of privacy. This data cannot be generalized to broader populations.

**3. Use of Improved Information Technology and Burden Reduction**
Online surveys will be used to reduce burden while collecting information from adolescents and young women. Mall intercepts will also use laptop computers or personal digital assistants (PDAs) to enter information.

**4. Efforts to Identify Duplication and Use of Similar Information**
To ensure that this study is forging new ground, DSTD conducted an extensive review of the literature by examining several large journal databases. In addition to reviewing published information, we searched for "gray" literature by exploring the Internet. Searches were performed on several Internet search engines, including Google, Yahoo, AltaVista, Medline, and Science Direct. There is no known Department or Agency, which maintains the necessary information, nor is it available for other sources within our Department. In addition, program reviews did not identify potential areas of Developing and testing CT messages is a new social marketing initiative.

**5. Impact on Small Business or Other Small Entities**
No small businesses will be involved in the proposed data collection.

**6. Consequences of Collecting the Information Less Frequently**
This is a one-time study and respondents will provide the information only once. There are no legal obstacles to reduce the burden.

**7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5**
There are no special circumstances. The message testing activities fully comply with the guidelines in 5 CFR 1320.5.

**8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency**
The 60-day notice for this data collection was published on October 29, 2007, page number 61169 (Attachment 2a) and again on February 5, 2009 (Attachment 2b). No comments were received with either publication.

**9. Explanation of Any Payment or Gift to Respondents**
Participants will be offered incentives ranging from $2-$75 depending on the difficulty and recruiting venue. The incentives may be in cash or, gift certificates for items such as food and music CDs. Gift certificates will be used when research is

conducted in a setting in which certificate redemption is convenient to participants.

It is standard practice in commercial market research to offer recruited respondents some form of remuneration. Money (where appropriate), a free meal or snack scheduled around the time of the session, are most often used, particularly when recruiting hard-to-reach and minority respondents. Market research literature suggests that monetary inducements 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).

As shown by the literature reviewed below, the payment of inducements can provide significant advantages to the government in terms of direct cost savings and improved data quality.

*Background on the Use of Response Inducements.*
A gathering of important survey methodologists and practitioners in October, 1992,[1] recommended that 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. In fact, as Kulka[2] noted, "The greatest potential effectiveness of monetary incentives appears to be in surveys that place unusual demands upon the respondent [or] require continued cooperation over an extended period of time."*

> Other studies agreed with Kulka's assessment on the effectiveness of inducements. Singer and her colleagues expanded his argument to include other groups. They noted that:

> > "... paying an incentive is effective in increasing response rates in telephone and face-

[1] 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.

[2] Kulka, R. A. (1994) *The Use of Incentives to Survey "Hard-to-Reach" Respondents: A Brief Review of Empirical Research and Current Practice*. Paper prepared for the Council of Professional Associations on Federal Statistics' Seminar on New Directions in Statistical Methodology. Bethesda, MD.

> to-face surveys, as has been demonstrated consistently in mail surveys. This is true in all types of surveys, not merely those involving high burden for the respondent…it appears to be true for panel respondents, fresh respondents, and those who have refused to respond."[3]

*Reduced Data Collection Cost.*
Discussion of incentives as a technique to speed responses and increase participation rates is not complete without mentioning the trade-off between the costs of inducements and the costs of reminders and other efforts to foster timely and complete participation[4]. The goal is to find the highest response rate at the lowest overall cost to the government.

In the National Adult Literacy Survey by Berlin and colleagues, ([5]) a $20 inducement resulted in not only higher response rates from the sample cohort but also lower costs per completed case than the comparison group. Importantly, the inducements provided higher response rates from adults with lower-than-average levels of education and basic literacy and numeracy skills (e.g., the NELS: 88 subset of high school dropouts).

*Reduced Bias.*
The most important aspect of an inducement plan may be its potential for reducing response bias, underreporting bias, and similar sources of error. Findings from the National Survey of Family Growth (a study in which highly sensitive and personal information is collected from young adults) demonstrated that inducements not only had positive effects on response rates, but they also increased the accuracy of reporting. Inducements are necessary for message testing in order to ensure that those who are willing to participate are as representative as possible of the wider public. Failure to provide a basic inducement is likely to bias samples in the direction of well-educated individuals who may be generally predisposed to be helpful.

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

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[3] Singer, E., Gebler, N., Raghunathan, T., VanHoewyk, J., & McGonagle, K. (in press). The Effect of Incentives on Response Rates in Face-to-Face, Telephone, and Mixed Mode Surveys*. Journal of Official Statistics*.

[4] Kulka (1994).

[5] 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.

The Privacy Act does not apply to this request. CDC's IRB has approved this project (see Attachment 5: CDC Institutional Review Board Approval Letter).

Individually identifiable data (full name, address, email address, and telephone number) will be collected by a third-party professional recruitment company during recruitment of focus group participants. This information will not be accessible to CDC or AED, and will be used by the recruitment company to send reminder letters/e-mails and make reminder calls about the study. No other individually identifiable information, such as date of birth and social security number, will be collected for the focus groups, mall intercepts, or the online survey.

- Information will not be shared with third parties except as reports using aggregated data to CDC's program personnel or in publications which are based on statistically treated aggregated data.

- Safeguarding records: All records and documents pertaining to the project will be kept in locked file cabinets. Records will not be left uncovered on the desks and rooms will be locked after hours.

- Computers will be dedicated to the project personnel and accessed by means of individual passwords. Computerized records will also be protected by password. Access to project related computers or staff offices will be restricted to authorized project personnel.

- Records will not be released to subject individuals.

- The following disclosures will be made to the Project participants: authority (Public Health Service Act, Section 301); purpose of the project; that participation is voluntary and they may withdraw at any time; that these elements were included in the assent/consent information offered to the participants.

- Third party requests for information will be referred to the Office of the CDC Freedom of Information Act Officer in the Office of Communications.

**Privacy Impact Assessment Information**

Data will be treated in a private manner, unless otherwise compelled by law. The Privacy Act is not applicable because the information collected does not include personal identifiers. Only

gender, age, and race data are gathered in concept message development and testing activities. No personal identifiers (e.g., full name, address, phone number, social security number, etc.) will be collected or maintained by CDC or AED. Individuals will be asked to use their first name only during focus groups. The data collection via mall intercepts and online surveys will be anonymous and collect only age, race, and gender data from the participants. CDC will only receive aggregated information in the report of the message and material testing from AED. No data from individuals will be transmitted to CDC. The data collection will be completed within one year of OMB approval.

Protocols for safeguarding information and disclosures to the participants are already in place by means of the contract terms between AED and CDC in order to prevent breaches of privacy. AED, the contractor, will be responsible for all data collection and will use the following data management procedures:

(a) Overall: In all instances, respondents will be informed prior to participation the information will be kept private to the extent allowable by law.

(b) Mall Intercept:
Respondents will be advised of the nature of the activity, the length of time it will require, that participation is purely voluntary, that they may refuse to participate and, that the information will be kept private to the extent allowable by law. 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.

The mall intercepts have a potential impact on the privacy of the participant, since intercepts will be conducted in a public place. However, threats to privacy will be reduced by allowing respondents to undergo screening by directly entering their data into a computer or personal digital assistant (PDA). Only gender, age, and race are collected. No personal identifying information is collected or maintained. After potential respondents have entered their information, interviewers will be prompted by the screening program to begin the interview, or terminate and thank the candidate if they do not meet the

screening criteria. Additionally, interviews will be conducted in private areas.

When the data have been coded into electronic files and cleaned, any paper records will be destroyed. Electronic files will be purged within three years upon acceptance of report by CDC. In reports, all presentation of data will be in aggregate form, and no links to individuals will be preserved. Reports will be used only by project staff, and only for purposes of message development and refinement.

(c)Focus Groups

The third-party professional recruitment company will maintain a list of participant names, addresses, phone numbers, and e-mail addresses for the purpose of sending reminder letters/e-mails and placing reminder calls about the study. This information will be kept in locked file cabinets or on password protected computers and will be destroyed the day after completion of the groups in each city. This information will never be provided to CDC or AED or linked to the qualitative data collected in the focus groups. CDC will never have access to any identifying information about participants. The moderator’s guide for the focus groups (female adult and minor) is Attachment 3A.

Once a potential participant successfully completes the screening process, she will be read a verbal consent/assent form. If the potential participant agrees to participate in the focus group she will be asked to provide verbal consent/assent. For minor participants (15-17 years of age), permission and verbal consent will be acquired from the parent/guardian before the minor is screened.

The requirement for written consent/assent for adult participants, minor participants (15-17 years of age), and parents/guardians of minor participants has been waived by IRB. When a participant arrives at the focus group site and checks in, she will be given an information sheet to keep. The individual will be given time to read the information sheet on her own. A trained AED staff member will be available to answer any questions.

All selected participants will be informed at the beginning of the focus group that their responses will be treated in a private manner, that the information will be kept private to the extent allowable by law, all data will be safeguarded closely, and that no individual identifiers will be used in study reports. Only age, gender, and race is collected. Interviewers will be extensively trained to impart this information. Participants will be reminded that it is okay to refuse to answer any question without penalty.

The forms documenting verbal consent/assent will be stored in a locked file cabinet at AED for the duration of the project and destroyed within three business days after CDC accepts the final report. After the focus groups are completed in a particular city, AED field staff will send the documents by courier or carry the focus group documents to the AED headquarters.

Participants will be reminded that their answers to focus group questions will not be shared with anyone outside the research team and that their names will not be reported with responses provided. Participants will be told that the information obtained from all of the focus groups will be combined into a summary report so that details of individual responses cannot be linked to a specific participant.

(d)Online Survey

The online surveys will be conducted using a service specializing in research among adolescents and young adults. Potential candidates will be recruited from a nationally represented panel maintained by the vendor. Participants will have opted in to be recruited for surveys. Minors who are part of the panel will have received prior parental consent. An online survey program will collect and tally the responses. Recruitment and distribution of incentives will be conducted by researchers trained in online survey methodology, and sensitive to privacy issues. The survey will be housed on a secure server.

No information will be collected on the respondents beyond self-reported age, race, and gender. The recruitment information will describe the purpose of the anonymous survey, the length of time it will require to complete the online survey, that participation is purely

voluntary and, that the information will not be shared with third parties. Respondents will be informed that they must complete the survey to receive the incentive. Neither CDC nor it's contractor, AED, will have access to contact information of respondents. Information will be reported in aggregate.

**11. Justification for Sensitive Questions**

Potential participants will be asked to disclose their race/ethnicity, age, gender, and questions that aim to identify if an individual is sexually active. These questions are needed to ensure that the priority populations for the Infertility Prevention Campaign (sexually active African American, Hispanic/Latina, and Caucasian females ages 15-25 years old) are included in the research.

Participants and respondents will discuss specific sexually transmitted disease (e.g. Chlamydia) without reference to their own or another individual's lifestyle (e.g., messages about drug use, and intimate partner issues, sexual practices, personal health, etc.). These discussions are germane for the construction and testing of messages about health-relevant screening relevance. No specific questions will be asked about a participant's sexual history or practices. Discussions will be limited to the participants' opinions about images and message content of various health education products.

Questions included in the focus groups, mall intercepts, and online survey will be pilot-tested with nine individuals in the age category to match the characteristics of the target audience.

Participation in the research activities (focus groups, mall intercepts and online survey) is voluntary. All the questions in the eligibility screener allow the respondent the option of refusing to provide a response without a refusal form. Respondents will be advised that a summary, rather than individual information, will be shared in CDC reports and used for the purposes of improving messages and materials developed to raise awareness of and increase CT screening.

The Verbal Assent and Consent forms to be used for the focus groups are in Attachments 4A-4C. Verbal consent will be obtained from parents of minors 15-17 to participate in the focus groups, and the minors will provide verbal assent after they are invited to attend the focus group. The mall-intercept and online survey assent/consent is obtained by voluntary participation in the

process.

Participants are informed in the verbal assent/consent process for focus groups as well in the mall intercept and online survey screening that participation if voluntary and that they may refuse to answer any question without penalty after beginning the research. Intended use is explained and focus group participants are told that the focus group will be audio-recorded, and one or more note-takers may listen in; the participants' name will not be used during the focus group, nor will it appear in the report; all notes and recordings will be kept in a locked cabinet, and no one outside this project will have access to them; and recordings will be deleted after the study.

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

**A.**

At least 234 respondents will be screened for their participation in focus groups using age-appropriate screening instruments (screeners). This number is expected to yield the 180 respondents who will participate in the focus groups. In case the target number is not reached, screening of persons to participate in focus groups will continue until 180 participants has been reached as described in Supporting Statement Part B.1 and part B.2.

The screeners and the participants included in the total of 234 are: (1) Screener for 54 parents/guardians of minors 15-17 years old (Attachment 3C: Focus Group Screener for Parents of Minors), (2) Screener for 54 minors (Attachment 3D: Focus Group Screener for Minors) and, (3) screener for 126 adult females 18-25 years old (Attachment 3E: Focus Group Screener for Adult Women). CDC estimates that it takes five minutes for each respondent to complete the Screening Interview. The one-time burden to complete screening interviews by all 234 respondents will be 21 hours.

Focus sessions will be segmented by age. There will be six focus groups, each with 9 female minors, ($n$ = 54) and, 14 focus groups, each with nine 18-25 year old females ($n$ = 126,). A single moderator guide will be used for all focus groups. CDC estimates that each focus group will last two hours. The one-time burden for all 180 respondents participating in all 20 focus groups will be 360 hours.

Mall intercepts will use a single screener and moderator guide for 200 minor and adult women (see Attachment 3B: Mall Intercept Screener & Moderator Guide). The total of 100 minor women 15-17 years old and 100 adult women 18-25 years old, will provide

information at shopping malls on a one-time basis. CDC estimates that it takes 10 minutes for each respondent to complete the Mall Intercept Screener and Moderator Guide. The annual burden to complete Mall Intercept Interview by all 200 respondents will be 33 hrs.

The Female Adult & Minor (15-25 yr old) on-line survey screener and questionnaire is a single instrument (see Attachment 3F: Online Screener and Survey). The screening questions include age, gender, and race/ethnicity without personally identifiable information. CDC will use responses from 100 minor and 400 adult women. CDC estimates that it takes 8 minutes for each respondent to complete the online survey questions. The annual burden to complete the questions by all 500 respondents will be 67 hours.

There are no costs to the respondents other than their time.

Exhibit A.12.A: Estimated Annualized Burden Hours

| Type of Respondent | Form Name | No. of Respondents | No. of Responses per Respondent | Average Burden per Response (in hours) | Total Burden hours |
|---|---|---|---|---|---|
| Parents of 15-17 yr old females | Focus Group Screener for Parents of Minors | 54 | 1 | 5/60 | 5 |
| Minors (15-17 yr old) | Focus Group Screener for Minors | 54 | 1 | 5/60 | 5 |
| Adults (18-25 yr old) | Focus Group Screener for Adult Women | 126 | 1 | 5/60 | 11 |
| All Female (15-25 yr old) | Focus Group Moderator Guide (15-25) | 180 | 1 | 2 | 360 |
| Female (15-25 yr old) | Mall Intercept Screener& | 200 | 1 | 10/60 | 33 |

| | | | | | |
|---|---|---|---|---|---|
| | Moderator Guide (15-25) | | | | |
| Female (15-25 yr old) | Online Screener and Survey (15-25) | 500 | 1 | 8/60 | 67 |
| Total | | | | | 481 |

**B.**
Annualized cost to respondents for the burden hours is provided in Exhibit A.12.B. The United States Department of Labor, Bureau of Labor statistics indicated that young females constitute the major workforce for the food service and support occupations. Hence, *CDC* used the figure of $7.90 per hour as an estimate of the average hourly wage rate for food service and support occupations released from the United States Department of Labor, Bureau of Labor Statistics (May, 2006). Available online at: http://www.bls.gov/oes/current/oes350000.htm. Actual hourly wage rates will vary by occupation.

CDC used the figure of $13.50 per hour as an estimate of the average young adult's (18-25) hourly wage rate. CDC used the mean hourly wage for Office and Administrative Support Occupations released from the United States Department of Labor, Bureau of Labor Statistics (May, 2006). Available online at: http://www.bls.gov/oes/current/oes430000.htm. Actual hourly wage rates will vary by occupation.

CDC used the hourly cost of $10.70 (based on the average taken from the hourly rates noted above, $7.90 + $13.50) to calculate annualized costs for participants in focus groups, mall intercepts, and online survey.

CDC used the figure of $18.84 per hour as an estimate of the average parent hourly wage rate as used for "All Occupations" released from the United States Department of Labor, Bureau of Labor Statistics (May, 2006). Available online at: http://www.bls.gov/oes/current/oes_nat.htm#b00-0000. Actual hourly wage rates will vary by occupation.

*For each year, the proposed data collection is estimated to cost CDC $*5205 for *obtaining information from 1114 respondents listed in Exhibit A.12.A.*

Exhibit A.12.B: Estimated Annualized Costs

| Type of Respondent | Form Name | Total Burden (in hours) | Average Hourly Wage Rate | Total Respondents Cost |
|---|---|---|---|---|
| Parent (15-17 yr old) | Focus Group Screener for Parents of Minors | 5 | $18.84 | $ 94 |
| Female 15-17 yr old) | Focus Group Screener for Minors | 5 | $7.90 | $ 40 |
| Female (18-25 yr old) | Focus Group Screener for Adult Women | 11 | $13.50 | $ 149 |
| Female (15-25 yr old) | Focus Group Moderator Guide (15-25) | 360 | $10.70 | $3852 |
| Female (15-25 yr old) | Mall Intercept Screener & Moderator (15-25) | 33 | $10.70 | $ 353 |
| Female (15-25 yr old) | Online Screener and Survey (15-25) | 67 | $10.70 | $ 717 |
| TOTAL | | 481 | | $5205 |

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

There are no costs to respondents other than their time.

## 14. Annualized Cost to the Government

Exhibit A.14.A: Estimates of Annualized Costs to the Federal Government

| Expense Type | Expense Explanation | Annual Costs (dollars) |
|---|---|---|
| Direct Costs to the Federal Government | CDC Project Officer (GS-14, .50 FTE) | $49,462 |
| | Subtotal, Direct Costs to the Government | $49,462 |
| Contractor and Other Expenses | Cost and Fees | $300,000 |
| | TOTAL COST TO THE GOVERNMENT | $349,462 |

## 15. Explanation for Program Changes or Adjustments

This is a new data collection.

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

Exhibit A.16.A: Project Time Schedule

| Activity | Time Schedule |
|---|---|
| Development messages & materials | 1-2 months after OMB approval |
| Obtain consent & recruit respondents | 2-3 months after OMB approval |
| Conduct interviews & survey | 3-4 months after OMB approval |
| Initial data analysis | 4–6 months after OMB approval |
| Final data analysis | 7-8 months after OMB approval |
| Dissemination of results | 9-12 months after OMB approval |

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

No such exception is requested._

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

There are no exceptions to the certification statement.