

Supporting Statement: Part A

**Evaluation of the Consumer Education Campaign
"Make the Call - Don't Miss a Beat"
Office of Women's Health (OWH),
U.S. Department of Health and Human Services (HHS)**

Submitted by:

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A. **Justification**

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

The "Make the Call. Don't Miss a Beat" campaign is a national Public Service Announcement (PSA) campaign that aims to educate, engage and empower women and their families to learn the seven most common symptoms of a heart attack and to call 911 as soon as those symptoms arise. A woman suffers a heart attack every minute in the United States. Yet according to a 2009 American Heart Association (AHA) survey only half of women indicated they would call 911 if they thought they were having a heart attack and few were aware of the most common heart attack symptoms. The "Make the Call. Don't Miss a Beat" campaign, developed by the U.S. Department of Health and Human Services' Office on Women's Health (OWH), encourages women to make the call to 911 immediately if they experience one or more key heart attack symptoms. The campaign launched in February, 2011 and includes TV, radio, print and social media PSA. The purpose of this study is to conduct evaluative research to assess the likely effectiveness of this consumer communication, particularly with women over 50.

Section 301 of the Public Health Services Act (42 U.S.C. 241) authorizes the collection of this data.

2. **Purpose and Use of Information Collection**

This data collection will add questions to an existing survey from the American Heart Association (AHA) to:

1. Determine awareness to the "Make the Call - Don't Miss a Beat" campaign overall, by age (younger than 50 vs. 50 and older), race/ethnicity, income, education, and knowledge about heart disease, and risk status.
2. Determine whether awareness to the campaign is associated with the likelihood of calling 911 as the first response and 'other response' to the symptoms of a heart attack for women overall and the subset of women 50 years and older.
3. Determine whether awareness of the campaign is associated with identification of the warning signs of a heart attack for women overall and the subset of women 50 years and older.

If this study is not performed, OWH will not know whether the "Make the Call. Don't Miss a Beat" campaign is properly reaching its target. The results may inform future campaigns designed for similar segments. If this analysis is not performed, and the campaign is not performing in an optimal way, women are not getting the important and life-saving message of calling 911 as the first response.

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

This Information Collection Request (ICR) will use advanced technology to collect and process data in order to reduce respondent burden and to make data processing and reporting maximally efficient. Particular emphasis will be placed on compliance with the Government Paperwork Elimination Act (GPEA), Public Law 105-277, title XVII. The survey will rely on Computer Assisted Telephone Interviewing (CATI) strategies. The number of questions will be held to the absolute minimum required for the intended use of the data. CATI will be utilized to help phone interviewers move quickly and accurately through items and skip patterns. The CATI system will not accept entry of illegal response values, and thus avoids lost data and the need to contact the respondent again for clarification. This system also allows for both on-site and remote quality assurance monitoring of interviewers.

4. Efforts to Identify Duplication and Use of Similar Information

OWH is collaborating with the American Heart Association (AHA) to dovetail the OWH "Make the Call" campaign evaluation questionnaire with the AHA Women and Heart Disease Survey, performed every three years since 1997 on a cross-sectional sample (Appendix A). The next AHA Women and Heart Disease Survey is scheduled for fielding in summer 2012. The AHA survey draws a nationally representative sample of women 25 years and older to document women's knowledge and awareness of heart disease and stroke. OWH will add its questions to the AHA RDD telephone study. This coordination with AHA will help prevent redundancy. AHA and OWH will share data for their respective analyses.

5. Impact on Small Businesses or Other Small Entities

No small businesses will be involved in this study.

6. Consequences of Collecting the Information Less Frequent Collection

If this analysis is not performed, and the campaign is not performing in an optimal way, women are not getting the important and life-saving message of calling 9-1-1 as the first response. Respondents will respond to the data collection as a one-time only request. There are no legal obstacles to reduce the burden.

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

There are no special circumstances. This request fully complies with the regulations and guidelines in 5 CFR 1320.5.

8. Comments in Response to the Federal Register Notice/Outside Consultation

A 60-day Federal Register Notice was published in the Federal Register on Tuesday, December 6, 2011, Vol. 76, No. 234, Page 76165 (Appendix B). No comments were received from the public during this notice period.

Since initiating the design of this ICR and until results are published (2011-2013), OWH is collaborating with the American Heart Association (AHA) and Columbia University to dovetail the OWH "Make the Call" campaign evaluation questionnaire with the 2012 AHA Women and Heart Disease Survey, performed every three years since 1997. Lead collaborators at each organization are:

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9. Explanation of any Payment/Gift to Respondents

There will be no remuneration to the respondents for participation in the “Make the Call” evaluation phone interviews.

10. Assurance of Confidentiality Provided to Respondents

Although personal information (e.g., gender, age, and race) will be gathered in evaluation activities as part of the AHA questions, no personal identifiers (e.g., full name, address or phone number, social security number, etc.) will be collected or maintained. Respondents will be advised of the nature of the activity, the length of time it will require, and that participation is purely voluntary. Respondents will be assured that no penalties will occur if they wish not to respond to the information collection as a whole or to any specific questions. These procedures conform to ethical practices for collecting data from human participants. Phone interviews will employ a CATI system; no names or other information that could identify the respondent will be recorded. A code number will be assigned to an individual's responses. It will not be possible to link these code numbers to respondents' phone numbers.

11. Justification for Sensitive Questions

The majority of questions asked will not be of a sensitive nature (Appendix C). There will be no request for a respondent's Social Security Number. It will be necessary to ask a few demographic questions that could be considered to be of a sensitive nature to understand the impact of the campaign on different groups of women. To avoid fear of disclosure of sensitive information, respondents will be told that all data provided by respondents will be treated in a secure manner and will not be disclosed, unless otherwise compelled by law.

To avoid negative reactions to these questions, several steps will be taken:

- Respondents will be informed that they need not answer any question that makes them feel uncomfortable or that they simply do not wish to answer.
- Respondents will be informed that their responses will be reported in the aggregate only and that their personal information will not be used to identify them.
- Interviewers will be trained to ask questions in a sensitive manner and to handle any subsequent discussion skillfully.

12. Estimates of Annualized Hour and Cost Burden

This section summarizes the total burden hours for this information collection in addition to the cost associated with those hours.

12A. Estimated Annualized Burden Hours

Forms	Type of Respondent	Number of Respondents	Number of Responses per Respondent	Average Burden hours per Response	Total Burden Hours
Screener	General Population, Adult Women, 25+	4300	1	2/60	143
Main instrument	General Population, Adult Women, 25+	1200	1	4/60	80
Total					223

No costs on behalf of the respondent are required except for the time it takes for the respondent to answer the survey.

13. Estimates of other Total Annual Cost Burden to Respondents or Recordkeepers/Capital Costs

None.

14. Annualized Cost to Federal Government

The average estimated annual cost to the federal government for conducting this data collection is \$118,000. This figure includes costs for a contract with a research firm and OWH staff time. OWH has a 15-month contract with the research firm Harris Interactive for instrument design, data collection, analysis, and reporting. The annual cost of that contract is \$95,000. In addition, two OWH staff oversee the project, each using 10% of an FTE (a total of 20% of an FTE, approximately \$23,000).

14A. Annualized Cost to Federal Government

Contract with Harris Interactive	\$95,000
Federal staff oversight	\$23,000
TOTAL	\$118,000

15. Explanation for Program Changes or Adjustments

This is a new data collection.

16. Plans for Tabulation and Publication and Project Time Schedule

The results of evaluation activities in this ICR will be shared with HHS officials responsible for health communications and published in a peer-review journal. The information will be used to inform future health communication activities across OWH, as well as other public health media campaigns.

This data collection will be administered in conjunction with AHA's data collection on women and heart disease. To ensure that AHA's regular data collection will launch in summer as it has each three years since 1997, we hope to have OMB clearance by April 15, 2012. This survey is anticipated to take at least eight weeks to field, and field date is expected to be May 1-July 1, 2012. Analysis is anticipated to begin July 2, 2012, and reporting is anticipated to start on August 1, 2012. We plan to have results available to the public by February, 2013 in conjunction with Heart month.

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

Not applicable.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.