REQUEST FOR CLEARANCE FOR FIELD TEST OF COMMUNICATION AND MARKETING VARIABLES FOR HEALTH PROTECTION

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Part A: Justification

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A. JUSTIFICATION

A.1 Circumstances That Make the Collection of Information Necessary

This Information Collection Request (ICR) is for a new data collection entitled Field Test of Communication and Marketing Variables for Health Protection.

Background

The Centers for Disease Control and Prevention (CDC) does not have a mechanism to assess and monitor the health communication and marketing components of health protection. While CDC does invest in formative and process evaluation of specific health communication and marketing programs and projects, the common elements rooted in communication and marketing theories and constructs are not identified across programs and projects, nor frequently compared after the fact to ascertain the underlying factors and dynamics that inform and shape individual and group behaviors and actions. The purpose of this research is to develop a core set of communication and marketing variables that can be used to inform CDC health protection programs and projects as well as track population-level changes over time.

As a basis for this ambitious project, we use the People and Places (Maibach et al., 2007) a streamlined ecological model of public health as a conceptual framework. The framework identifies attributes of people and of places as two broad influences on health behavior and the health of populations. People-attributes operate at three distinct levels, individual, social network, and population or community. Examples of constructs that influence individual health behaviors include self-efficacy (Bandura, 1986), attitudes (Fishbein & Ajzen, 1975), and demographics (IOM, 2002). Places-based factors that influence health behaviors include availability/access to products services, physical structures, social structures (e.g., laws and policies), and cultural/media messages. Place-based factors operate both at the local (e.g., home, school, workplace) and distal (e.g., state, region, national, global) levels. Using the People and Places framework allows us to develop a flexible survey platform which can be used to assess specific health topics (e.g., pandemic flu, natural hazards, bioterrorism, injury prevention, etc.) while simultaneously relying on a standardized set of core underlying social-psychological and communication constructs. Data gathered from such an instrument would inform program planning and decision-making across program areas. CDC anticipates fielding this instrument annually or bi-annually at the population level.

This request for clearance is to field test a survey instrument containing a core set of communication and marketing variables. These variables are designed to be applicable across a range of health protection topics; however, the health protection topics that have been used to guide the development of the field test survey instrument are seasonal and pandemic influenza preparedness and climate change health effects.

CDC is authorized to collect information under section 301 of the Public Health Service Act (42 USC 41). See Attachment 1.

Privacy Impact Assessment

Overview of Data Collection System

The data collection system for the field test will employ two modes of data collection. Telephone surveys will be conducted to reach both landline and cell phone users. A self- administered web based survey will be conducted using a standing national web panel. See section B for data collection procedures. Interview data will be destroyed at the end of the study, which is currently June, 2010.

Items of Information to be Collected

The following topics will be covered in the surveys (See Attachments 3A and 3B for copies of field test instruments).

- Social network and community characteristics
- Access and use of diverse information sources
- Knowledge and awareness of behaviors to prevent the spread of flu
- Knowledge and awareness of climate change health effects
- Perceived barriers for engaging in health protective behaviors
- Perceived susceptibility and severity to avian flu
- Planning and preparedness behaviors for health emergencies
- Prior experience with health emergencies
- Demographics

The only information in identifiable form (IIF) in the study will be names and telephone numbers, which will be used by Westat to screen and conduct interviews with participants. No personal identifiers will be linked to data or provided to CDC. Analysis will be conducted on data sets that only include respondent ID numbers and no IIF. All surveys will be located in locked file cabinets or on password protected computers, and accessible only to Westat project staff.

Identification of Websites and Website Contents Directed at Children Under 13 Years of Age.

No Websites or Website contents are directed at children under 13 Years of age. Participants for the web-based survey will be a panel of adults 18 or older who are directed only to the online survey and who have received unique log-in information for accessing the survey.

A.2 Purpose and Use of Information Collection

In an effort to develop standard measures and advance the health protection goals agency-wide, the CDC's aims to develop an instrument that contains a core set of health communication and marketing variables that can be used to monitor and assess health protection behaviors over time.

The instrument would include variables operationalized for specific health protection topic areas but conceptually based on evidence-based theoretical constructs relevant for influencing behavior, such as knowledge and attitudes, perceived risk, and social norms. Data gathered from such an instrument would inform program planning and decision-making across program areas.

The field test instrument includes survey modules focusing on seasonal and pandemic influenza preparedness and climate change health effects. Findings from this field test will provide CDC with an assessment of the utility of the conceptual framework, variables, and measures to inform future communication and social marketing efforts.

Privacy Impact Assessment

This information is being collected to field test a survey instrument with a purposive sample of target populations. Section B describes the survey samples and methods. The field test will help to assess the utility of the underlying conceptual framework, variables, and measures used. Results will inform communication and social marketing efforts to promote health protection behaviors.

The only information in identifiable form (IIF) to be used by Westat will be respondent name and phone number which will be used to screen and conduct interviews with participants. No personal identifiers will be linked to data or provided to CDC. Analysis will be conducted on data sets that include only respondent ID numbers and will not contain participant names and phone numbers. Data will be kept secure in locked file cabinets or on password protected computers. No sensitive data are being collected.

A.3 Use of Improved Information Technology and Burden Reduction

The field test will incorporate two modes of data collection. The telephone survey will use computer-assisted telephone interviewing technology (CATI). CATI allows for complex skip patterns in the questionnaire, which reduces administration time and respondent burden and allows questions to be tailored to specific subpopulations, as needed. Interviewer accuracy is increased over paper and pencil survey administrations because edits can be programmed and out-of-range or inconsistency in response can be quickly resolved with the respondent. Data are written directly into a data base, eliminating the need for time-consuming coding and data entering.

The other mode of data collection will be a web-based survey. This technology allows respondents to complete the survey at their convenience. Data are programmed in a similar manner as in a CATI instrument, allowing for similar efficiencies.

A.4 Efforts to Identify Duplication

As noted earlier, CDC currently does not have a systematic mechanism to assess and monitor the health communication and marketing components of health protection. CDC does invest in

formative and process evaluation of specific health communication and marketing programs and projects. However, the common elements rooted in communication and marketing theories and constructs are not identified across programs and projects, nor frequently compared after the fact to ascertain the underlying factors and dynamics that inform and shape individual and group behaviors and actions. Thus a major goal of this study is to develop and field test survey measures that are based on a core set of theoretical constructs that can be operationalized across different health protection behaviors.

In our review of the literature, we found a number of surveys that are somewhat relevant for this study, but none of them comprehensively meet the objectives for this study. They are described below.

Health Information National Trends Survey (HINTS). This is a nationally representative survey about access to, use of, information about cancer, including cancer prevention, early detection, diagnosis, treatment, and prognosis. While this survey includes many relevant health information seeking measures, it is limited to cancer related topics only.

Hurricane Readiness Survey for High-risk Areas was conducted by the Harvard School of Public Health. Survey items include questions on hurricane preparedness, evacuation, and perceived likelihood of experiencing hurricanes. The survey was limited to a series of detailed questions relevant for one natural disaster, hurricanes and was not administered to a nationally representative sample.

Porter Novelli *HealthStyles* Survey. This survey represents a consumer panel of individuals and households who have agreed to participate in periodic surveys of products and lifestyle. The survey is conducted annually and is designed to be representative of the U.S. population. Respondents are asked a range of questions to assess their health attitudes, behaviors and media consumption. While the current *HealthStyles* survey includes relevant questions for avian flu, the same questions are not necessarily asked each year and cannot be tracked overtime. Moreover, health related questions are not based on set of theories or models to allow for adapting items to different health topics.

A.5 Impact on Small Businesses or Other Small Entities

No small businesses will be involved in this data collection.

A.6 Consequences of Collecting the Information Less Frequently

This request is for clearance to conduct a one-time field test data collection. There are no legal obstacles to reduce the burden.

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

This request fully complies with the regulation 5 *Code of Federal Regulations* 1320.5.

A.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 March 30, 2009, vol. 74, No. 59, pp. 14129-14130 (see Attachment 2). One public response was received (see Attachment 5). No changes were made to the proposed project based on this response, as the public comment did not relate to the utility and scope as proposed.

B. Since 2008, the Agency has consulted with the following persons regarding this information collection.

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A.9 Explanation of any Payment or Gift to Respondents

Respondents will receive no remuneration.

A.10 Assurance of Confidentiality Provided to Respondents

Participation in this field test is voluntary and respondents will be so informed before beginning the survey (See introductory text on field test instruments in Attachments 3A and 3B). Respondents will further be informed that the information will be held in a secure manner and will not be disclosed, unless otherwise compelled by law.

Respondent names and phone numbers are the only information in identifiable form (IIF) and will only be used by Westat to screen and conduct interviews with participants. Names and phone numbers will not be linked to the data or provided to CDC. Survey respondents will have

a unique ID number and analysis will be conducted on data sets that include only respondent ID numbers. All data will be securely stored in locked file cabinets or password-protected computers, and accessible only to Westat project staff. Names and phone numbers of respondents will not be kept in a system of records, and will be destroyed at the end of the study, which is currently June 2010.

Westat's Institutional Review Board (IRB) reviewed the study instruments and granted expedited approval for the study due to minimal risk (see Attachment 6). It has been determined that CDC IRB approval is not required. CDC is not engaged in the research.

Privacy Impact Assessment Information

10-A. The Information Collection Review Office (ICRO) has reviewed this submission and determined that the Privacy Act does not apply. CDC will not receive data files with personally identifiable information. Respondent's names and phone numbers will only be kept for the purpose of screening and conducting interviews, and will not be maintained in a system of records.

10-B. Information in identifiable form (IIF) includes respondent name and phone number. IIF will only be used by Westat to screen and conduct interviews with participants. IIF will be destroyed upon completion of the study, June 2010. IIF will not be provided to CDC. Survey respondents will have a unique ID number and analysis will be conducted on data sets that only include respondent ID number and no IIF. All data will be securely stored in locked file cabinets or password-protected computers, and accessible only to Westat project staff.

10-C. The consent information is provided at the beginning of the interview, after a respondent is selected and prior to asking any survey questions. As is standard practice for telephone surveys, the consent contains information about survey sponsor and purpose, time of administration, and the voluntary and confidential nature of the survey. It is kept brief in order to be as clear as possible to the respondent (see Attachments 3A and 3B).

10-D. Participation in this field test is voluntary and respondents will be so informed before beginning the survey. Respondents will further be informed that the information will be held in a secure manner and will not be disclosed, unless otherwise compelled by law. While Westat will have telephone numbers and names of respondents, this information is only to facilitate collection of response data and enable re-contact of respondents to complete the survey if it is interrupted.

A.11 Justification for Sensitive Questions

None of the items in the survey is considered sensitive. In addition, participation in the research is voluntary, no persons are required to respond to the request for interviews, and respondents

may decline to answer any question in the survey. The voluntary aspect of the survey is clearly stated in the introduction to the survey and will be stressed in interviewer training.

A.12 Estimates of Annualized Burden Hours and Costs

Estimated response burden hours are shown in Table A12A. The estimated times for interviews are based on practice interviews conducted with nine respondents and previous experience with administering similar surveys. Following field testing, more precise timings of interviews will be available from the CATI database.

The proposed data collection is to conduct a field test of the survey instrument focusing on the core communication and marketing constructs for health protection behaviors. The field test survey will be administered to a purposive sample of 1,925 respondents. Included in the target groups are the elderly, who may be somewhat isolated and for whom health messages may be confusing; people of low socioeconomic status (SES), whose level of education can be a barrier to comprehending and following health messages; and persons not fluent in English, for whom innovative ways of communicating health messages may be necessary. In addition to English, interviews will be conducted in three other languages, Spanish, Cantonese and Vietnamese. Members of the general population will be surveyed as well in order to provide a benchmark for the subpopulations of interest.

The hourly wage rate is based on the most recent National Compensation Survey for hourly rates for all occupations, published on the Bureau of Labor Statistics website is $18.62 and we have rounded up to $19.00. The annualized cost burden is shown in Table A12B.

Table A12A. Estimates of Hour Burden

Respondents	Number of Respondents	Average # of responses per respondent	Average Burden per Response	Total Burden Requested
Screener	19,250	1	2/60	642
Survey: General Population	1,000	1	18/60	300
Survey: Elderly	275	1	18/60	83
Survey: Low SES	275	1	18/60	83
Survey: Low SES African American	150	1	18/60	45
Survey: Hispanic (in-language)	75	1	18/60	23
Survey: Chinese (in-language)	75	1	18/60	23
Survey: Vietnamese (in-language)	75	1	18/60	23
Total	21,175	--------	-------	1,222

Table A12B. Annualized Cost to Respondents

Respondents	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Screener	642	$19.00	$12,198.00

Survey: General Population	300	$19.00	$5,700.00
Survey: Elderly	83	$19.00	$1,577.00
Survey: Low SES	83	$19.00	$1,577.00
Survey: Low SES African AmericanA	45	$19.00	$855.00
Survey: Hispanic (in-language)	23	$19.00	$437.00
Survey: Chinese (in-language)	23	$19.00	$437.00
Survey: Vietnamese (in-language)	23	$19.00	$437.00
Total	1,222		$23,218

There are no other costs to respondents and no respondent record keeping requirements associated with the field test.

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

None.

A.14 Estimates of Annualized Costs to the Federal Government

The total annual cost to the Federal Government will not exceed $496,000. This estimate is based on field test data collection, processing, and analysis costs ($450,000) and the cost of federal employees involved in project oversight ($46,000).

A.15 Explanation for Program Changes or Adjustments

This is a new collection of information.

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

Field test results and interviewer debriefings will yield information to improve data collection procedures and finalize the survey instrument for the full study. In addition to information on any administrative/logistical barriers encountered in respondent screening and data collection methods, results will provide information on survey timing and response rates. Descriptive analyses (e.g., means, modes) will be conducted to explore subgroup population response pattern differences, and regional response patterns. Item–level mode effects will be examined by descriptive and inferential (e.g., cross-tabulations) statistics. Where external data sources exist for specific behavioral measures, we will compare respondent rates. For subsets of items intended to target the same construct, we will examine response correlations to inform final instrument development.

The field test will be conducted in February 2010, provided clearance has been granted. A draft report of the findings will be submitted to CDC 5 months after OMB clearance. The report will provide information useful to CDC in planning future surveys to inform the design of health marketing campaigns to enhance health protection, including:

Characteristics of subpopulations likely to be responsive to health protection messages; Potential responses to messages about an imminent health threat; Perceived benefits and barriers to individual action to advance health protection; and Perceived community resources that can be accessed in the event of a health hazard. Table A16 shows the timeline for the activities for which clearance is requested.

Table A-16 Project Time Schedule

Activity	Time schedule
Screen Respondents and Collect data	1-2 months after OMB approval
Analyze data	3-4 months after OMB approval
Report on field test	5-6 months after OMB approval

A.17 Reasons Display of OMB Expiration Date is Inappropriate

This research will display the expiration date for OMB approval of the information collection and does not seek a waiver.

A.18 Exceptions to Certification for Paperwork Reduction Act Submissions

No exceptions to certification for paperwork reduction act submissions are requested.