Supporting Statement for Request for Clearance:

Prevention Communication Formative Research

OMB No. 0990-0281

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SUPPORTING STATEMENT
PREVENTION COMMUNICATION FORMATIVE RESEARCH

This is a revision of an approved collection of information (OMB No. 0990-0281). According to OMB guidance regarding generic clearance, individual memos explaining the exact methods for information collection will be submitted for each study under this clearance.

Changes in this request include minor changes to data collection activities and related burden hours in order to meet the needs of the initiatives mentioned above. Average response time per data collection has also been amended based on recent experience with similar data collections. This request also places more emphasis on Web based data collection to allow greater geographical diversity among respondents, to decrease respondent burden, and to save government costs.

A. Justification

1. Circumstances Making the Collection of Information Necessary

The Office of Disease Prevention and Health Promotion (ODPHP), located in the Office of the Assistant Secretary for Health at the U.S. Department of Health and Human Services (HHS), was established by Congress to provide a central focus for stimulating and coordinating Federal activities in prevention (Public Law 94-317, National Consumer Health Information and Health Promotion Act of 1976, Section 207, Section 7). This focus includes developing and disseminating prevention information to the public. Recent advances in information and communication technologies provide new opportunities for ODPHP to more effectively reach its intended consumer audiences and stakeholders with key information, interactive tools and recommendations about prevention, including the benefits of healthy eating and increased physical activity.

ODPHP's new opportunities occur against a backdrop of increasingly urgent interest in finding effective ways to communicate health information to America's diverse population. As a federal government agency, ODPHP strives to be responsive to the needs of America's diverse audiences while simultaneously serving all Americans across a range of channels, from print through new communication technologies. To carry out its prevention information mandate, ODPHP is committed to conducting formative communication research to provide guidance to the development and implementation of its disease prevention and health promotion communication and education efforts. This generic clearance request describes data collection activities involving a limited set of focus groups, individual interviews, Web-based concept and prototype testing, and usability and effects testing to establish a deeper understanding of the interests and needs of consumers and health intermediaries for disease prevention and health promotion information and tools.

In addition, HHS partners with the Ad Council and a range of volunteer advertising agencies to develop and distribute communication materials surrounding childhood obesity prevention. Our overall Childhood Obesity Prevention communications campaign objective is to help reduce the nation's childhood obesity rate. The goal of the research outlined here is to better understand how moms and kids receive, understand, and respond to HHS's advertising materials developed under the Childhood Obesity Prevention communications campaign so that we may develop and improve upon them going forward. If such information is not collected, it will be more difficult for the Ad Council and their partnering agencies to develop and distribute effective health messages to the American public.

The recommended data collection process includes three types of research—online consumer surveys, a telephone survey and qualitative interviews. Online survey methodologies will be employed among English-speaking mothers and caregivers of children ages 3-12 and among children ages 8-12. A telephone survey will be conducted among Spanish-speaking mothers and caregivers of children ages 3-12. The survey research among moms and kids will be used to identify respondents' level of awareness of obesity prevention messages, as well as key attitudes and behaviors surrounding healthy lifestyles.

2. Purpose and Use of Information Collection

This generic clearance request describes data collection activities by ODPHP and its Contractors involving a limited set of research activities with consumers and intermediaries and about how they receive, process, and comprehend messages about prevention topics, guidelines, and initiatives. ODPHP staff will use the information collected to plan and/or approve strategies to better inform the public and ODPHP stakeholders about disease prevention and health promotion information and activities. ODPHP communicates through channels such as www.healthfinder.gov, www.healthypeople.gov, and through other channels including social media, print materials and reports. ODPHP will also make recommendations to other agencies within HHS about how to effectively present disease prevention and health promotion information to the public. For example, formative research among audiences with limited health literacy may be used to guide the development of effective prevention information and Web pages developed by individual agencies within HHS. Another example may involve focus groups and interviews with special populations to target messages and materials related to the Physical Activity and Dietary Guidelines to encourage behavior change.

The primary methods of data collection will be qualitative and may include focus groups, individual in-depth interviews, and/or card sorting to assess the public's understanding of prevention content, responses to prototype materials, and barriers to effective use. In addition, prototype and usability of materials and interactive tools at various developmental stages may be conducted. The use of individual interviews, focus groups, card sorting, and usability testing as qualitative research has four major purposes:

- To obtain useful consumer information for the formation of messages and materials;
- To further explore messages and materials in contexts that would be most beneficial for consumers;
- To identify and verify audience segmentation strategies for providing prevention information; and
- To inform the development of user-friendly Web sites and other interactive tools.

Both individual interviews and focus groups provide an important role in gathering information because they allow for more in-depth discussion and understanding of consumers' attitudes, beliefs, motivations, and feelings than do quantitative studies. Remote and web-based testing is a cost-efficient method to obtain qualitative input from a greater number of participants who are more representative of the U.S. population across the country. Prototype and usability testing is a cost effective, qualitative method to assess the strengths and weaknesses of interactive prevention materials and tools.

3. Use of Improved Information Technology and Burden Reduction

Interviews and focus groups do not produce quantitative data, but instead data that enable skilled researchers to infer the underlying views and assumptions of the consumer. To facilitate interpretation, discussions are recorded so that written transcripts of the interviews are available for review. Remote interviews and focus groups may be conducted by telephone or through Web conferencing software.

The Web-based message testing may be conducted among visitors to www.healthfinder.gov and www.healthfinder.gov, or through an already existing Web panel maintained by a commercial vendor or an online panel recruited for this project. If a commercial vendor is used, participants will be randomly selected from the pool of potential participants retained by the research group. This method provides a cost efficient way to get input from a more diverse cross section of the U.S. population. This methodology will be particularly helpful to ascertain potential regional differences within special populations and intermediaries when respondents are asked to review prototype concepts for materials related to healthfinder content, the Dietary Guidelines, Physical Activity Guidelines, and Healthy People 2020.

Usability testing of prototype concepts is typically conducted on a very small number of respondents, usually around eight people per round. Multiple rounds are usually conducted, as the concept is revised in response to the previous round. A skilled interviewer observes the respondent navigating through material, typically a Web site, often in response to specific commands from the interviewer (e.g., "please find information on this site about fruits and vegetables."). How the respondent works his or her way through the material to obtain the desired information is recorded by video for further review. An in-depth interview with the respondent about his or her experience and evaluation of the content typically follows the usability test in order to understand not only what occurred during the test, but how it felt subjectively from the respondent's perspective. Remote usability and prototype testing is conducted using Web conferencing

software and the participants screen is typically recorded during the session so it can be reviewed later for reporting purposes.

Card sorting is a common method for gaining insights from participants on how to effectively organize a Website or online application. In person card sorting is typically conducted in a one-on-one interview setting with a moderator and note taker. Web-based card sorting allows participants to use a 'drag and drop' online interface to perform an un-moderated card sort on their own time.

4. Efforts to Identify Duplication and Use of Similar Information

It is not expected that any of the information to be submitted to ODPHP during these formative research studies is duplicative or is already in the possession of the Federal Government. The proposed generic research will allow ODPHP to significantly improve its ability to develop and refine messages and materials that will be used by multiple agencies within HHS.

5. Impact on Small Businesses or Other Small Entities

Not Applicable.

6. Consequences of Collecting the Information Less Frequently

If this information is not collected, ODPHP's ability to effectively communicate disease prevention and health promotion information to the American public will be compromised. Relatively little is currently known, for example, about how to present messages in ways that can maximize how individuals with low health literacy can easily access and comprehend vitally important information about how to protect and promote their health. In addition, the emergence of new technologies requires that we do prototype testing in order to ensure that technology-based information and tools are easy for the public to use.

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

Various data collection activities may be conducted under the auspices of this request. Each activity is anticipated to be a one-time collection. This request fully complies with regulations.

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

A 60-day Federal Register notice was published in the Federal Register on April 10, 2012, Vol. 77, No. 69, page 21562**. No comments were received.**

This revision was also reviewed by:
Linda Harris, PhD, Health Communication & eHealth Team Lead, Office of Disease Prevention and Health Promotion, HHS

9. Explanation of Any Payment or Gift to Respondent

A cash stipend intended to reimburse for expenses such as transportation and childcare costs will be given to research participants. Amounts and justifications will be determined on an individual project basis. This information will be included in the memo provided to OMB for each formative input session to be conducted.

10. Assurance of Confidentiality Provided to Respondents

ODPHP and Contractors will follow procedures for assuring and maintaining privacy during all stages of data collection. Respondents will receive information about privacy in an advance letter and again before the information collection sessions begin. Respondents will be informed that all information will be kept private by the research team and will not be associated with their names.

Respondents in focus group sessions will not know each other and will be asked to introduce themselves by first name only. The focus group sessions will be in a room with a closed door so passers-by cannot eavesdrop on the discussion. In-person research sessions will be timed to allow more than enough time between sessions to avoid respondents in different groups seeing each other. All in-person testing will be conducted in a private setting.

At the beginning of each testing session, the facilitator will explain that the respondents' names and addresses will never be associated with the formative input session results.

11. Justification for Sensitive Questions

No questions will be asked that are of a personal or sensitive nature.

12. Estimates of Annualized Burden Hours and Cost

A. Burden Hours (chart here)

The total annual estimated burden imposed by this collection of information is 1642.9 hours for a total of 4,928.7 total hours over a three-year period.

Data Collection Task	Instrument/ Form Name	# of Respondents	# Responses/ respondent	Average burden/ response (in hours)	Total response burden (in hours)
In person, in-depth interviews	Screener	64	1	10/60	10.7
	Interview	16	1	1.5	24

Data Collection Task	Instrument/ Form Name	# of Respondents	# Responses/ respondent	Average burden/ response (in hours)	Total response burden (in hours)
(consumers with limited health literacy and/or Spanish speakers)	Confidentiality Agreement	16	1	5/60	1.3
In person, in-depth interviews (health intermediaries)	Screener	48	1	10/60	8
	Interview	16	1	1.5	24
	Confidentiality Agreement	16	1	5/60	1.3
In-person, in-depth interviews (public health professionals)	Screener	32	1	10/60	5.3
	Interview	16	1	1.5	24
	Confidentiality Agreement	16	1	5/60	1.3
Remote, in depth interviews (consumers with limited health literacy and/or Spanish speakers)	Screener	64	1	10/60	10.7
	Interview	16	1	1.5	24
	Confidentiality Agreement	16	1	5/60	1.3
Remote, in depth interviews (health intermediaries)	Screener	48	1	10/60	8
	Interview	16	1	1.5	24
	Confidentiality Agreement	16	1	5/60	1.3
Remote, in depth interviews (public health professionals)	Screener	48	1	10/60	8
	Interview	16	1	1.5	24
	Confidentiality Agreement	16	1	5/60	1.3
In person focus groups (consumers with limited health literacy)	Screener	280	1	10/60	46.7
	Focus Group	70	1	1.5	105
	Confidentiality Agreement	70	1	5/60	5.8
In person focus groups (health intermediaries)	Screener	210	1	10/60	35
	Focus Group	70	1	1.5	105
	Confidentiality Agreement	70	1	5/60	5.8
In person focus groups (public	Screener	140	1	10/60	23.3
	Focus Group	70	1	1.5	105

Data Collection Task	Instrument/ Form Name	# of Respondents	# Responses/ respondent	Average burden/ response (in hours)	Total response burden (in hours)
health professionals)	Confidentiality Agreement	70	1	5/60	5.8
Remote focus groups (consumers with limited health literacy and/or Spanish speakers)	Screener	168	1	10/60	28
	Focus Group	42	1	1.5	63
	Confidentiality Agreement	42	1	5/60	3.5
Remote focus groups (health intermediaries)	Screener	126	1	10/60	21
	Focus Group	42	1	1.5	63
	Confidentiality Agreement	42	1	5/60	3.5
Remote focus groups (public health professionals)	Screener	84	1	10/60	14
	Focus Group	42	1	1.5	63
	Confidentiality Agreement	42	1	5/60	3.5
In person usability and prototype testing of materials (print and Web)	Screener	160	1	10/60	26.7
	Usability Test	40	1	1.5	60
	Confidentiality Agreement	40	1	5/60	3.3
Remote usability, prototype and concept testing	Screener	200	1	10/60	33.3
	Web-test	50	1	1	50
	Confidentiality Agreement	50	1	5/60	4.2
In person card sorting	Screener	120	1	10/60	20
	Card Sort	30	1	1.5	45
	Confidentiality Agreement	30	1	5/60	2.5
Web-based card sorting	Screener	400	1	10/60	66.6
	Card Sort	100	1	.5	50
	Confidentiality Agreement	100	1	5/60	8.3
Web-based message testing	Screener	0	0	0	0
	Web-test	115	1	1	115
	Confidentiality Agreement	115	1	5/60	9.6

Data Collection Task	Instrument/ Form Name	# of Respondents	# Responses/ respondent	Average burden/ response (in hours)	Total response burden (in hours)
Childhood Obesity Prevention communications campaign	Online consumer surveys, a telephone survey and qualitative interviews	921	1	.25	246
				TOTAL	**1642.9**

B. Burden Cost (average hourly rate)

Data Collection Task	Instrument/ Form Name	Response burden (in hours)	Hourly Wage Rate	Respondent Cost
In person, in-depth interviews (consumers with limited health literacy and/or Spanish speakers)	Screener	10.7	$21.29	$227.80
	Interview	24	$21.29	$510.96
	Confidentiality Agreement	1.3	$21.29	$27.68
In person, in-depth interviews (health intermediaries)	Screener	8	$21.29	$170.32
	Interview	24	$21.29	$510.96
	Confidentiality Agreement	1.3	$21.29	$27.68
In-person, in-depth interviews (public health professionals)	Screener	5.3	$21.29	$112.84
	Interview	24	$21.29	$510.96
	Confidentiality Agreement	1.3	$21.29	$27.68
Remote, in depth interviews (consumers with limited health literacy and/or Spanish speakers)	Screener	10.7	$21.29	$227.80
	Interview	24	$21.29	$510.96
	Confidentiality Agreement	1.3	$21.29	$27.68
Remote, in depth interviews (health intermediaries)	Screener	8	$21.29	$170.32
	Interview	24	$21.29	$510.96
	Confidentiality Agreement	1.3	$21.29	$27.68

Data Collection Task	Instrument/ Form Name	Response burden (in hours)	Hourly Wage Rate	Respondent Cost
Remote, in depth interviews (public health professionals)	Screener	8	$21.29	$170.32
	Interview	24	$21.29	$510.96
	Confidentiality Agreement	1.3	$21.29	$27.68
In person focus groups (consumers with limited health literacy and/or Spanish speakers)	Screener	46.7	$21.29	$994.24
	Focus Group	105	$21.29	$2,235.45
	Confidentiality Agreement	5.8	$21.29	$123.48
In person focus groups (health intermediaries)	Screener	35	$21.29	$745.15
	Focus Group	105	$21.29	$2,235.45
	Confidentiality Agreement	5.8	$21.29	$123.48
In person focus groups (public health professionals)	Screener	23.3	$21.29	$496.06
	Focus Group	105	$21.29	$2,235.45
	Confidentiality Agreement	5.8	$21.29	$123.48
Remote focus groups (consumers with limited health literacy and/or Spanish speakers)	Screener	28	$21.29	$596.12
	Focus Group	63	$21.29	$1,341.27
	Confidentiality Agreement	3.5	$21.29	$74.52
Remote focus groups (health Intermediaries)	Screener	21	$21.29	$447.09
	Focus Group	63	$21.29	$1,341.27
	Confidentiality Agreement	3.5	$21.29	$74.52
Remote focus groups (public health professionals)	Screener	14	$21.29	$298.06
	Focus Group	63	$21.29	$1,341.27
	Confidentiality Agreement	3.5	$21.29	$74.52
In person usability and prototype testing of materials (print and Web)	Screener	26.7	$21.29	$568.44
	Usability Test	60	$21.29	$1,277.40
	Confidentiality Agreement	3.3	$21.29	$70.26
Remote usability, prototype and concept testing	Screener	33.3	$21.29	$708.96
	Web-test	50	$21.29	$1,064.50
	Confidentiality Agreement	4.2	$21.29	$89.42

Data Collection Task	Instrument/ Form Name	Response burden (in hours)	Hourly Wage Rate	Respondent Cost
In person card sorting	Screener	20	$21.29	$425.80
	Card Sort	45	$21.29	$958.05
	Confidentiality Agreement	2.5	$21.29	$53.23
Web-based card sorting	Screener	66.6	$21.29	$1,417.91
	Card Sort	50	$21.29	$1,064.50
	Confidentiality Agreement	8.3	$21.29	$176.71
Web-based message testing	Screener	76.6	$21.29	0
	Card Sort	115	$21.29	$2,448.35
	Confidentiality Agreement	9.6	$21.29	$204.38
Childhood Obesity Prevention communications campaign	Online consumer surveys, a telephone survey and qualitative interviews	246	$21.29	$5,237.34
			TOTAL	$34,977.37

$21.29 hourly rate is derived from the U.S. Department of Labor, Bureau of Labor Statistics July 2010 report—National Compensation Survey: Occupational Earnings in the United States, 2010. See http://www.bls.gov/ncs/ncswage2010.htm#Wage_Tables.

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

There will be no new annual capital or maintenance costs to the respondent as a result of this data collection.

14. Annualized Cost to the Government

ODPHP will incur the following estimated costs annually in setting up testing environments and collecting and summarizing data:

- Developing study protocols: $45,000
- Developing study stimulus materials: $12,000
- Moderators and usability experts to conduct research: $12,000
- Study participant recruitment: $17,000
- Meeting space for data collection: $12,000
- Study participant stipends: $12,000
- Data summary and reports: $90,000

Estimated Annualized Cost to Government**: $200,000**

15. Explanation for Program Changes or Adjustments

ODPHP is proposing the following program changes:

1. Added options to conduct all research remotely (via telephone and/or Web conferencing) to enable ODPHP to get more geographically diverse samples and to reduce government costs.
2. Added card-sorting as a research method to inform the organization and information architecture of ODPHP Web-based and mobile products.
3. Added Spanish speakers as a priority consumer audience for ODPHP.
4. Removed in person and telephone-based message testing (message testing can be accommodated by other research methods listed in table A).
5. Number of participants and therefore burden hours were adjusted to account for new proposed research methods.
6. Estimated hourly rate of respondents increased due to cost of living increases.

16. Plans for Tabulation and Publication and Project Time Schedule

There are no tabulated results for this information collection.

No complex or analytical techniques will be used for the results of the collection of information. Findings from all data collection will be included in individual summary reports submitted to ODPHP. The reports will describe the testing methods, findings, conclusions, implications, and recommendations for use in development of disease prevention and health promotion messages, materials, and tools. There will be no specific quantitative analysis of data. No attempt will be made to generalize the findings to be nationally representative.

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

Expiration date display exemption is not requested.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

The data encompassed by the projects discussed in this supporting statement will fully comply with all guidelines of 5 CFR 1320.9 and no exception is requested to certification for Paperwork Reduction Act Submission.

B. Collection of Information Employing Statistical Methods

Information will not be collected requiring statistical analysis employing statistical methods.

ATTACHMENTS

A. 60-day Federal Register Notice

B. OMB Burden Statement