

**Knowledge Application and Transfer for Youth Violence and Suicide Prevention  
Disaster Distress Helpline Campaign Focus Groups**

**Supporting Statement**

**A. JUSTIFICATION**

**1. Circumstances of Information Collection**

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) is seeking OMB approval to conduct focus groups as part of its support to the Disaster Distress Helpline (DDH). The agency is seeking approval under the generic clearance OMB No. 0930-0196.

On April 20, 2010, the Deepwater Horizon Oil Well exploded in the Gulf of Mexico creating the worst accidental marine oil spill in history. It was three months before the well was permanently sealed, but not before 206 million gallons spilled into the Gulf disrupting the delicate social, economic, and psychological balances in communities across the region. The fishing community and the local tourism industry were devastated. The fear of not being able to make ends meet due to the drop in income from the effects of the spill plagued about one quarter of the total households in the Gulf Coast region. At least one third of the children along the most impacted areas in Louisiana and Mississippi have experienced physical or emotional problems because of this disaster.

On September 30, 2010, with funding from British Petroleum (BP), SAMHSA launched the Oil Spill Distress Helpline (OSDH)—a free and confidential hotline available 24/7 to Gulf Coast residents experiencing emotional distress as the result of the BP oil spill. On December 29, 2011, after success in the Gulf Coast region, the OSDH expanded to become the DDH, a dedicated national resource to help anyone in the U.S. alleviate emotional distress related to disasters; to prevent emotional distress; and to promote resiliency during and after disasters.

Since the DDH is in its infancy, SAMHSA is developing a strategic marketing campaign to increase awareness of this valuable resource and to educate the public about disaster-related emotional distress. As part of the strategic marketing campaign, SAMHSA proposes taking a strategic approach to target and engage potential users of the DDH. Specifically, SAMHSA proposes conducting telephone focus groups to gain insights from adults living in disaster prone areas.

In order to drive emotionally distressed Americans to the DDH, SAMHSA must understand more deeply why they might want to use the helpline, and why they might not. As a result, SAMHSA proposes using the focus groups to test messaging directions and promotional strategies before developing any further and future campaign materials.

**2. Purpose and Use of Information**

The purpose of the focus groups is to gain insight from the target audience—low-income adults who are both parents and caregivers of older adults living in disaster prone areas—about resources they use during disasters; the ways they handle emotional distress; experiences they've had during disasters; and to understand what would make them call a national helpline.

This effort also will seek insights from those who already have called the DDH. The focus groups will probe from many perspectives on how best to communicate to the public about the DDH and help refine the audience on whom marketing efforts should focus.

These perspectives include how to:

- Raise awareness and use of DDH;
  - Understand that DDH exists and when to call.
  - Best ways to educate about DDH's multiple "uses," e.g., texting and calling, Spanish language option; resources for the hearing impaired; website, etc.
- Market the need for DDH, including understanding what messages will resonate with the public and motivate them to call DDH;
- Educate public about symptoms of disaster-related emotional distress and why they may need the service of DDH;
- Position DDH so it is a primary source of support for disaster-related emotional distress among the public;
- Define the services DDH delivers during a disaster (mental health support, counseling, referrals);
- Educate stakeholders to see DDH as a non-duplicative, collaborative, and supportive resource;
- Differentiate the DDH as the only national network dedicated to emotional distress relating to disasters (by making note of the fact they only have one phone number); and
- Define a more specific audience who is either most likely to call the DDH or who most needs support offered through the DDH.

### **3. Use of Information Technology**

The information will be gathered via telephone conference call, with each respondent using a toll-free call in number. In addition, printed message concepts and materials will be mailed to each person in advance.

### **4. Efforts To Identify Duplication**

The information needed is specific to the Campaign's messages and materials and is not collected anywhere else.

### **5. Involvement of Small Business Entities**

This project will not have a significant impact on small businesses or entities.

### **6. Consequences if the Information is Collected Less Frequently**

This information will be collected only one time, to inform the development of the campaign.

## **7. Consistency with the Guidelines in 5 CFR 1320.5(D)(2)**

These focus groups comply with 5 CFR 1320.5(D)(2).

## **8. Consultation Outside the Agency**

The focus group plan, screeners, moderator's guides, and messages have been shared with the organization implementing the DDH—Mental Health America of NYC. Members of DDH have provided input and feedback on this approach and their comments have been incorporated, specifically the Director of DDH, Christian Burgess:

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## **9. Payment to Respondents**

Two seminal pieces of literature describe the importance of having incentives. Overall, incentives are used to encourage respondents' participation in time-consuming surveys, which can take upwards of 2 to 3 hours of a person's day.<sup>1</sup>

Types of incentives vary by group, with monetary incentives being only one method. Alternative methods include product samples, chances to win prizes, food/snacks, childcare, transportation, and hotel accommodations. However, money is the most common type of incentive, and its advantages include:

- Value immediately recognized and understood;
- Being extremely portable; and
- Being extremely effective in getting respondents to participate.<sup>2</sup>

The studies also discuss the importance of the amount of the incentive; high amounts are often needed for specialized professions or hard to reach populations, while too little of an incentive could be construed as an insult. Finally, in studies that asked respondents to identify the main reason they participated in a focus groups, 66 percent of respondents noted they participated for the money.<sup>3</sup>

The main target audience for this campaign is females who are middle-aged (30-60), caregivers or parents, of a low socioeconomic status, and living in a disaster-prone area. These individuals are

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<sup>1</sup> Stewart, D., Shamdansani, P., and Rook, D. (2007). Focus Groups: Theory and Practice.

<sup>2</sup> Krueger, R. and Casey, M.A. (2007) Focus groups: A practical guide for applied research.

<sup>3</sup> Alice Rodgers. "Take the Money and Run?" Quirk's Marketing Research Review, May, 1990.

extremely busy, managing a household, transporting children to their various activities, and other responsibilities of parenting or caring for elderly/ disabled parents. Since the audience lives in a disaster-prone area, they may also be dealing with issues related to one of the 15 currently “active” disasters across the U.S. according to the Federal Emergency Management Agency (FEMA). This may further diminish their willingness to participate in focus groups, despite being the audience at highest risk for emotional distress and who may most benefit from the DDH. Studies indicate that many parents and caregivers believe they do not have enough free time, and specifically do not have as much time as they would like with their families. These focus groups require 60 minutes to explore topics thoroughly, which may seem a sacrifice of precious free time for many parents/caregivers. Consequently, Gallup will offer a \$50 gift card for their participation. Visa giftcards will be mailed after the completion of each group.

SAMHSA has elected to provide \$50 incentives based on the following reasons:

- The aforementioned studies supporting the use of appropriate financial incentives;
- The difficulty in reaching this niche population and persuading them to dedicate precious time to a 60-minute focus group;
- The increased costs SAMHSA incurred during prior efforts to recruit parents/caregivers with only \$35 gift cards due to low recruitment rates; and increased contractor costs and time to manage this issue; and
- The extremely short timeline for this effort resulting in the importance of speedy participant recruitment.

#### **10. Assurance of Confidentiality**

As is standard with conducting focus groups, information collected will not identify individuals. It is not necessary for observers to know the identity of participants to benefit from their input. Moreover, to ensure that participants “open up” and speak freely, it is necessary to assure them that their comments will not be attributed to any specific individual in the focus group report.

#### **11. Questions of a Sensitive Nature**

The screener for the focus groups will include a question that asks participants to self-report whether or not they have experienced emotional distress related to a disaster within the last 10 years. In these focus groups the moderator will be asking participants about their mental and emotional health and coping mechanisms. Topics that may emerge include activities that are illegal, illicit drugs use, abuse of prescription drugs, child abuse and other topics that may be considered sensitive. However, telephone focus groups provide participants with anonymity, (they will never see each other or meet each other unless they decide to exchange contact information), and thus participants often feel free to talk about such topics openly. Moreover, they often find that a telephone focus group offers a unique opportunity to discuss such challenges openly with people in similar situations, and find comfort and support in the discussion. The professional focus group moderator is trained and experienced in ensuring that discussion topics are comfortable for all participants, and will not push participants to speak on topics on which they wish to remain silent.

**12. Estimates of Annualized Hour Burden**

The focus groups will have an average of 10 participants each for a total cost burden of \$4,166, as shown below.

<b>Activity</b>	<b>No. of Respondents</b>	<b>Responses per Respondent</b>	<b>Total Responses</b>	<b>Hours per Response</b>	<b>Total Hour Burden</b>	<b>Hourly Wage Cost</b>	<b>Total Hour Cost</b>
Recruit/ Screener (Female and Male)	500 (average 5 calls to obtain one participant)	1	500	3 minutes average per completed screener	500 x avg. 3 minutes= 25 hours	\$33.33	\$833
Focus Group discussion	100 (10 groups of average 10 participants each)	1	100	1	100 x 1 hour = 100 hours	\$33.33	\$3,333
<b>TOTAL</b>	<b>500</b>		<b>600</b>		<b>125</b>		<b>\$4,166</b>

**13. Estimates of Annualized Cost Burden to the Respondents**

There are no capital, startup, operation, or maintenance costs to the respondents.

**14. Estimates of Annualized Cost to the Government**

The cost to SAMHSA KAT of the contract task to collect this information is \$72,840, which includes 5 percent of a government FTE at a Grade 14, as well as:

- The cost of the mailing of interview materials;
- Recruitment;
- Telephone conference lines;
- Transcription services;
- Incentives for participants;
- Contractor labor hours for planning and facilitating the focus groups; and
- The development of a summary report from the focus groups.

**15. Changes in Burden**

This is a new project.

**16. Time Schedule, Publication, and Analysis Plans**

Scheduling is dependent on when OMB provides approval to proceed. However, the Contractor and recruiting vendor are ready to begin immediately pending OMB approval early July. This short timeline is because of the high priority of this project and DDH, at SAMHSA. The following provides a more detailed timeline.

Activity	Date
Recruiting: Approximately two weeks	July 9 – July 23
Focus groups: Two weeks	July 23 – August 3
Analysis and report: One month	September 3

**17. Display of Expiration Date**

The expiration date for OMB approval will be displayed on the screener, moderator’s guides, and the materials submitted to participants.

**18. Exceptions to Certification Statement**

This collection of information involves no exceptions to the Certification for Paperwork Reduction Act Submissions.

**B. COLLECTION OF INFORMATION EMPLOYING STATISTICAL METHODS**

**1. Respondent Universe and Sampling Methods**

The recruiting firm will use random-digit dialing, combined with the screeners (see Attachment B) to create the participant list. The ideal size for a focus group is 8 – 10 participants. Typically it is necessary to recruit 14 people to ensure 8 to 10 participants. Gallup will recruit participants through a professional focus group recruitment firm, which is the most efficient and cost-effective method.

**Participants**

All focus group participants will be individuals over the age of 18, a parent and/or caretaker of an elderly or disabled parent/adult, living in FEMA defined disaster prone areas, experienced a disaster in their adult life within the last 10 years, and who self-report feeling distressed related to a disaster. Participants will include a mix of individuals from different racial and ethnic backgrounds. Gallup will segment the groups on the four key factors bulleted below. As is standard in focus groups, the contractor will plan at least four groups that represent each of these factors so that conclusions about their perspectives can be drawn.

- Rural vs. non-rural (urban, suburban)
  - Defined by zip code and census designation
  
- Primary caretakers for young (under 18), older (over 65), or disabled family members
  - Defined by self-report
  - Some groups of women caretakers only
  
- DDH callers /texters
  - Recruited by crisis centers after a session

The moderator's guides (Attachment C) indicate the fields of questioning and the flow of discussion for the focus groups. Gallup will conduct 10, 60-minute telephone focus groups led by an in-house, experienced focus group moderator.

Members of the SAMHSA staff and the contractor team will be able to listen to all groups as they occur. In addition, all groups will be audio taped, transcribed, and provided to SAMHSA for those who want to read the transcripts or listen to the groups at a later date.

## **2. Information Collection Procedures**

- 1) **Recruiting participants:** Gallup works with various recruiting vendors, as one of the worldwide leaders in conducting consumer studies. Gallup has selected a recruiting vendor for this project based on the best value from three solicited vendor bids. Using the approved screeners (attached), the recruiting vendor will recruit and fill the groups using random-digit dial telephone calling. After identifying interest and availability, recruiters will confirm each person for a specific group at a selected day and time.
- 2) **Confirming participants:** Once people agree to participate, the recruiting vendor will send a confirmation via email or U.S. mail according to participant preferences. The confirmation will clearly and boldly state the toll-free call in number, the date and time, instructions for calling in, the incentive to be provided upon completion of the call, and reminders such as having 60 minutes uninterrupted, and being in a quiet room away from other noises.
- 3) **Repeat confirmation and providing test material:** Several days before the focus group, the recruiting vendor will send another reminder, along with an envelope of the message concepts to be tested. The envelope with the message concepts will say "do not open until we ask you to do so during the focus group conference call."
- 4) **Last minute check in:** A few minutes before the telephone focus groups are scheduled to begin, recruiters will be on standby to call any participants who are confirmed but have not called in.
- 5) **Conducting the call:** At the scheduled time the moderator will call in and begin the discussion, and upon completion will thank participants. Each group will be audio recorded to assist with analysis and reporting.
- 6) **After the call:** At the conclusion of each discussion, "listeners," (members of the project team who listened to the call on muted lines) will have a few minutes to discuss their immediate impressions and summarize the findings of each group. At the conclusion of all groups, the moderator and/or other colleagues on the team will compile results, draw conclusions and implications, and provide a report for SAMHSA review.

**3. Methods to Maximize Response Rate**

As mentioned above in section “A. Justification, 9. Payment to Respondents,” a financial incentive of \$50 will be offered to maximize participation and reduce recruiting time and effort.

**4. Tests of Procedures**

The contractor for this project, Gallup, has used the recommended procedure and similar instruments for SAMHSA and other government agencies, to recruit and to guide focus group discussion. No further testing is planned.

**5. Statistical Consultants**

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## List of Attachments

**Attachment A:** Focus group plan

**Attachment B:** Screeners

**Attachment C:** Moderator's guides

**Attachment D:** Messages to be tested