

PRETESTING OF NIAID'S BIOMEDICAL HIV PREVENTION RESEARCH  
COMMUNICATION MESSAGES

**Mini Supporting Statement**

*Self-Administered Customer Satisfaction Surveys of Meetings and Conference Sessions*

OMB # 0925-0585 (expiration date, 4/30/2014)

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- Appendix 1: Participant Questionnaire
- Appendix 2: IRB Exemption Review

## Section A. JUSTIFICATION

### ***A.1. Circumstances Making the Collection of Information Necessary***

The National Institute of Allergy and Infectious Diseases (NIAID) supports basic and applied research to prevent, diagnose, and treat infectious and immune-mediated illnesses, including illness from human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS). This research will focus on NIAID's partners and stakeholders that attend NIAID-supported meetings and/or conference sessions. Partners and stakeholders are gatekeepers of information who help to shape public perceptions of biomedical HIV prevention research. One of the goals of NIAID's formative research is to ensure that communication strategies have the potential to be received, understood, and accepted by those for whom they are intended, so that they can be refined for subsequent events and outreach. In order to achieve this end, NIAID plans to gather customer satisfaction information for its meetings and conference session presentations through a series of customer satisfaction surveys (CSS) with partners and stakeholders.

### ***A.2. Purposes and Use of the Information***

The purpose of this formative research is to determine the usefulness of meetings and/or conference sessions and identify suggestions for refining content of future activities. By conducting CSSs with partners and stakeholders, NIAID will be able to better meet the needs of partners and stakeholders (see Participant Questionnaire attached as Appendix 1). Surveys will be used to elicit the following information at the conclusion of meetings or conference sessions:

- The extent to which participants found the meeting content to be useful;
- Outstanding questions that were not addressed at the meeting;
- The extent to which participants were satisfied with meeting logistics (location, time, facilities); and
- Suggestions for improving future meetings.

### ***A.3. Use of Information Technology and Burden Reduction***

The use of technology such as online surveys is not ideal, as the preferred time to gather customer satisfaction information is immediately following the activity and computers will not be available at most meetings and/or conference sessions. Participants will be present at the meeting and/or conference session, therefore distributing surveys on-site would allow them to provide input when the perceptions are easy to recall.

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

This research aims to determine the usefulness of individual meetings and/or conference sessions, which will feature unique content and speakers. Customer satisfaction will be different with each event and cannot be determined by consulting existing information.

### ***A.5. Impact on Small Businesses or Other Small Entities***

No small businesses or entities will be targeted by the CSSs. However, individuals who work for small businesses or entities may attend a meeting and/or conference sessions where the CSSs are delivered. Participation will be voluntary.

### ***A.6. Consequences of Collecting the Information Less Frequently***

Participation will be voluntary and respondents will not be re-contacted. CSSs are appropriate because they collect information from individuals already attending the meeting and/or conference session.

### ***A.7. Special Circumstances Related to the Guidelines of 5 CFR 1320.5***

Because the self-administered customer satisfaction surveys of meetings and conference sessions are voluntary, most results are not generalizable to the population at large or to the particular audience under study. However, the nature of this testing is such that generalizability is not a critical feature; the emphasis is on obtaining timely, useful information that NIAID can use to refine and develop new presentations. CSSs will be implemented in a manner that fully complies with 5 C.F.R. 1320.5.

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

NIAID completed the necessary 60-day and 30-day Federal Register notices during the generic clearance request (ICRAS: 0925-0585). NIH, along with other Public Health Service agencies, has been a leader in the development of methods for developing, testing, and disseminating health information. A number of outside health communications experts reviewed the plans contained herein for formative research and pretesting of communication materials to inform NIAID communications programs and their comments and suggestions have been incorporated into these data collection plans.

### ***A.9. Explanation of any Payment or Gift to Respondents***

Participants will not receive any payment or gift for completion of the survey.

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

Respondents will not be asked to provide personal identifying information; therefore the Privacy Act does not apply to this information collection, and no assurance of privacy or confidentiality will be provided to respondents. Individuals will be informed that their responses are voluntary, that there are no consequences if they choose not to provide the information, and that their individual responses will be used by NIAID, its funded contractor(s)/grantee(s) and presenters only (see Participant Questionnaire attached as Appendix 1).

This research has been approved by AED's, the organization currently funded to carry out NHVREI and related NIAID-sponsored bio-medical prevention activities, Research Integrity Officer on the grounds that the protocol poses no risk to participants' financial standing, reputation, or employability (46.101(b)(2)) (see IRB Exemption Review attached as Appendix 2).

### ***A.11. Justification for Sensitive Questions***

There are no sensitive questions on this instrument.

### ***A.12. Estimates of Hour Burden Including Annualized Hourly Costs***

The estimated time for the annual burden from implementing this research, summarized in Table 12-1 below, is based on 771 respondents completing the survey per year, for a

total of 2,315 respondents over three years. The length of time to complete a CSS draws on the research contractor’s extensive experience with similar surveys.

Table 12-1. Estimates of Hour Burden

Form Name	Total Number of Respondents	Frequency of Response	Average Time Per Response	Annual Hour Burden
Self-Administered	755	1	.2	151
Customer Satisfaction Surveys of Meetings and Conference Sessions	16 (Partners/Stakeholders)	3	.2	10

Note: As these activities would be conducted over three years, the total hour burden would be triple that listed in the table above (771 respondents X 3 years = 2,315 respondents; 2,265 respondents X 1 time X 0.2 hours = 453 hours burden, 50 respondents X 3 times X 0.2 hours = 30 hours burden) for a three-year total of 483 hours burden.

Annualized costs, summarized in the table below, use the mean hourly wage for the general public, social and community managers, and physicians and surgeons provided by the U.S. Department of Labor, Bureau of Labor Statistics.<sup>1</sup> The cost to individual respondents who are members of the general public is approximately \$4.06 based on the estimate of \$20.32/hour and an average respondent burden of 0.20 hours per respondent. The cost to individual respondents who are social and community service managers is approximately \$6.12 based on the estimate of \$29.12/hour and an average respondent burden of 0.21 hours per respondent. The cost to individual respondents who are allied

<sup>1</sup> U.S. Dept. of Labor, Bureau of Labor Statistics. May 2008 National Occupational Employment and Wage Estimates, United States. Accessed on May 15, 2009 at [http://www.bls.gov/oes/current/oes\\_nat.htm#b11-0000](http://www.bls.gov/oes/current/oes_nat.htm#b11-0000).

health professionals is approximately \$15.87 based on the estimate of \$79.33/hour and an average respondent burden of 0.20 hours per respondent.

Table 12-2. Annualized Cost to Respondents

Type of Respondents	Number of Respondents	Frequency of Response	Hourly Wage Rate	Average Time Per Response	Respondent Cost
General public	66	1	\$20.32	0.2	\$268.22
Social and Community Service Managers	605 16	1 3	\$29.12	0.2	\$3,523.52 \$279.55
Physicians and Surgeons (Allied Health Professional)	84	1	\$79.33	0.2	\$1,332.74

Note: As these activities would be conducted over three years, the number of respondents would be triple that listed in the table above (772 respondents X 3 years = 2315 respondents) for a three-year cost to respondents of \$16,212.12.

***A.13. Estimate of Other Total Annual Cost Burden to Respondents or Recordkeepers***

There are no capital costs, operating costs, and/or maintenance costs to report.

***A.14. Estimates of Costs to the Federal Government***

The total annual cost to the Federal Government reported here is an approximation. In the full supporting statement, it was estimated that the cost for the government for each CSS



study would be approximately \$8,000 per year. This estimate included the cost of study design and data collection. This particular study requests up to 2415 self-administered CSSs of meetings and conference sessions will be conducted over three years with a total anticipated cost of \$24,000. This research will have a small impact on the total cost of approximately \$1,170,000 that was estimated in the full supporting document.

#### ***A.15. Explanation for Program Changes or Adjustments***

No burden changes are requested. This is a new formative research study under the existing generic study titled “Pretesting of NIAID’s Biomedical HIV Prevention Research Communication Messages” (OMB #0925-0585). This represents the sixth sub-study, which, once approved, will be indicated by 0925-0585-06.

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

This information collection does not require statistical analyses and is not intended for publication. CSSs will be conducted at meetings and conferences after OMB approval. Data will be collected the day of the meeting and/or conference session. Results for each meeting and/or conference session will be summarized within 2 weeks after the meeting and/or conference session. Mean responses to closed-ended items will be tabulated, and responses to open-ended questions will be noted and considered for planning future meetings.

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

NIAID will display the OMB number and expiration date on upper right corner of the customer satisfaction survey.

***A.18. Exceptions to Certification for Paperwork Reduction Act***

***Submissions***

These self-administered customer satisfaction surveys of meetings and conference sessions will comply with the requirements in 5 CFR 1320.9. No exceptions to certification are requested.

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

Section B is not addressed in this individual information collection request under the generic clearance ICRAS: 0925-0585 because this particular information collection will not employ statistical methods.