

**Data Collection for Evaluation of Education, Communication, and Training (ECT) Activities  
for the Division of Global Migration and Quarantine**

**Evaluation of Adapted Health Education Materials for LEP Spanish-Speakers  
and Indigenous Migrants**

**Generic Information Collection Request  
OMB No. 0920-0932**

**Submitted on: May 15, 2013**

**Statement A**

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## Table of Contents

STATEMENT A: JUSTIFICATION.....	3
1. Circumstances Making the Collection of Information Necessary.....	3
2. Purpose and Use of the Information Collection.....	7
3. Use of Improved Information Technology and Burden Reduction.....	8
4. Efforts to Identify Duplication and Use of Similar Information.....	9
5. Impact on Small Businesses or Other Small Entities.....	9
6. Consequences of Collecting the Information Less Frequently.....	9
7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5.....	9
8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency...9	
9. Explanation of Any Payment or Gift to Respondents.....	10
10. Assurance of Confidentiality Provided to Respondents.....	11
11. Justification for Sensitive Questions.....	12
12. Estimates of Annualized Burden Hours and Costs.....	12
13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers.....	14
14. Annualized Cost to the Government.....	15
15. Explanation for Program Changes or Adjustments.....	15
16. Plans for Tabulation and Publication and Project Time Schedule.....	15
17. Reason(s) Display of OMB Expiration Date is Inappropriate.....	16
18. Exceptions to Certification for Paperwork Reduction Act Submissions.....	16
WORKS CITED.....	16

### LIST OF ATTACHMENTS

- Attachment A – Materials for Adaptation
- Attachment B – LEP TB QF Discussion Guide
- Attachment C – Indigenous TB Discussion Guide
- Attachment D – LEP 3 Flu Discussion Guide
- Attachment E – Indigenous 3 Flu Discussion Guide
- Attachment F – Participant Screener
- Attachment G – IRB Determination
- Attachment H – Participant Information Sheet

## **Statement A. Justification**

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

#### Background

This data collection is being conducted using the Generic Information Collection mechanism of The Data Collection for Evaluation of Education, Communication, and Training (ECT) Activities for DGMQ: – OMB No. 0920-0932. The respondent universe for this data collection aligns with that of The Data Collection for Evaluation of Education, Communication, and Training (ECT) Activities for DGMQ Generic Information Request Package.

CDC is authorized to collect these data under the Public Health Service Act (42 USC 241), Section 301. The information collection for which approval is sought is in accordance with DGMQ’s mission to reduce morbidity and mortality among immigrants, refugees, travelers, expatriates, and other globally mobile populations, and to prevent the introduction, transmission, or spread of communicable diseases from foreign countries into the United States. This mission is supported by delegated legal authorities.

Section 361 of the Public Health Service (PHS) Act (42 USC 264) authorizes the Secretary of Health and Human Services (HHS) to make and enforce regulations necessary to prevent the introduction, transmission, or spread of communicable diseases from foreign countries or possessions into the United States and from one state or possession into any other state or possession. These regulations are codified in 42 Code of Federal Regulations (CFR) Parts 70 and 71.

The Secretary of Health and Human Services also has the legal authority to establish regulations outlining the requirements for the medical examination of aliens before they may be admitted into the United States. This authority is provided under Section 212(a)(1)(A) of the Immigration and Nationality Act (8 U.S.C. § 1182(a)(1)(A)) and Section 232 of the Immigration Nationality Act (8 U.S.C. § 1222(b)). These regulations are codified in 42 Code of Federal Regulations Part 34, which establish requirements that determine whether aliens can be admitted into the United States.

Of the 40.3 million Spanish-speakers currently living in the United States, 41% are limited-English proficient (LEP), meaning they speak English “less than very well” (US Census Bureau, 2010) [1]. Migrants and LEP individuals represent diverse populations in terms of countries of origin, socioeconomic and cultural characteristics, migration status, language proficiency, health status, and other demographic factors. The challenges LEPs and migrants face are associated particularly with communication barriers (e.g., language and literacy) and isolation (cultural,

geographic, and social). For that reason, LEP populations are considered “at-risk,” as defined by the Pandemic and All-Hazards Preparedness Act, because they “have needs that are not fully addressed by traditional service providers or who feel they cannot comfortably or safely use the standard resources offered during preparedness, response, and recovery efforts” [2].

The U.S.-Mexico Unit (USMU) within the Division of Global Migration and Quarantine (DGMQ) at the Centers for Disease Control and Prevention (CDC) has focused on increasing knowledge and responding to the health communication and education needs of two main segments of the LEP population: Spanish-speaking and indigenous migrants from Mexico (specifically Mixtec- and Zapotec-speakers), which are at-risk for contracting certain infectious diseases.

In July 2011, USMU completed a literature review to examine the health communication and education needs of these two populations. The literature review determined that materials that are at a lower reading level and can be shared with children are likely to be more effective, and that radio and other non-written formats (particularly visual) are also recommended for this audience. It was also learned that communications are most effective when they take into account the daily adversities of the target population in order to adopt behavior-change strategies that are culturally relevant and feasible. The literature review also identified the need to create communication materials in plain language Spanish and indigenous languages.

Nine key informant interviews were conducted between October and November 2011 with stakeholders who were public health and other professionals who work with and/or study these LEP populations in California, Washington D.C. and Arizona. All key informants had more than 10 years of experience in their fields and represented several disciplines and subject matter areas, including health education and promotion, chronic and infectious disease prevention, adult education, and clinical medicine. At the time of data collection, most key informants worked for nongovernmental organizations and provided technical assistance to other organizations, government agencies, and individuals who are direct service providers for the target populations. The purpose of these interviews was to gather information on best practices and preferences for health education and communication, and to determine the education and communication needs for hepatitis B, HIV/AIDS, seasonal and pandemic influenza, and tuberculosis (TB). These informants confirmed the findings of the literature review and emphasized the need to evaluate existing materials and to develop and test new materials that meet the communication needs of the target population.

Based on the findings from the key informant interviews, as well as consultations with subject-matter experts across CDC, DGMQ’s communication efforts for LEP Spanish-speakers and indigenous groups will focus on (Attachment A):

- Translating existing educational materials about influenza into Spanish plain language;
- Developing a poster about TB in Spanish plain language;

- Developing a poster about unsafe *queso fresco* in Spanish plain language; and,
- Translating and culturally adapting an existing public service announcement (PSA) about TB into one or more Mexican indigenous languages.

The overarching goal is to reach LEP populations by producing culturally and linguistically appropriate health education and communication materials. The purpose of the information collection for which approval is sought is to test posters, fact sheets, and a PSA with members of the target audiences (Attachment A). The results of field testing will provide recommendations for improving and finalizing the materials, which will ultimately improve outreach by DGMQ and other CDC programs to hard-to-reach populations.

## **1.1 Privacy Impact Assessment**

### Overview of the Data Collection System

The data collection system to be used consists of moderator's guides that will be utilized to evaluate the materials currently being developed and adapted (Attachments B-E) during 16 focus groups consisting of 160 people. The majority of respondents are LEP Spanish-speakers, who will be asked to evaluate one poster on tuberculosis and one poster on unsafe *queso fresco* (Attachment B) as well as three influenza fact sheets (Attachment C). The other respondents are indigenous Mixtec- or Zapotec-language speakers, who will be evaluating the tuberculosis poster and an adapted PSA about tuberculosis in Mixtec or Zapotec (Attachment D) as well as the same three influenza fact sheets (Attachment E). The data collection instruments will be administered in-person by a trained moderator, and are designed to assess the effectiveness, cultural sensitivity, and linguistic appropriateness of the materials being evaluated.

A contractor will work with community based organizations to recruit participants by advertising the focus groups to LEP Spanish-speaking persons as well as indigenous Mixtec- or Zapotec-speaking persons who utilize their services.

The contractor will be given a screening tool to use in order to ensure appropriate recruitment (Attachment F) before the focus groups. Participants will be recruited/contacted by the community based organization serving these populations and have previously been in contact with the respondents through their routine work. Respondents will be contacted in advance, either in person or through a phone call. The recruiter will verbally ask each respondent the questions on the screening document. Recruiters will collect some personal contact information (e.g., name, phone number) to secure the groups. Recruiters will never share this information with the researchers. All personal information collected to schedule the groups will be shredded immediately after the focus group discussion takes place.

It is estimated that twice the number of respondents needed must be screened in order to yield the desired number of respondents; therefore a total of 200 respondents will be contacted in order to recruit 100 LEP Spanish-speakers, yielding 10 focus group discussions with 10 LEP Spanish-speakers in each group. A total of 120 respondents will be contacted and screened in order to recruit 60 indigenous Mixtec- or Zapotec- language speakers, yielding six focus group discussions with 10 indigenous Mixtec- or Zapotec- language speakers in each group.

Table A.1.1:

<b>Participant Selection Criteria</b>	
Age	All participants will be at least 18 years of age.
Location	All participants should currently be living in the United States during the data collection period.
Language	All participants should either be a limited-English proficient Spanish-speaker, or an LEP indigenous Mixtec- or Zapotec-language speaker.
Gender	Approximately half the participants will be female.
Education	No education criteria.
Employment	No employment criteria.
Race	No criteria regarding race.

The focus groups will be conducted by a Spanish-speaking moderator, however during the focus groups with the indigenous language populations, an interpreter will be present to ensure the moderator’s words are appropriately communicated to discussion participants and that the words of the participants are also appropriately captured. The discussions will be audio-recorded and transcripts will be prepared from these recordings. Notes will also be taken during the discussions to ensure that records of the focus groups exist in the case of audio equipment malfunction.

After each focus group discussion, the moderator and observer will meet to give feedback on the focus group discussion and to ensure that all questions were answered adequately. Analysis will begin after the final focus group discussion has been transcribed. Results will be aggregated in a final summary report provided by the contractor to DGMQ, in which comments and results will not be linked to individual participants to uphold anonymity. All information collected will be destroyed after three years.

Items of Information to be Collected

There are four data collection tools (Attachments B-E). Only one data collection tool will be used per focus group, depending on the audience and materials to be tested in the group. The data collection tools include 19 to 23 total semi-structured, open-ended response questions with

semi-structured, open-ended probes. The data collection tools are each organized into three sections:

- a. **Awareness, Knowledge, and Behaviors-** respondents are asked what they have heard, or what they know about influenza, *queso fresco*, or tuberculosis.
- b. **Modalities for Health Education-** respondents are asked how they have learned important health information in the past, their preferred communication channel for receiving health information, and things that help them remember health information.
- c. **Materials Evaluation-** respondents will be asked a set of questions about three different influenza materials, a poster about unsafe *queso fresco*, a poster about tuberculosis, and/or a PSA about tuberculosis depending on the group. The questions are designed to elicit more information about their thoughts and opinions about the messages, words, and images used in the materials. Respondents will be asked if they like or dislike the message, words and images, if there is anything they find confusing or hard to understand, if they think there is anything that can be done to improve the material, and if they feel like they learned something new from the material. Respondents will also be asked if they have ever seen and/or know what the CDC logo represents, as well as if there is any other information about the topic area they believe should be included.

## 2. Purpose and Use of the Information Collection

This is a one-time information collection.

The purpose of this information collection is to 1) test and evaluate revised and adapted print and audio materials (Attachment A) on influenza, tuberculosis, and unsafe *queso fresco* with LEP Spanish-speakers and indigenous migrants from Mexico, and 2) learn more about these populations' knowledge and attitudes toward influenza, tuberculosis, and unsafe *queso fresco*.

The purpose of the LEP TB QF Discussion Guide Data Collection Instrument (Attachment B) is to evaluate the cultural and linguistic appropriateness of the images and messages in the newly adapted TB and unsafe *queso fresco* posters with LEP Spanish-speaking populations. Responses will be used to adapt and develop health communication and evaluation materials on tuberculosis and unsafe *queso fresco* for this audience in the future.

The purpose of the LEP 3 Flu Discussion Guide (Attachment C) is to evaluate the cultural and linguistic appropriateness of the images and messages in CDC's newly revised influenza fact sheets with Spanish-speaking LEPs. Responses will be used to adapt and develop future health communication and evaluation materials on influenza for this audience in the future.

The purpose of the Indigenous TB Discussion Guide (Attachment D) is to evaluate the cultural and linguistic appropriateness of the images and messages in the newly adapted TB poster and

the messages in the newly adapted indigenous language PSA about TB with LEP indigenous populations from Mexico. Responses will be used to adapt and develop health communication and evaluation materials on tuberculosis for this audience in the future.

The purpose of the Indigenous 3 Flu Discussion Guide (Attachment E) is to evaluate the cultural and linguistic appropriateness of the images and messages in CDC's newly revised influenza fact sheets with LEP indigenous populations from Mexico. Responses will be used to adapt and develop future health communication and evaluation materials on influenza for this audience in the future.

The target populations are considered at-risk for influenza, TB, and consuming unsafe *queso fresco*, and responding to their health education and communications needs helps DGMQ fulfill its mission under authorizing law.

#### Privacy Impact Assessment

During the screening process respondents' first names and phone number will be collected by the recruiter for the purpose of scheduling the focus groups. The researchers will never have access to this information, and the recruiter will shred the information after the focus group discussions takes place. Respondents will only provide their first name during the discussion as part of the introductory activity to allow respondents to feel more comfortable. Respondents will be told they can utilize a pseudonym if they prefer. The contractor will remove any first names that were used during the focus groups from the summary notes and any transcripts and a random numerical identifier will be assigned to the participants immediately after focus groups take place. No personally identifiable information will be filed or retrievable. No additional individually identifiable information is being collected.

No sensitive information is being collected. The proposed data collection will have little or no effect on the respondent's privacy.

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

Given the linguistic isolation and low literacy rates of the specific population, the use of information technology is not appropriate and would not reduce the burden to respondents in this information collection. All responses will be collected in person through focus group discussions led by a trained moderator. Administering the data collection instruments in person will reduce the likelihood of confusion and misunderstanding on the part of the respondents, the moderator and note taker. The focus group discussion guides were designed to collect the minimum information necessary for the purposes of this project (i.e. limited to less than 25 questions discussion guide). This information request is in compliance with the Government Paperwork Elimination Act (GPEA), Public Law 105-277, title XVII.



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

Efforts to identify similar information during a literature review completed in July 2011 concluded that in order to overcome barriers to effective health communication, Mixtecs, Zapotecs, and LEP Spanish-speakers must be involved in the design and evaluation of materials. Health communication methods and materials need to be linguistically and culturally appropriate, and at the appropriate reading level [3] in order to be effective with the target audience. The findings from nine key informant interviews conducted in October and November 2011 found that CDC is lacking materials that have been tested for cultural appropriateness on TB, HIV, Hepatitis, and flu. Previous searches have found no available results of evaluations of CDC materials produced specifically for LEP Spanish-speakers and indigenous-speakers with this target audience. There are thus no similar data available, necessitating the proposed evaluation.

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

No small businesses will be involved in this data collection.

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

This request is for a one time data collection. There are no legal obstacles to reduce the burden. If the data collection being requested is not collected, LEP Spanish-speaking and Mixtec/Zapotec populations in Southern California will continue to be under-served. In addition, public health workers will be less able to formulate and validate culturally-, linguistically-, and reading level-appropriate materials. In the case of a public health need for tuberculosis, influenza or *queso fresco* communication material, adapted materials would not be adequately tested before being used with the LEP Spanish-speaking and Mixtec/Zapotec target audiences, which could limit potential effectiveness.

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

This request fully complies with the regulation 5 CFR 1320.5.

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

- A. This data collection is being conducted using the Generic Information Collection mechanism of The Data Collection for Evaluation of Education, Communication, and Training (ECT) Activities for DGMQ– OMB No. 0920-0932. A 60-day Federal Register Notice was published in the Federal Register on August 10, 2011, Vol. 76, No. 154; pp.

49487-88. The 30-day FRN was published on December 7, 2011 (76 FR 76415). One non-substantive comment was received, and CDC's standard response was sent to address the comment.

B. The following two persons outside of CDC were consulted to obtain their views on availability of data, frequency of collection, clarity of instructions and record keeping, disclosure, or reporting format, and on the data elements to be recorded, disclosed, or reported:

1. Liliana Osorio

Deputy Director, Health Initiative of the Americas

Phone: (619) 692-5504

Email: [Liliana.Osorio@sdcounty.ca.gov](mailto:Liliana.Osorio@sdcounty.ca.gov)

Liliana Osorio is an expert on health communications for Spanish-speaking and indigenous LEP populations, and specifically on influenza and tuberculosis communications. She was consulted in September 2013 about availability of data and evaluation techniques with this population.

2. Justine Kozo

Chief, Office of Border health

Phone: (619) 692-6656

Email: [Justine.Kozo@sdcounty.ca.gov](mailto:Justine.Kozo@sdcounty.ca.gov)

Justine Kozo is and subject matter on border health issues, and was consulted October 2012 to January 2013 on availability of data about *queso fresco* communications materials and evaluation techniques with the target population.

## **9. Explanation of Any Payment or Gift to Respondents**

A cash stipend or gift card for \$35 will be offered to the participants as a token of appreciation for the respondent's time and interest in the project.

### The Need for Incentives

Incorporating modest incentives to aid in recruitment for research is standard practice among commercial market researchers. For a number of reasons, this practice is also appropriate for information collections covered by this generic package.

The most important aspect of an incentive plan may be its potential to increase responsiveness of targeted respondents and to reduce response bias. LEP indigenous populations can be considered "hard-to-reach" since they often do not have a permanent home and do not trust the government due to the sensitivity of immigration issues. Several studies conducted by Martinez-Ebers found that monetary incentives correlate positively with more positive response to open-ended questions such as those that will be asked in this qualitative evaluation [4]. Kulka reports evidence suggesting that monetary incentives might be especially effective in recruiting low-income and minority respondents like those from the target audience for this evaluation [5].

### Level of Incentive Payment

DGMQ will not directly provide an incentive to respondents. Respondents will receive \$35 through a community organization contracted to obtain participants. It is typical for these organizations to provide users with incentives as part of their practices. The level of incentive payment was determined after consulting with trained focus group moderators whom have worked with similar populations in the past. Singer provides a compelling review of evidence showing that while monetary incentives are effective with all respondents, less money is required to recruit and retain low-income groups than those whose income is higher, and for whom the tradeoff between the time required for the survey and the incentive offered may be less attractive when the incentive is “small” [6]. For this reason the evaluation team has determined that \$35 is appropriate given the income of the respondents in the areas where evaluation will be conducted.

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

### Privacy Impact Assessment

This information collection request has been reviewed by the Information Collection Review Office ICRO, and it has been determined that the Privacy Act does not apply, as only first names may be used during the focus groups and these first names will be removed from any collected data prior to receipt by CDC. Respondents will only provide their first name during the discussion as part of the introductory activity to allow respondents to feel more comfortable. Respondents will be told they can utilize a pseudonym if they prefer. The contractor will remove any first names that were used during the focus groups from the summary notes and any transcripts and a random numerical identifier will be assigned to the participants immediately after focus groups take place. No personally identifiable information will be filed or retrievable by CDC. No additional individually identifiable information is being collected.

Data will be maintained in password protected files to which only CDC and contractors will have access, and will not be disclosed, unless otherwise compelled by law.

At the time of the focus groups, apart from first names to be used during the sessions, the contractors and DGMQ staff will not have access to any personally identifying information (PII) for the participants. Additionally, not collecting the information reduces investigator bias and lowers the burden on respondents. All information will be aggregated during analysis and no identifying information will appear in the final report. Any notes, recordings, and other identifying information collected during the focus groups will be destroyed after three years.

### IRB Approval

It has been determined that the proposed data collection is not research involving human subjects, and that IRB approval is not required (Attachment G).

## 11. Justification for Sensitive Questions

No information will be collected that is of a personal or sensitive nature.

## 12. Estimates of Annualized Burden Hours and Costs

- A. The information collection requires the use of screening documents to determine eligibility to participate in subsequent focus groups. Standard recruitment procedures estimate that twice the number of respondents needed must be screened in order to yield the desired number of respondents.

For LEP Spanish-speaking respondents, 200 respondents will be screened to obtain 100 focus group participants. It is estimated that each respondent will take 10 minutes to complete the screening process, which results in 33 total respondent hours. Fifty of the eligible LEP Spanish-speaking respondents will participate in the focus groups using the *TB/queso fresco* discussion guide and fifty eligible LEP Spanish-speaking respondents will participate in the influenza discussion guide focus groups. It is estimated that the burden for each respondent in the focus groups using both the *TB/queso fresco* and influenza discussion guides will be two hours, for a total of 100 respondent burden hours per focus group discussion guide.

For LEP indigenous Mixtec- or Zapotec-speaking respondents, 120 respondents will be screened to obtain 60 focus group participants. It is estimated that each respondent will take 10 minutes to complete the screening process, which results in 20 total respondent hours. Thirty of the eligible LEP indigenous Mixtec- or Zapotec-speaking respondents will participate in the TB discussion guide focus group and thirty eligible LEP indigenous Mixtec- or Zapotec-speaking respondents will participate in the influenza discussion guide focus group. It is estimated that the burden for each respondent in focus groups using both the *TB/queso fresco* and influenza discussion guides will be two hours, for a total of 60 respondent burden hours per focus group discussion guide.

A total of 373 burden hours is estimated for this information collected with 320 respondents.

The estimated burden hours to respondents is summarized in Table A.12.1 below, and is based on 160 respondents participating in two hour focus group sessions and 320 people screened with the 10-minute screener. In previous and similar evaluations, the average time to complete the focus group, including time for reviewing instructions, gathering needed information and completing the focus group was approximately 120 minutes.

Table A.12.1:

<b>Estimated Annualized Burden Hours</b>					
<b>Type of Respondent</b>	<b>Form Name</b>	<b>No. of Respondents</b>	<b>No. of Responses per Respondent</b>	<b>Average Burden per Response (in hours)</b>	<b>Total Burden Hours</b>
Limited English Proficient Spanish-speakers	Participant Screener	200	1	10/60	33
LEP Spanish-speakers	LEP TB QF Discussion Guide	50	1	2	100
LEP Spanish-speakers	LEP 3 Flu Discussion Guide	50	1	2	100
LEP Mixtec-and/or Zapotec-speakers	Participant Screener	120	1	10/60	20
LEP Mixtec-and/or Zapotec-speakers	Indigenous TB Discussion Guide	30	1	2	60
LEP Mixtec-and/or Zapotec-speakers	Indigenous 3 Flu Discussion Guide	30	1	2	60
<b>Total</b>		<b>480</b>			<b>373</b>

B. Estimates for the average hourly wage for respondents are based on the Department of Labor (DOL) National Compensation Survey estimate for the general public's mean hourly wages [7, [http://www.bls.gov/oes/current/oes\\_nat.htm#00-0000](http://www.bls.gov/oes/current/oes_nat.htm#00-0000)]. Based on DOL data, an average hourly wage of \$21.74 is estimated for all 320 respondents. Table A.12.2 shows estimated burden and cost information.

Table A.12.2:

<b>Estimated Annualized Burden Costs</b>				
<b>Type of Respondent</b>	<b>Form Name</b>	<b>Total Burden Hours</b>	<b>Hourly Wage Rate</b>	<b>Total Respondent Costs</b>
LEP Spanish-speakers	Participant Screener	33	\$21.74	\$717.42
LEP Spanish-speakers	LEP TB QF Discussion Guide	100	\$21.74	\$2,164.00
LEP Spanish-speakers	LEP 3 Flu Discussion Guide	100	\$21.74	\$2,164.00
LEP Mixtec-and/or Zapotec-speakers	Participant Screener	20	\$21.74	\$434.80
LEP Mixtec-and/or Zapotec-speakers	Indigenous TB Discussion Guide	60	\$21.74	\$1,304.40
LEP Mixtec-and/or Zapotec-speakers	Indigenous 3 Flu Discussion Guide	60	\$21.74	\$1,304.40
<b>TOTALS</b>		<b>373</b>		<b>\$8,109.02</b>

### 13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers

There will be no costs to the respondents other than their time to participate in focus groups.

#### 14. Annualized Cost to the Government

Table A.14:

<b>Estimated Annualized Cost to the Federal Government</b>		
<b>Annualized Cost to the Government</b>	<b>No. of Hours per Year</b>	<b>Average Annualized Cost</b>
Epidemiologist, GS 14-3 (\$112,197*) at 5% time	104	\$5,609.85
Health Communication Specialist, GS 9-1 (\$51,617*) at 30% time	624	\$15,485.10
Inter-agency Agreement through the Department of Energy with the Oak Ridge Institute for Science and Education (ORISE). Includes contractual costs for information collection (e.g. facility rental, moderator, participant recruitment, translators, and report on findings)	N/A	\$63,834.00
<b>TOTAL</b>		<b>\$84,928.95</b>

\* General Schedule for the locality pay area of San Diego-Carlsbad-San Marcos, CA

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

This is a new data collection.

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

The overarching goal is to reach LEP populations by producing culturally and linguistically appropriate health education and communication materials. The purpose of the information collection for which approval is sought is to test new and updated materials with members of the target audiences. The results of field testing, provided in a report, will provide recommendations for improving and finalizing the materials, which will ultimately result in better outreach by DGMQ and other CDC offices to hard-to-reach populations. Results will not be tabulated, as this is a qualitative evaluation. DGMQ does not plan to publish.

### Project Time Schedule

The inter-agency agreement with ORISE ends on 9/26/2013. Therefore, data collection must begin no later than June, 2013.

Table 16.1:

<b>Project Time Schedule</b>	
<b>Activity</b>	<b>Time Schedule</b>
Recruitment of respondents	2 weeks after OMB approval
Data collection	1 month after OMB approval
Complete field work	2 months after OMB approval
Analyses	3 months after OMB approval
Report Recommendations	3.5 months after OMB approval

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

The display of the OMB expiration date is not inappropriate. No exemption is being requested.

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

There are no exceptions to the certification.

### **WORKS CITED**

[1] US Census Bureau, 2010. American Community Survey, "Language Spoken at Home by Ability to Speak English for the Population 5 Years and Over."  
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[4] Martinez-Ebers, V. *Using Monetary incentives with Hard-to-Reach Populations in Panel Surveys*. International Journal of Public Opinion Research, 1997. 9(1).

[5] Kulka, R. *The Use of Incentives to Survey 'Hard-to-Reach' Respondents: A Brief Review of Empirical Research and Current Practice*. Paper prepared for Seminar on New Directions in Statistical Methodology, Bethesda, MD. 1994.

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[7] United States Department of Labor. (2011, May). *May 2011 Occupational Employment Statistics: National Occupational Employment and Wage Estimates United States*. Bureau of Labor Statistics: [http://www.bls.gov/oes/current/oes\\_nat.htm#00-0000](http://www.bls.gov/oes/current/oes_nat.htm#00-0000) (Retrieved 25 March 2013).