

POISON HELP CAMPAIGN

GENERAL POPULATION SURVEY

Supporting Statement for OMB Review
Contract No. GS-23F-0273N

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A. JUSTIFICATION

Introduction

This package is a request for approval for the “*Poison Help* General Population Survey.” The following sections provide information on the background and methodology for conducting this task.

A.1 Circumstances of Information Collection

In January 2008, Congress passed the Poison Center Support, Enhancement, and Awareness Act of 2008 (Public Law 110-377), to amend the Public Health Service Act to reauthorize the poison center national toll-free number, national media campaign, and grant program to provide support for poison centers triage and treatment efforts (see Appendix A for a copy of the Federal law). Specifically, the act called for:

- Reauthorization and maintenance of the *Poison Help* line to access regional poison centers;
- Reauthorization of a nationwide media campaign about poison prevention and the availability of poison control resources in local communities; and,
- Reauthorization and maintenance of a grant program for certified regional poison centers for the purposes of preventing and providing treatment recommendations for poisonings and complying with the operational requirements needed to sustain certification.

The Health Resources and Services Administration’s (HRSA) Poison Control Program supports the aims of the Poison Control Center Support, Enhancement and Awareness Act of 2008. In accordance with the reauthorization legislation, HRSA entered into a 3-year contract with Daniel J. Edelman Companies beginning in 2009 to continue promotion of the *Poison Help* campaign.

The toll-free number (1-800-222-1222) automatically connects callers to the poison center that serves their geographical area. In this way, reaching a local poison center is simplified, thereby reducing confusion about how to quickly access help in potentially dangerous poisoning situations. The nationwide toll-free number, which was publicly launched at a press conference in January 2002, is publicized through national media outreach (including public service announcements) and individual

poison centers' community-level efforts. HRSA's public communication messages also address poisoning prevention and describe the role of poison centers and credentials of their staff.

The *Poison Help* campaign is the vehicle for introducing the national toll-free number for use in poisoning emergencies and providing poison prevention information to all age groups and audience segments. The overarching goals for the campaign are to raise awareness of the national toll-free number to levels on a par with 911 and 411 and to increase awareness of the availability of poison center services. Campaign messages and activities promote awareness of the national toll-free number, the role poison centers play and the services they provide in disseminating poison information and treatment advice in poisoning emergencies. Campaign activities include national and regional media exposure and national and community partnerships.

The prospective audience for the *Poison Help* campaign is very broad—any person at any time is a potential user of poison center services. Severe and even fatal unintentional poisonings can occur from common products found in most households such as medications, cleaning products, windshield washer solution, lighter fluid, and paint thinner. Poisons can also be encountered outside from insects, berries, and some varieties of plants. People who have taken the wrong amount or the wrong medication, been stung or bitten by insects, or accidentally ingested a household cleaning product are all potential users of the national toll-free number to access poison control services. Important target audiences include special populations who are traditionally underserved, such as African American and Latino populations, and those needing specialized services from their poison centers, such as non-English speakers and senior citizens.

In 2003, HRSA provided the Centers for Disease Control and Prevention (CDC) with funding to contract for the design and implementation of a survey to gauge the *Poison Help* campaign's effectiveness in promoting the national toll-free number, poison center access, and poison prevention. The CDC contracted with the market research firm Westat to conduct a national survey from February to April 2006. HRSA commissioned a second national survey by StrategyOne, a full-service research firm owned by Daniel J. Edelman Companies, to be conducted in the 2011 calendar year. HRSA plans to conduct subsequent national surveys every five years.

Under the 2008 reauthorization legislation, HRSA is mandated to “establish baseline measures and benchmarks to quantitatively evaluate the impact of the nationwide media campaign... and prepare and submit to the appropriate congressional committees an evaluation of the nationwide media campaign on

an annual basis.” The Poison Control Program routinely uses a number of process measures to monitor the effectiveness of the Poison Help campaign on an annual basis. Process measures include, but are not limited to:

- Number of radio jingle broadcasts and estimated audience
- Number of unique visitors to the Poison Help website
- Number of news articles generated from mat news releases and estimated readership
- Number of downloads of various Poison Help resources including radio jingle PSAs, digital ads, brochures, ringtones
- Number of Poison Help materials requested and distributed on a monthly basis.

The program also uses program measures to monitor campaign effectiveness. These measures include:

- Percent of inbound volume on the toll-free number (1-800-222-1222)
- Percent of human poison exposure calls managed by poison centers outside of a healthcare facility

These process and program measures will be used in concert with the results of the national population survey to assess overall campaign impact.

The goal of the *Poison Help* General Population Survey is to measure the campaign’s current performance. Assessment information will include awareness and use of the national toll-free number to access poison exposure or information services and awareness and knowledge of poison centers and the services they provide. The survey will allow for some comparisons with previous data, as well as comparisons with follow-up evaluation activities to be conducted in future years, and provide direction for future campaign initiatives.

The *Poison Help* General Population Survey will be conducted with 2,000 households in the United States. HRSA is authorized to collect this data under section 301 of the Public Health Service Act (42 USC 241) (See Appendix A). A copy of the survey instrument can be found in Appendix B.

A.2 Purpose and Use of Information

The *Poison Help* campaign is the only national and regional media effort to promote awareness and use of the national toll-free number. The *Poison Help* General Population Survey supplies unique and essential information that provides HRSA with data on variations in awareness and use of the national toll-free number. These data will also suggest which campaign messages about the *Poison Help*

line or other available poison center services have resonated most strongly with various audiences. Results will be used to make comparisons with past and future evaluation activities, to make improvements to future campaign efforts including identification of new target audiences (e.g. certain age groups or at-risk populations), development of strategic partnerships with other Federal agencies and external stakeholder organizations, and reassessment of mediums used to deliver messaging.

The *Poison Help* General Population Survey is designed to assess the campaign's effects among 2,000 households in the United States. This 10-minute telephone survey will be conducted with an adult household member and will address topics related to the types of individuals or organizations they would contact (e.g., poison center, 911, family member) to seek treatment advice for a possible or definite poisoning or to obtain poison prevention information.

The *Poison Help* General Population Survey will provide HRSA with necessary feedback to gauge the campaign's efforts to promote widespread adoption of the toll-free number, and awareness and knowledge of poison centers and the services they provide. Survey results will indicate whether campaign messages are salient among target audiences and how media and community education outreach efforts should be tailored for future campaign activities. Data will also be shared with the Nation's poison control centers to ensure consistent messaging.

A.3 Use of Improved Information Technology

The *Poison Help* General Population Survey is planned as a full dual frame sample design, which combines cell phone and random digit dial (RDD) sample design methodologies (see section B.1). This survey will use computer-assisted telephone interviewing (CATI) technology, which will be an advantage because of the nature of the survey and the number of interviews to be administered. First, the methodology permits the instrument designer to incorporate more complex routings into the questionnaire compared with a paper-and-pencil instrument. The computer can be programmed to implement complex skip patterns and fill specific wordings based on answers previously provided by the respondent. In addition, CATI technology allows for tailoring of subgroups of respondents as needed. Errors made by interviewers and respondents because of faulty implementation of skip patterns are virtually eliminated. A second advantage relates to the consistency of data. The computer can be programmed to prevent out-of-range responses and identify inconsistent responses. An interviewer can then attempt to resolve these problems through respondent prompts. This mechanism reduces the need for most manual and machine-

editing, thus saving both time and money. In addition, it is likely that the inconsistencies resolved by respondents will be more accurate than inconsistencies resolved by using editing rules. Finally, CATI technology uses a computerized tracking system that includes a scheduling component and a sophisticated case delivery system, thus reducing staff hours.

CATI will permit greater expediency with respect to data processing and analysis because a number of back-end processing steps, including editing, coding, and data entry, become part of the data collection process. These efficiencies save time as a result of the speed of data transmission. Tasks formerly completed by clerical staff will be accomplished by the CATI program. In addition, the cost of printing and mailing paper questionnaires will be eliminated. Only questions relevant to the campaign goals will be asked of respondents during the telephone survey.

A.4 Efforts to Identify Duplication

As stated in Section A.1, the purpose of the *Poison Help* campaign survey is to gauge awareness and use of the national toll-free number; and awareness and knowledge about poison centers, and the services they provide. A national research study was previously conducted in 2006. No other data collection efforts exist that are designed to specifically assess how respondents learned of the national toll-free number or how they obtained *Poison Help* campaign materials. No other studies assess intentions to contact a poison center or other emergency service for assistance related to a potential poisoning. As a result, this survey involves the collection of data unique from previous efforts identified in the literature or conducted by other organizations.

A.5 Involvement of Small Entities

No small businesses will be involved in the collection of data for this study.

A.6 Consequences if Information Collected Less Frequently

This request for clearance applies only to the *Poison Help* General Population Survey, which will be conducted during the 2011 calendar year. HRSA plans to conduct additional national surveys every five years. There are no legal obstacles to reduce the burden.

A.7 Special Circumstances

There are no circumstances where data collection will be inconsistent with guidelines in 5 *Code of Federal Regulations* 1320.5.

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

The notice in the *60-Day Federal Register* (Vol. 78, No. 81, Pg 23602-23603) soliciting comments is provided in Appendix C. No public comments were provided.

A.9 Payments to Respondents

Not applicable. Respondents will not be paid.

A.10 Assurance of Confidentiality

The contractor will have only limited personal identifying information (e.g., first name, sex, and race). Respondents will be identified only by a unique study ID number on the interview data file. As a further measure to maintain privacy, all presentations of data in reports will be in aggregate form, with no links to individuals responses. All StrategyOne research staff and subcontractors working on the project and having access to the data (including monitoring of interviews) are required to sign a privacy statement (see Appendix D). Because no sensitive data will be collected, and no HRSA employees will

have access to identifiable records, the project does not meet the definition of a Privacy Act System of Records.

A.11 Justification for Sensitive Questions

There are no items considered to be sensitive for respondents. The proposed survey is voluntary, and no persons are required to respond to the interviews. In addition, respondents may decline to answer any question in the survey. This voluntary aspect of the survey is clearly stated in the introduction and will be stressed in interviewer training.

A.12 Estimates of Annualized Burden Hours and Costs

The response burden for each instrument and the total response burden for the survey are shown in Table A-1. The estimated times for interviews are based on previous experience with administering similar surveys, including the 2006 *Poison Help* General Population survey.

Table A-1. Estimated response burden for *Poison Help* General Population Survey

Instrument	Number of respondents	Number of responses per respondent	Hours per response	Response burden (hours)
General Population Survey Screener	2,353	1	.016	38
General Population Survey	2,000	1	.166	332
Total	2,353			370

The annualized cost burden is shown in Table A-2. The hourly wage rate is based on the average hourly wage rate from the 2010 National Compensation Survey conducted by the Bureau of Labor Statistics, U.S. Department of Labor. HRSA plans to conduct this survey every five years. Table A-2 reflects a cost burden estimate for one survey, to be conducted in 2011. There are no respondent recordkeeping requirements associated with the surveys.

Table A-2. Estimated annualized respondent burden hours and burden costs

Instrument	Number of respondents	Frequency of response	Hours per response	Hourly wage rate	Respondent cost
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General Population Survey Screener.....	2,353	1	1/60	\$21.29	\$834.92
General Population Survey.....	2,000	1	10/60	\$21.29	\$7096.67
Total.....	2,353				\$7,819.83

A.13 Estimates of Annualized Respondent Capital and Maintenance Costs

Respondents will have no capital and maintenance costs. They will not be asked to collect information by “acquiring, installing or utilizing technology and systems.”

A.14 Estimates of Annualized Government Costs

The total contracted cost of the *Poison Help* General Population Survey to the Federal Government is approximately \$100,000 over a period of 9 months per data collection cycle. This includes all direct and indirect costs of the design, data collection, analysis, and the reporting of the study. In addition, 10 percent of a full-time HRSA staff member’s time at the GS-13 level, estimated to be \$9,200, will be required to oversee the completion of these data collections during the calendar years in which the survey is conducted.

A.15 Changes in Hour Burden

This is a new collection of information.

A.16 Time Schedule, Publication, and Analysis Plans

Data collection for the *Poison Help* General Population Survey is scheduled to begin immediately following OMB approval. The data collection period for the *Poison Help* General Population Survey is estimated to be 6-8 weeks per data collection period. Data analysis for the 2011 survey will be conducted by StrategyOne and summarized in a report with tables. The reports will be

descriptive in nature and will indicate awareness and understanding of campaign goals and messages. Table A-3 displays the project time schedule for the first data collection period only.

Table A-3. Project time schedule for *Poison Help* General Population Survey

Survey Tasks	Schedule
Collect data.....	1-2 months following OMB approval
Analyze data.....	2-3 months following data collection
Write summary report.....	2-4 months following data analysis

A.17 Expiration Date Display Exemption

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

A.18 Exceptions to Certification

No exceptions to certification for Paperwork Reduction Act submissions are requested.

B. STATISTICAL METHODS

B.1 Respondent Universe and Sampling Methods

Poisonings can occur from a wide variety of common natural and manufactured substances found in most households. As a result, all households are at risk for unintentional poisonings and are, therefore, potential users of poison center services. The *Poison Help* General Population Survey is a random-digit-dial (RDD) and cellular telephone survey covering the 50 States and the District of Columbia. Households will be randomly sampled, and a screening interview will be administered to a household respondent 18 years of age or older. Respondents will have the option of completing the survey in both English and Spanish.

The sampling method to be used for the *Poison Help* General Population Survey is a dual frame sample design that combines cell phone sample with list-assisted methods and has been used widely for similar data collections in recent years. This dual frame methodology will be used because of the proportion of Americans who rely solely or mostly on cell phones for their telephone service. Sampling both landline and cell phone numbers helps to ensure that the data collection represent all adults who have access to either.

In a list-assisted sample, a simple random sample of telephone numbers is selected from all telephone numbers that are in 100-banks (the set of numbers with the same first 8 digits) in which there is at least one residential telephone number listed in the White Pages directory. This is called the listed stratum. Telephone numbers in the listed stratum include both listed and unlisted numbers and both residential and nonresidential numbers.

The cell phone sample is drawn through systematic sampling from dedicated cell phone banks of 100 contiguous numbers and shared service banks with no directory-listed landline numbers (to ensure that the cell phone sample does not include banks that are also included in the landline sample). The sample frame is designed to be representative both geographically and by large and small wireless carriers.

Both the landline and cell samples will be released for interviewing in replicates, which are small random samples of the larger sample to maximize response rate (expected to be at least net at least 38 percent). Using replicates to control the release of telephone numbers ensures that the complete call

procedures are followed for the entire sample (which leads to higher response rates). The use of replicates will also ensure that the regional distribution of numbers called is appropriate.

The number of telephone numbers to be sampled has been determined by incorporating information on estimated residency rates, precision requirements, and response rates. For the landline sample, it is anticipated that approximately 35 percent of telephone numbers sampled within the listed stratum are expected to be residential and the balance are expected to be nonworking or business telephone numbers. For the cell phone sampling, it is expected that 53 percent of the telephone numbers are expected to be working personal cell phone numbers and the balance will be non-assigned / working numbers. We expect to obtain a 25 percent response rate to the landline sample and 13 percent to the cell phone sample. Based on the sampling parameters described, 26,000 landline households are needed to complete 1,340 screening interviews and 10,798 cell phone respondents to screen 744 interviews. We expect to conduct interviews in 96 percent of households who meet the screening eligibility requirements and that 2,000 *Poison Help* General Population Survey interviews will be completed.

Table B-1. Planned sample size for the *Poison Help* General Population Survey

Category	Target population
Number of households in U.S.....	116,716,292 ¹
Sample of landline telephone numbers.....	26,000
Residential landline telephone numbers in sample.....	9,100
Landline screened households.....	1,340
Sample of cell phone telephone numbers.....	10,798
Active personal cell phone respondents in sample.....	5723

Cell phone screened households.....	744
Completed interviews.....	2,000

¹U.S. Census Bureau, 2010 Census

B.2 Information Collection Procedures

B.2.1 Statistical Methodology for Sample Selection

The sampling frame for the *Poison Help* General Population Survey will be comprised from the frame of all telephone numbers in 100-banks with one or more listed telephone numbers for the first quarter of 2011 and all wireless banks currently in use by major and minor cell phone carriers.

Before telephone calling begins, interviewers will receive extensive training on household selection procedures and the survey instrument. When interviewers reach someone on a landline phone, they will ask to speak to the youngest male age 18 years of age or older. If there is no eligible male, interviewers will then ask to speak to the youngest female age 18 years of age or older. This method is used to improve participation of the younger age groups who are often more difficult to interview because they are less likely to be home and/or answer the telephone. For the cell phone sampling, it is assumed that the cell phone is a personal device, so no effort is made to give other household members a chance to be interviewed. Instead, interviewers ask if the person who answers the cell phone is 18 years of age or older to determine if they are eligible to complete the survey.

B.2.2 Estimation Procedure

The estimation procedure will start with creation of base weights for the household, which is the inverse of the probability of selection of the telephone number. An adjustment will be made for oversampling prefixes with high minority concentrations. A non-response adjustment will also be

made. The final stage of weighting will be a post-stratification or raking adjustment of the weights to Census Bureau estimates of household totals by household demographic characteristics. National household-level estimates may be produced using these final, raked household weights.

B.2.3 Degree of Accuracy

The estimates produced by the *Poison Help* General Population Survey will provide valuable information for assessing areas in which the campaign might be improved and allow for comparison with future evaluation activities. The estimates are not intended for publication, nor will they be used to make programmatic budgetary decisions.

A key estimate for the *Poison Help* General Population Survey will be whether households are aware of the national, toll-free number to obtain poison exposure or prevention information or if they cite a local number instead. For example, suppose that 10 percent of the households were aware of the national toll-free number and 5 percent were aware only of a local number to reach their poison center. The 90 percent confidence level for the difference of 5 percent between the two estimates is 3.7 percent to 6.3 percent. Thus the sample sizes of 2,000 for the *Poison Help* General Population Survey yield the required degree of accuracy for comparing these estimates.

B.2.4 Specialized Sampling Procedures

No specialized sampling procedures are required to conduct the *Poison Help* General Population Survey.

B.2.5 Periodic Data Collection Cycles

HRSA plans to conduct the *Poison Help* General Population Survey every five years beginning with calendar year 2011.

B.3 Methods to Maximize Response Rates

Efforts to ensure a high response rate involve several strategies. These include methods of contacting and screening households and obtaining cooperation from potential respondents.

Close attention will be paid to fundamentals, such as staff recruitment, specific training techniques, the development of outreach materials and strategies, daily monitoring of interviewers, and the use of established respondent cooperation techniques.

Interviewers with previous records of high productivity on research studies will be selected where possible. Interviewers who are highly motivated, personable, with a positive “can-do” attitude will also be selected. Interviewers are trained to ask interview questions in a natural manner. Because effective contact of respondents is based on careful attention to screening, interviewers also are trained on contact protocols, including spreading calls across different days of the week and different times of the day to increase the likelihood of reaching the appropriate person.

Among other strategies, cooperation is encouraged through steps including establishing a toll-free telephone number for respondent questions. Interviewers are instructed to introduce the study and, if they meet with questions or objections, to implement refusal avoidance methods and answers. One strategy, for instance, is to provide interviewers with a Frequently Asked Questions (FAQs) sheet (see Appendix E for a copy of FAQs). Up to 7 attempts will be made to contact a potential respondent (including reaching a busy line or answering machine and no-answer calls).

B.4 Test of Procedures

Pretesting of the *Poison Help* General Population Survey instrument will be conducted following development of the draft survey. The purpose of this testing will be to assess respondent comprehension and interpretation, and therefore, the clarity of questionnaire items for members of the populations to be surveyed. Intensive interviews will be administered to nine participants for each survey. Probes will be used to assess participants’ understanding of terms used in the questions. This procedure ensures insofar as possible that items are salient and unambiguous. Feedback on draft questionnaires from pretesting will be used to develop the final questionnaire (see Appendix B).

B.5 Statistical Consultants

Statistical experts have not been employed to review the 2011 *Poison Help* General Population Survey design.

Davis Market Research, acting as a subcontractor to StrategyOne, will be responsible for the implementation of the *Poison Help* General Population Survey including obtaining the sample; recruiting telephone staff; training interviewers; conducting data collection, receipt, editing, coding, and keying, and analysis; and developing statistical reports. Davis Market Research also acted as a subcontractor on the 2006 survey. StrategyOne will oversee Davis Market Research and assist with interviewer training. DataWise Inc., acting as a subcontractor to StrategyOne, will be responsible for data management, implementing statistical weighting procedures and coding respondent answers. StrategyOne will oversee DataWise and assist with staff training. HRSA will provide direction to the contractor.

Persons from StrategyOne analyzing the data will include vice president, Mr. Sparky Zivin (telephone: 202-326-1708), research director, Ms. Jennifer Myers (telephone: 202-772-3564), research assistant Mr. Bryan Kitz (telephone: 202-756-2407) and research assistant Ms. Meredith Glacken (telephone: 202-326-1813). The individual at HRSA who will be responsible for receiving and approving contract deliverables from StrategyOne is Ms. Elisa Gladstone, Director, Poison Control Program, Health Resources and Services Administration (telephone 301-594-4394).

REFERENCES

Mohadger, L., and West, J. (1992). *Effectiveness of Oversampling Blacks and Hispanics in the NHES Field Test*. NCES Publication No. 92-104. Washington DC: U.S. Department of Education, National Center for Education Statistics.

Appendix A

Public Law

S.2932 -- Poison Center Support, Enhancement, and Awareness Act of 2008
(Enrolled Bill [Final as Passed Both House and Senate] - ENR)

--S.2932--

S.2932

One Hundred Tenth Congress of the United States of America

AT THE SECOND SESSION

Begun and held at the City of Washington on Thursday, the third day of
January, two thousand and eight

An Act

To amend the Public Health Service Act to reauthorize the poison center
national toll-free number, national media campaign, and grant program to
provide assistance for poison prevention, sustain the funding of poison
centers, and enhance the public health of people of the United States.

Be it enacted by the Senate and House of Representatives of the United States
of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the 'Poison Center Support, Enhancement, and
Awareness Act of 2008'.

SEC. 2. FINDINGS.

Congress makes the following findings:

(1) Poison control centers are the primary defense of the United States
against injury and deaths from poisoning. Twenty-four hours a day, the general
public as well as health care practitioners contact their local poison control
centers for help in diagnosing and treating victims of poisoning. In 2007,
more than 4,000,000 calls were managed by poison control centers providing
ready and direct access for all people of the United States, including many
underserved populations in the United States, with vital emergency public
health information and response.

(2) Poisoning is the second most common form of unintentional death in the
United States. In any given year, there will be between 3,000,000 and
5,000,000 poison exposures. Sixty percent of these exposures will involve
children under the age of 6 who are exposed to toxins in their home. Poisoning
accounts for 285,000 hospitalizations, 1,200,000 days of acute hospital care,
and more than 26,000 fatalities in 2005.

(3) In 2008, the Harvard Injury Control Research Center reported that
poisonings from accidents and unknown circumstances more than tripled in rate
since 1990. In 2005, the last year for which data are available, 26,858 people
died from accidental or unknown poisonings. This represents an increase of
20,000 since 1990 and an increase of 2,400 between 2004 and 2005. Fatalities
from poisoning are increasing in the United States in near epidemic
proportions. The funding of programs to reverse this trend is needed now more
than ever.

(4) In 2004, The Institute of Medicine of the National Academy of Sciences
recommended that 'Congress should amend the current Poison Control Center
Enhancement and Awareness Act Amendments of 2003 to provide sufficient funding
to support the proposed Poison Prevention and Control System with its national
network of poison centers. Support for the core activities at the current
level of service is estimated to require more than \$100 million annually.'.

(5) Sustaining the funding structure and increasing accessibility to poison control centers will promote the utilization of poison control centers and reduce the inappropriate use of emergency medical services and other more costly health care services. The 2004 Institute of Medicine Report to Congress determined that for every \$1 invested in the Nation's poison control centers \$7 of health care costs are saved. In 2005, direct Federal health care program savings totaled in excess of \$525,000,000 as the result of poison control center public health services.

(6) More than 30 percent of the cost savings and financial benefits of the Nation's network of poison control centers are realized annually by Federal health care programs (estimated to be more than \$1,000,000,000), yet Federal funding support (as demonstrated by the annual authorization of \$30,100,000 in Public Law 108-194) comprises less than 11 percent of the annual network expenditures of poison centers.

(7) Real-time data collected from the Nation's certified poison control centers can be an important source of information for the detection, monitoring, and response for contamination of the air, water, pharmaceutical, or food supply.

(8) In the event of a terrorist event, poison control centers will be relied upon as a critical source for accurate medical information and public health emergency response concerning the treatment of patients who have had an exposure to a chemical, radiological, or biological agent.

SEC. 3. REAUTHORIZATION OF POISON CONTROL CENTERS NATIONAL TOLL-FREE NUMBER.

Section 1271 of the Public Health Service Act (42 U.S.C. 300d-71) is amended to read as follows:

`SEC. 1271. MAINTENANCE OF THE NATIONAL TOLL-FREE NUMBER.

`(a) In General- The Secretary shall provide coordination and assistance to poison control centers for the establishment of a nationwide toll-free phone number, and the maintenance of such number, to be used to access such centers.

`(b) Authorization of Appropriations- There is authorized to be appropriated \$2,000,000 for fiscal year 2009 to carry out this section, and \$700,000 for each of fiscal years 2010 through 2014 for the maintenance of the nationwide toll free phone number under subsection (a).'

SEC. 4. REAUTHORIZATION OF NATIONWIDE MEDIA CAMPAIGN TO PROMOTE POISON CONTROL CENTER UTILIZATION.

(a) In General- Section 1272 of the Public Health Service Act (42 U.S.C. 300d-72) is amended to read as follows:

`SEC. 1272. NATIONWIDE MEDIA CAMPAIGN TO PROMOTE POISON CONTROL CENTER UTILIZATION.

`(a) In General- The Secretary shall carry out, and expand upon, a national media campaign to educate the public and health care providers about poison prevention and the availability of poison control center resources in local communities and to conduct advertising campaigns concerning the nationwide toll-free number established under section 1271(a).

`(b) Contract With Entity- The Secretary may carry out subsection (a) by entering into contracts with one or more public or private entities, including nationally recognized organizations in the field of poison control and national media firms, for the development and implementation of a nationwide poison prevention and poison control center awareness campaign, which may include--

`(1) the development and distribution of poison prevention and poison control center awareness materials;

`(2) television, radio, Internet, and newspaper public service announcements; and

`(3) other activities to provide for public and professional awareness and education.

`(c) Evaluation- The Secretary shall--

`(1) establish baseline measures and benchmarks to quantitatively evaluate the impact of the nationwide media campaign carried out under this section; and

`(2) on an annual basis, prepare and submit to the appropriate committees of Congress, an evaluation of the nationwide media campaign.

`(d) Authorization of Appropriations- There is authorized to be appropriated to carry out this section, such sums as may be necessary for fiscal year 2009, and \$800,000 for each of fiscal years 2010 through 2014.'

(b) Effective Date- The amendment made by this section shall be effective on the date of the enactment of this Act and shall apply to contracts entered into on or after January 1, 2009.

SEC. 5. REAUTHORIZATION OF THE POISON CONTROL CENTER GRANT PROGRAM.

(a) In General- Section 1273 of the Public Health Service Act (42 U.S.C. 300d-73) is amended to read as follows:

`SEC. 1273. MAINTENANCE OF THE POISON CONTROL CENTER GRANT PROGRAM.

`(a) Authorization of Program- The Secretary shall award grants to poison control centers certified under subsection (c) (or granted a waiver under subsection (d)) and professional organizations in the field of poison control for the purposes of preventing, and providing treatment recommendations for, poisonings and complying with the operational requirements needed to sustain the certification of the center under subsection (c).

`(b) Additional Uses of Funds- In addition to the purposes described in subsection (a), a poison center or professional organization awarded a grant, contract, or cooperative agreement under such subsection may also use amounts received under such grant, contract, or cooperative agreement--

`(1) to establish and evaluate best practices in the United States for poison prevention, poison control center outreach, and emergency and preparedness programs;

`(2) to research, develop, implement, revise, and communicate standard patient management guidelines for commonly encountered toxic exposures;

`(3) to improve national toxic exposure surveillance by enhancing cooperative activities between poison control centers in the United States and the Centers for Disease Control and Prevention;

`(4) to develop, support, and enhance technology and capabilities of professional organizations in the field of poison control to collect national poisoning, toxic occurrence, and related public health data;

`(5) to develop initiatives to foster the enhanced public health utilization of national poison data collected by organizations described in paragraph (4);

`(6) to support and expand the toxicologic expertise within poison control centers; and

`(7) to improve the capacity of poison control centers to answer high volumes of calls and respond during times of national crisis or other public health emergencies.

`(c) Certification- Except as provided in subsection (d), the Secretary may award a grant to a poison control center under subsection (a) only if--

`(1) the center has been certified by a professional organization in the field of poison control, and the Secretary has approved the organization as having in effect standards for certification that reasonably provide for the protection of the public health with respect to poisoning; or

`(2) the center has been certified by a State government, and the Secretary has approved the State government as having in effect standards for certification that reasonably provide for the protection of the public health with respect to poisoning.

`(d) Waiver of Certification Requirements-

`(1) IN GENERAL- The Secretary may grant a waiver of the certification requirements of subsection (c) with respect to a noncertified poison control center that applies for a grant under this section if such center can reasonably demonstrate that the center will obtain such a certification within a reasonable period of time as determined appropriate by the Secretary.

`(2) RENEWAL- The Secretary may renew a waiver under paragraph (1).

`(3) LIMITATION- In no case may the sum of the number of years for a waiver under paragraph (1) and a renewal under paragraph (2) exceed 5 years. The preceding sentence shall take effect as of the date of the enactment of the Poison Center Support, Enhancement, and Awareness Act of 2008.

`(e) Supplement Not Supplant- Amounts made available to a poison control center under this section shall be used to supplement and not supplant other Federal, State or local funds provided for such center.

`(f) Maintenance of Effort- A poison control center, in utilizing the proceeds of a grant under this section, shall maintain the expenditures of the center for activities of the center at a level that is not less than the level of expenditures maintained by the center for the fiscal year preceding the fiscal year for which the grant is received.

`(g) Authorization of Appropriations- There is authorized to be appropriated to carry out this section, \$27,500,000 for fiscal year 2009, and \$28,600,000 for each of fiscal years 2010 through 2014. The Secretary may utilize not to exceed 8 percent of the amount appropriated under this preceding sentence in each fiscal year for coordination, dissemination, technical assistance, program evaluation, data activities, and other program administration functions that do not include grants, contracts, or cooperative agreements under subsections (a) and (b), which are determined by the Secretary to be appropriate for carrying out the program under this section.'

(b) Effective Date- The amendment made by this section shall be effective as of the date of the enactment of this Act and shall apply to grants made on or after January 1, 2009.

Speaker of the House of Representatives.

Vice President of the United States and President of the Senate.

Appendix B

Poison Help
General Population Survey

POISON HELP

GENERAL POPULATION SURVEY SCREENER

S1. Hello, this is (INTERVIEWER) and I'm calling for the Health Resources and Services Administration, HRSA, about a research study. Are you a member of this household and at least 18 years old?

- YES..... 1 (GO TO S3)
- NO..... 2 (GO TO S2)
- PROBABLE BUSINESS..... 3 (GO TO S3)

S2. May I please speak with a household member who is at least 18 years old?

- AVAILABLE..... 1 (GO TO S1)
- NOT AVAILABLE..... 2 (GO TO RESULT,
CALLBACK APPT.)
- THERE ARE NONE..... 3 (GO TO
THANK2)

S3. Is this phone number used for...

- Home use..... 1 (CONTINUE)
- Home and business use, or..... 2 (CONTINUE)
- Business use only?..... 3 (GO TO
THANK1)

BOX 1
Go to extended interview.

THANK 1. Thank you, but we are only interviewing in residences.

THANK 2. These are all the questions I have at this time. Thank you very much for your time.

Public Burden Statement:

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-XXXX. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-49, Rockville, MD 20857.

POISON HELP

GENERAL POPULATION SURVEY

INTRO 1. Hello, this is [INTERVIEWER] and I'm calling for the U.S. Health Resources and Services Administration, HRSA. We are contacting households across the nation to conduct a brief survey to learn how people get safety information. This voluntary interview will take about 10 minutes, and the information you give will be private. If you're ready, let's begin.

[INTERVIEWER NOTE: IF RESPONDENT ANSWERS TELEPHONE IN SPANISH OR REQUESTS SPANISH-LANGUAGE, READ INTRODUCTION IN SPANISH]

INTERVIEWER RECORD LANGUAGE:

- 1 ENGLISH
- 2 SPANISH

R1. First, I'm going to read descriptions of situations that might happen. Please tell me what you would do if that happened to you. What if...

[RANDOMLY ASSIGN RESPONDENTS TO 4 SCENARIOS]

- A. A young child swallowed several adult vitamin pills
- B. An older person visiting your household says that he may have taken his high blood pressure medication twice by mistake
- C. A neighbor runs in and says she needs help because her child drank windshield wiper fluid
- D. You think you have an insect bite and your arm becomes very swollen from wrist to elbow
- E. You are looking for general information about ways to prevent poisoning
- F. You hear on the news that there has been a recall of eggs in your State
- G. The alarm on your carbon monoxide detector goes off in the middle of the night
- H. You were using pesticides in your garden and now you are feeling ill
- I. You hear on the radio that the water supply in your city has been contaminated and you are worried about whether it is safe to drink and use
- J. Your spouse was helping you with cleaning the house, but is now having difficulty breathing

[INTERVIEWER PROMPT: "What would you do first if this happened?"]

[DO NOT READ ANSWER CHOICES; SELECT ONLY ONE RESPONSE]

- 1 POISON CENTER/POISON CONTROL CENTER/PCC
- 2 911/RESCUE SQUAD/EMT
- 3 FIRE DEPARTMENT
- 4 POLICE DEPARTMENT
- 5 DOCTOR/NURSE/HEALTH PROFESSIONAL
- 6 PHARMACIST/PHARMACY
- 7 HOSPITAL/EMERGENCY ROOM
- 8 URGENT CARE
- 9 FAMILY MEMBER
- 10 FRIEND
- 11 INTERNET/ONLINE (Specify: _____)
- 12 NOTHING/WOULD NOT SEEK HELP
- 91 OTHER (Specify: _____)
- 98 DON'T KNOW
- 99 REFUSED

R2. In the past year, have you sought information or help related to a poisoning?

- 1 YES
- 2 NO
- 98 DON'T KNOW
- 99 REFUSED

[IF R2:1 YES, ASK R3. ALL OTHERS SKIP TO R5]

R3. In your own words, please describe the reason you sought information or help related to a poisoning.

[RECORD RESPONDENT ANSWER EXACTLY]

- 98 DON'T KNOW
- 99 REFUSED

R4. Please tell me where you sought information or help. [DO NOT READ / CODE ALL THAT APPLY]

- 1 POISON CENTER/POISON CONTROL CENTER/PCC
- 2 1-800-222-1222 / POISON Help line / POISON 1-800 NUMBER / POISON HOTLINE
- 3 911/RESCUE SQUAD/EMT
- 4 FIRE DEPARTMENT
- 5 POLICE DEPARTMENT
- 6 DOCTOR/NURSE/HEALTH PROFESSIONAL
- 7 PHARMACIST/PHARMACY
- 8 HOSPITAL/EMERGENCY ROOM
- 9 URGENT CARE
- 10 FAMILY MEMBER
- 11 FRIEND
- 12 INSURANCE COMPANY / INSURANCE ADVICE LINE / NURSE HELP LINE
- 13 INTERNET ONLINE (SPECIFY WEB SITE: _____)

- 91 OTHER (Specify: _____)
- 98 DON'T KNOW
- 99 REFUSED

[IF R2:2-99 DID NOT SEEK HELP OR INFORMATION OR R4:3-99 DID NOT CONTACT POISON CONTROL CENTER, ASK R5]

R5. In the past year, did you contact a poison control center for information or help related to a poisoning?

- 1 YES
- 2 NO
- 98 DON'T KNOW
- 99 REFUSED

[IF R4:1-2 OR R5:1 RESPONDENT CONTACTED POISON CONTROL CENTER, ASK R6]

R6. If a poison control center had not been available, what would you have done?

[RECORD RESPONDENT ANSWER EXACTLY]

- 98 DON'T KNOW
- 99 REFUSED

[ASK ALL RESPONDENTS]

R7. What telephone number would you use to contact a poison control center? [DO NOT READ, WAIT FOR RESPONSE]

- 1 1-800-222-1222
- 2 OTHER 800 OR 888 NUMBER (Specify: _____)
- 3 OTHER 800 or 888 NUMBER, not specified
- 4 OTHER NUMBER, NOT 800 (Specify: _____)
- 5 OTHER NUMBER, NOT 800, not specified
- 6 911
- 98 DON'T KNOW
- 99 REFUSED

[IF R7 NOT PUNCH 1, DID NOT NAME 1-800-222-1222, ASK]

R8. If you needed to contact a poison control center immediately, where would you look for the telephone number? [DO NOT READ / CODE ALL THAT APPLY]

- 1 POISON PREVENTION MATERIALS/MAGNET/STICKERS
- 2 TELEPHONE BOOK
- 3 411/DIRECTORY ASSISTANCE
- 4 911
- 5 PROGRAMMED IN MY CELLULAR PHONE
- 6 HRSA WEB SITE
- 7 POISON CONTROL CENTER WEB SITE
- 8 GOOGLE/YAHOO/SEARCH ENGINE
- 9 OTHER INTERNET OR ONLINE/SPECIFY: _____
- 10 OTHER/SPECIFY: _____
- 98 DON'T KNOW
- 99 REFUSED

[IF R8:1 WOULD CALL 1-800-222-1222 TO CONTACT A POISON CONTROL CENTER, ASK]

R9. How did you learn about 1-800-222-1222? [DO NOT READ/CODE ALL THAT APPLY]

- 1 LOCAL POISON CONTROL CENTER
- 2 PUBLIC SERVICE ANNOUNCEMENT/TV/RADIO
- 3 BROCHURE/MAGNET/STICKERS
- 4 POSTER
- 5 NEWSPAPER ARTICLE/MAGAZINE ARTICLE
- 6 NEWSPAPER ADVERTISEMENT
- 7 OUTDOOR ADVERTISING/BILLBOARD/BUS ADVERTISEMENT
- 8 TELEPHONE BOOK
- 9 411/INFORMATION/DIRECTOR ASSISTANCE
- 10 DOCTOR/NURSE/HEALTH PROFESSIONAL
- 11 PHARMACIST/PHARMACY
- 12 WORD OF MOUTH/RELATIVE/FRIEND/COWORKERS
- 13 DAYCARE/SCHOOL/TEACHER
- 14 HRSA WEB SITE
- 15 POISON CONTROL CENTER WEB SITE
- 16 GOOGLE/YAHOO/SEARCH ENGINE
- 17 OTHER ADVERTISING/SPECIFY: _____
- 18 OTHER INTERNET OR ONLINE/SPECIFY: _____
- 91 OTHER/Specify: _____
- 98 DON'T KNOW
- 99 REFUSED

[IF R9:1-6 ADVERTISING AND MATERIALS, ASK]

R10. Where did you (see/receive) the material that had information about 1-800-222-1222? [DO NOT READ/CODE ALL THAT APPLY]

- 1 POISON CENTER / POISON CONTROL CENTER
- 2 DOCTOR/NURSE/HEALTH PRACTITIONER/OFFICE
- 3 PHARMACIST/PHARMACY
- 4 FIRE DEPARTMENT
- 5 POLICE DEPARTMENT
- 6 STORE
- 7 LIBRARY
- 8 HOSPITAL/EMERGENCY ROOM
- 9 RELATIVE/SPOUSE/PARENT/SIBLING
- 10 FRIEND/NEIGHBOR/COWORKER
- 11 DAYCARE/SCHOOL/TEACHER
- 12 COMMUNITY EVENT
- 13 HRSA WEBSITE
- 14 POISON CENTER WEB SITE
- 15 GOOGLE/YAHOO/SEARCH ENGINE
- 16 OTHER INTERNET OR ONLINE/SPECIFY: _____
- 91 OTHER/Specify: _____
- 98 DON'T KNOW
- 99 REFUSED

[ASK ALL]

R11. Do you have a cellular or wireless telephone?

- 1 YES
- 2 NO
- 98 DON'T KNOW
- 99 REFUSED

[IF R10:1 YES, OWN WIRELESS TELEPHONE, ASK]

R12. Do you have a poison control center number programmed in that telephone?

- 1 YES
- 2 NO
- 98 DON'T KNOW
- 99 REFUSED

[ASK ALL RESPONDENTS]

R13. Do you have a poison control center number posted in your home?

- 1 YES
- 2 NO
- 98 DON'T KNOW
- 99 REFUSED

[ASK ALL RESPONDENTS]

INTERVIEWER: Now, I would like to ask you some questions about poison control centers. Please answer based on what you know. If you do not know the answer, please tell me and we'll move on to the next question.

R14. To the best of your knowledge... [ROTATE]

- 1 is there a single poison control center that serves the entire nation OR
- 2 are there multiple poison control centers that serve local areas?
- 98 Don't know
- 99 REFUSED

R15. When are poison control centers open to respond to your call? [RANDOMIZE]

- 1 24 hours a day, 7 days per week, 365 days a year
- 2 Monday through Friday, 9am to 5pm
- 3 Weekends only OR
- 98 Don't know
- 99 REFUSED

R16. Who answers calls to poison control centers? [ROTATE]

- 1 Expert medical professionals
- 2 Trained volunteers OR
- 98 Don't know
- 99 REFUSED

R17. If you do not speak English, can a poison control center still help you? [ROTATE]

- 1 Yes
- 2 No
- 98 Don't know
- 99 REFUSED

R18. When you call a poison control center about a person who may have been poisoned, how much does it cost to receive information? [ROTATE]

- 1 Nothing, the call is free
- 2 A maximum of \$25 (twenty-five dollars) OR
- 98 Don't know
- 99 REFUSED

R19. When you call a poison control center, what other organizations or individuals have access to the information you provided? [RANDOMIZE, CHECK ALL THAT APPLY]

- 1 No one, it is kept confidential
- 2 Your health care provider
- 3 Your Insurance company
- 4 Law enforcement
- 5 Social services
- 98 DON'T KNOW
- 99 REFUSED

R20. Who do you think uses poison control services? Please select all that apply [RANDOMIZE / ACCEPT MULTIPLE RESPONSES]

- 1 Anyone/ Everyone
- 2 Law Enforcement Officers
- 3 Health Care Providers
- 4 Individuals who care for young children
- 5 Someone else [SPECIFY: _____]
- 6 NONE OF THE ABOVE
- 98 DON'T KNOW
- 99 REFUSED

R21 INTRO Now, just a few questions about you and your household.

R21. [READ IF NECESSARY] Are you male or female?

- 1 MALE
- 2 FEMALE
- 98 DON'T KNOW
- 99 REFUSED

R22. How old are you? Are you... [READ EACH CATEGORY]

- 1 18-24
- 2 25-34
- 3 35-44
- 4 45-54
- 5 55-64
- 6 AGE 65 OR OLDER
- 98 DON'T KNOW
- 99 REFUSED

R23. What is the highest grade or level of school you have completed? [DO NOT READ, CODE ONLY ONE RESPONSE]

- 1 NO SCHOOLING OR GRADES 1-8
- 2 SOME HIGH SCHOOL OR GRADES 9-11
- 3 GRADE 12, HIGH SCHOOL DIPLOMA, OR GED
- 4 VOCATION/TECHNICAL SCHOOL OR SOME COLLEGE, BUT NO BACHELOR'S DEGREE
- 5 BACHELOR'S DEGREE, B.A. OR B.S.
- 6 MORE THAN A BACHELOR'S DEGREE, POST-GRADUATE COURSES, M.D., PhD, LAW SCHOOL, ETC.
- 98 DON'T KNOW
- 99 REFUSED

[IF R23:1-3 HIGH SCHOOL DIPLOMA, EQUIVALENT OR LESS, ASK]

R24. Do you have a high school diploma or its equivalent, a GED?

- 1 YES
- 2 NO
- 98 DON'T KNOW
- 99 REFUSED

R25. Are you of Spanish, Hispanic, or Latino origin?

- 1 YES
- 2 NO
- 98 DON'T KNOW
- 99 REFUSED

R26. How would you describe your race? You may choose more than one. [RANDOMIZE, READ CHOICES, CODE ALL THAT APPLY.]

- 1 WHITE
- 2 BLACK OR AFRICAN-AMERICAN
- 3 AMERICAN INDIAN OR ALASKA NATIVE
- 4 ASIAN
- 5 NATIVE HAWAIIAN OR PACIFIC ISLANDER
- 98 DON'T KNOW
- 99 REFUSED

Now I have just a few questions about your household.

R27. Do any people under age 18 live in this household?

- 1 YES
- 2 NO
- 98 DON'T KNOW
- 99 REFUSED

R28. Do any people age 5 or younger live in this household?

- 1 YES
- 2 NO
- 98 DON'T KNOW
- 99 REFUSED

[IF R28:1 YES ASK]

R29. Are you a parent or guardian of any of these children age 5 and younger?

- 1 YES
- 2 NO
- 98 DON'T KNOW
- 99 REFUSED

R30. Which of the following best describes your health insurance coverage? You may choose more than one. [RANDOMIZE 1-5, READ 6 LAST, ACCEPT MULTIPLE RESPONSES]

- 1 Health insurance offered through your employer or union
- 2 Health insurance purchased yourself
- 3 Medicare
- 4 Medicaid
- 5 Health savings account, or HSA
- 6 No health insurance coverage
- 91 SOMETHING ELSE (SPECIFY: _____)
- 98 DON'T KNOW
- 99 REFUSED

R31. What was the total income of all persons in your household over the past year, including salaries or other earnings, interest, retirement, and so on for all household members? Was it... [READ IN ORDER UNTIL RESPONSE CHOSEN]

- 1 LESS THAN \$25,000
- 2 \$25,000 TO \$50,000
- 3 \$50,001 TO \$75,000
- 4 \$75,001 TO \$100,000
- 5 \$100,001 TO \$150,000
- 6 \$150,001 OR MORE
- 98 DON'T KNOW
- 99 REFUSED

R32. What is your zip code? [RECORD]

ZIP CODE _ _ _ _ _

THANK Those are all the questions I have for you. Thank you very much for your time. I would like to give you a telephone number in case you are interested in receiving more information about poison prevention or the ways that poison control centers can help in a poison emergency. The number you can call is 1-800-222-1222. This number works from any place in the country and connects you to a local poison control center where health care professionals and other poison experts provide treatment advice about poisonings and poison prevention information 24 hours a day, every day of the year. There is no cost for the service. It is free and confidential. Translation services are available in over 160 languages.

Appendix C

Federal Register Notice

Federal Register Notice

Appendix D

StrategyOne Privacy Statement

Privacy Statement
STRATEGYONE
EMPLOYEE OR CONTRACTOR'S ASSURANCE OF PRIVACY OF SURVEY DATA

Statement of Policy

StrategyOne is firmly committed to the principle that the privacy of individual data obtained through StrategyOne surveys must be protected. This principle holds whether or not any specific guarantee of privacy was given at time of interview (or self-response), or whether or not there are specific contractual obligations to the client. When guarantees have been given or contractual obligations regarding privacy have been entered into, they may impose additional requirements that are to be adhered to strictly.

Procedures for Maintaining Privacy

1. All StrategyOne employees and field workers shall sign this assurance of privacy. This assurance may be superseded by another assurance for a particular project.
2. Field workers shall keep completely confidential the names of respondents, all information or opinions collected in the course of interviews, and any information about respondents learned incidentally during fieldwork. Field workers shall exercise reasonable caution to prevent access by others to survey data in their possession.
3. Unless specifically instructed otherwise for a particular project, an employee or field worker, upon encountering a respondent or information pertaining to a respondent that s/he knows personally, shall immediately terminate the activity and contact her/his supervisor for instructions.
4. Survey data containing personal identifiers in StrategyOne offices shall be kept in a locked container or a locked room when not being used each working day in routine survey activities. Reasonable caution shall be exercised in limiting access to survey data to only those persons who are working on the specific project and who have been instructed in the applicable privacy requirements for that project.
5. Where survey data have been determined to be particularly sensitive, such survey data shall be kept in locked containers or in a locked room except when actually being used and attended by a staff member who has signed this pledge.
6. Ordinarily, serial numbers shall be assigned to respondents prior to creating a machine-processible record and identifiers such as name, address, and Social Security number shall not, ordinarily, be a part of the machine record. When identifiers are part of the machine data record, StrategyOne shall be responsible for determining adequate privacy measures. When a separate file is set up containing identifiers or linkage information which could be used to identify data records, this separate file shall be kept locked up when not actually being used each day in routine survey activities.
7. When records with identifiers are to be transmitted to another party, such as for keypunching or key taping, the other party shall be informed of these procedures and shall sign an Assurance of Privacy form.
8. Each project director shall be responsible for ensuring that all personnel and contractors involved in handling survey data on a project are instructed in these procedures throughout the period of survey performance. When there are specific contractual obligations to the client regarding privacy, the project director shall develop additional procedures to comply with these obligations and shall instruct field staff, clerical staff, consultants, and any other persons who work on the project in these additional procedures. At the end of the period of survey performance, the project director shall arrange for proper storage or disposition of survey data including any particular contractual requirements for storage or disposition. When required to turn over survey data to our clients, we must provide proper safeguards to ensure privacy up to the time of delivery.
9. Project directors shall ensure that survey practices adhere to the provisions of the U.S. Privacy Act of 1974 with regard to surveys of individuals for the Federal Government. Project directors must ensure that procedures are established in each survey to inform each respondent of the authority for the survey, the purpose and use of the survey, the voluntary nature of the survey (where applicable) and the effects on the respondents, if any, of not responding.

PLEDGE

I hereby certify that I have carefully read and will cooperate fully with the above procedures. I will keep completely confidential all information arising from surveys concerning individual respondents to which I gain access. I will not discuss, disclose, disseminate, or provide access to survey data and identifiers except as authorized by StrategyOne. In addition, I will comply with any additional procedures established by StrategyOne for a particular contract. I will devote my best efforts to ensure that there is compliance with the required procedures by personnel whom I supervise. I understand that violation of this pledge is sufficient grounds for disciplinary action, including dismissal. I also understand that violation of the privacy rights of individuals through such unauthorized discussion, disclosure, dissemination, or access may make me subject to criminal or civil penalties. I give my personal pledge that I shall abide by this assurance of privacy.

Appendix E
Frequently Asked Questions

FREQUENTLY ASKED QUESTIONS

Q. What is the purpose of this study? What is this study about?

A. The purpose of this study is to provide the Health Resources and Service Administration, HRSA, with important information about awareness of the *Poison Help* campaign, a program to educate people about the *Poison Help* line, which connects to their local poison center, and other services provided by poison centers.

Q. How will the study results be used? What will you do with this information?

A. The information we collect through interviews will help researchers and policymakers understand people's awareness and experiences related to poison situations, and make improvements in future communications about the resources available for these scenarios.

Q. How do I know the survey is legitimate? How do I know that you are really an interviewer for this survey?

A. If you wish, you may speak to my supervisor now, or I can give you a toll-free 800 number to call at your convenience.

Q. Will you keep my information private?

A. Yes. We do not reveal any information except to persons directly involved with the study. Any information you give us will be treated in a confidential manner. Additionally, individual responses are never published in reports; they are added to the responses of others and are published as combined information only.

Q. Is this survey approved by the Government and/or what is the OMB number and expiration date for the survey?

A. Yes, the survey is sponsored by a Federal agency. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number is XXX and the expiration date is XXX.

Q. How did you get my name/number?

A. Your name and telephone number were randomly selected from a published list of telephone numbers.

Q. Why was your number blocked on my caller ID?

A. We do not block our number. However, sometimes, local telephone carriers do not display numbers from outside the calling area. We are calling from California.

Q. Why don't you call someone else?

A. It's important that we talk with you because rules governing the way scientific research samples are selected do not allow us to replace you with someone else. Once a person has been selected, we must talk to that person about their experiences. Otherwise, we would not get a representative picture of the national population. Your responses represent a lot of other people and you are actually speaking for them, as well as yourself.

Q. Do I have to do this? Do I have to answer your questions?

A. Your participation is completely voluntary and if you don't want to answer a question you may skip over it. Your input and opinions are very important to the success of this study. Your decision to participate will in no way affect the information or service you receive from poison control centers or the Health Resources and Services Administration. However, most people find the questions interesting and enjoy participating in the brief survey.

Q. I'm on the "Do not call list"/Please remove my name from your calling list.

A. I'm not selling anything. I work for a research company and your name was randomly selected from a published list of telephone numbers.

IF NECESSARY: The telephone calls we make are not prohibited or regulated by the Federal Trade Commission (FTC).

Q. How long will this take?

A. Approximately 10 minutes, depending on your answers.

Q. How can I get more information on poison prevention?

A. Please call the Poison Help toll-free number, 1-800-222-1222.

INTERVIEWER NOTE: UNDER NO CIRCUMSTANCES ARE YOU TO GIVE PERSONAL OPINION OR ADVICE. ANYONE REQUESTING INFORMATION ON POISON EMERGENCIES OR POISON PREVENTION SHOULD BE GIVEN THE POISON HELP TOLL-FREE NUMBER, 1-800-222-1222.

Q. What organization is sponsoring this study?

A. The study is being sponsored by the Health Resources and Services Administration (HRSA), which is an agency in the U.S. Department of Health and Human Services.

Q. Who do you work for/where are you calling from?

A. I work for StrategyOne, a social science research company. Our headquarters is located in New York. StrategyOne conducts surveys on many different subjects and is working with HRSA (Health Resources and Services Administration) to conduct this study.

Q. Does StrategyOne have a Web site?

A. Yes, StrategyOne has a Web site. The address is www.strategyone.com

Q. Is there a Web site for this study?

A. No, there is not a Web site setup for this study. However, if you would like more information about the sponsor of this study, the Health Resources and Services Administration, you can access their Web site at www.hrsa.gov.

Q. Who can I call to verify this study?

A. You can call the director of the Poison Control Program. Her name is Elisa Gladstone, and her telephone number is 301-594-4394.

Q. Can I get a copy of the results?

A. I will be happy to take your name and address. We can send you a summary of the major results when they are available.