

**SUPPORTING STATEMENT PART A:  
Consumer Survey of Attitudes Toward the  
Privacy and Security Aspects of Electronic Health  
Records and Electronic Health Information  
Exchange**

**The United States Department of Health and Human  
Services (HHS)**

**The Office of the National Coordinator for Health  
Information Technology (ONC)**

**Office of the Chief Privacy Officer (OCPO)**

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## **A. Justification**

### **A1. Circumstances Making the Collection of Information Necessary**

The Office of the National Coordinator for Health Information Technology (ONC) is at the forefront of the Administration's health information technology (health IT) efforts and is a resource to the entire health system in supporting the adoption of health IT and the promotion of nationwide health information exchange to improve health care. ONC is organizationally located within the Office of the Secretary for the U.S. Department of Health and Human Services (HHS).

The position of National Coordinator was created in 2004, through an Executive Order (EO) 13335, and legislatively mandated in the Health Information Technology for Economic and Clinical Health Act (HITECH Act) of 2009, Title XIII of Division A and Title IV of Division B of the American Recovery and Reinvestment Act of 2009 (ARRA), Pub. L. No. 111-5 (Feb. 17, 2009).

The HITECH Act builds on EO13335 and establishes additional purposes for ONC and duties for the National Coordinator. Chief among these new HITECH Act responsibilities are: promoting the development of a nationwide health IT infrastructure that allows for electronic use and exchange of information; coordinating health IT policy; and updating the Federal Health IT Strategic Plan to meet the objectives specified in the HITECH Act. Meeting certain objectives such as "methods to foster the public understanding of health information technology" will require additional information from the public at large to determine what education is needed and what types of communication techniques will be most effective. Additionally, Section 3001(e) of the Public Health Service Act authorizes the National Coordinator to "appoint a Chief Privacy Officer of the Office of the National Coordinator, whose duty it shall be to advise the National Coordinator on privacy, security, and data stewardship of electronic health information and to coordinate with other Federal agencies (and similar privacy officers in such agencies), with State and regional efforts, and with foreign countries with regard to the privacy, security, and data stewardship of electronic individually identifiable health information."

The widespread use of electronic health records and electronic health information exchange promise an array of potential benefits for individuals and the U.S. health care system, such as through improved health care quality, safety, and efficiency. At the same time, this environment also poses new challenges and opportunities for protecting health information. Health IT and electronic health information exchange may also provide individuals with new, more effective methods to engage with their health care providers and affect how their health information may be exchanged. Based on findings from a comprehensive literature review, there is still more to learn about individuals' attitudes toward the privacy and security aspects of the use of electronic health records and electronic health information exchange and the extent to which they are interested in determining how and with whom their health information is exchanged. The proposed information collection, entitled "Consumer Survey of Attitudes Toward the Privacy and Security Aspects of Electronic Health Records and Electronic Health Information Exchange," would permit ONC to better understand individuals' attitudes toward the use of electronic health records and electronic health information exchange and its associated privacy and security aspects and help inform the Office's policy and programmatic objectives.

### **A2. Purpose and Use of Information Collection**

The purpose of the proposed information collection is to better understand individuals' attitudes toward the use of electronic health records and electronic health information exchange and its associated privacy and security aspects. In addition, the information collected will support goals of the ONC

Coordinated Federal Health IT Strategic Plan to engage consumers and inspire confidence and trust in health IT with vital data analytics that track the following metrics, among other key indicators:

1. How concerned individuals are with the privacy and security of their medical records, whether paper or electronic.
2. Whether individuals have withheld information from a health care provider due to concerns about privacy.
3. Whether individuals are concerned that an unauthorized person would see their medical information if it is sent electronically (rather than in paper form) from one health care provider to another.
4. Whether individuals want their health care providers to use computerized medical records to store and manage their health information and share their health information electronically with other health care providers and despite any concerns they may have about privacy and security.

The proposed information collection will also facilitate a better understanding of the privacy and security concerns, trust factors, tradeoffs, and priorities individuals have with respect to the use of electronic health records and electronic health information exchange. The information collected will consist of responses to a series of survey questions posed to a nationally representative sample of individuals. Among other issues, the survey questions will explore the individuals' experience and exposure to health IT, including their familiarity with the use of electronic health records and electronic health information exchange, as well as the benefits and risks that they believe are related to health IT. Additionally, the questions will focus on participants' perceptions regarding privacy and security issues and any preferred safeguards for health information, as well as their overall support for health IT.

The information will be analyzed and published on <http://healthit.hhs.gov> in a report that meets all requirements for [Section 508](#) compliance, and the findings will be the subject of a web conference that will be open to the public.

This information will help broaden ONC's understanding of individuals' attitudes toward and beliefs about the privacy and security aspects of the use of electronic health records and electronic health information exchange. The information collected will provide ONC actionable insights to inform policy and programmatic objectives.

The comprehensive survey to be used for these purposes will include a sampling methodology that allows for analysis of key demographic subgroups and a survey instrument that will be translated into a successfully validated Spanish language questionnaire that can be used year after year.

ONC believes that this information collection will help support metrics and inform measurement techniques related to privacy and security that will be a valuable first step toward a better understanding of individuals' attitudes toward the privacy and security aspects involved in the use of electronic health records and electronic health information exchange over time.

### **A3. Use of Improved Information Technology and Burden Reduction**

All interviews will be conducted over the telephone, using computer-assisted telephone interviewing (CATI) software. The use of CATI will reduce respondent burden, reduce coding errors, and increase efficiency and data quality. The CATI program involves a computer-based sample management and reporting system that incorporates sample information, creates an automatic record of all dialings, tracks the outcome of each interviewing attempt, documents sources of ineligibility, records the reasons for refusals, and locates mid-questionnaire termination.

The CATI system also includes the actual interview program (including the question text, response options, interviewer instructions, and interviewer probes). The CATI's data quality and control program includes skip patterns, rotations, range checks and other on-line consistency checks and procedures during the interview, ensuring that only relevant and applicable questions are asked of each respondent. Data collection and data entry occur simultaneously with the CATI data entry system. The quality of the data is also improved because the CATI system automatically detects errors and ensures that there is no variation in the order in which questions are asked. Data can be extracted and analyzed using existing statistical packages directly from the system, significantly decreasing the amount of time required to process, analyze, and report the data.

#### **A4. Efforts to Identify Duplication and Use of Similar Information**

An extensive review of the relevant literature has been conducted to ensure that the proposed data collection does not duplicate past or current efforts. An ONC contractor conducted a comprehensive review of the peer-reviewed and grey literature to understand current consumer attitudes toward the privacy and security aspects of health IT. Online searches were conducted over a period of approximately 6 months between December of 2010 and May 2011 using a series of Google searches for new surveys and other types of data collection.

The full bibliography can be found in Attachment A.

Although some of the cited references included questions that were specifically targeted at individuals' attitudes toward the privacy and security aspects of the use of electronic health records and electronic health information exchange, ONC believes that additional, more-targeted information collection is warranted. Specifically, ONC believes that the inclusion of a survey instrument translated into a successfully validated Spanish language version is needed in order to meet certain objectives such as "methods to foster the public understanding of health information technology" and to encourage the adoption of health IT and electronic health information exchange. Further, the long-term interest of HHS in these metrics necessitates a research methodology and survey instrument conducive to repeated application. The collection of these data over time will contribute to the HHS and ONC missions of aiding the understanding of adults' perceptions of the privacy and security aspects of the use of electronic health records and electronic health information and reporting results on key metrics derived from the survey to key stakeholders such as the Executive branch and Congress. No such data collection currently exists.

#### **A5. Impact on Small Businesses or Other Small Entities**

No information will be collected from small businesses or other small entities.

#### **A6. Consequences of Collecting the Information Less Frequently**

The purpose of the proposed information collection is to capture a sufficiently robust and reliable baseline such that the series of questions can be administered annually for 3 years.

ONC seeks to annually measure the percentage of individuals who are concerned about the privacy and security of electronic health records, who report having purposefully kept any part of their medical history from their doctor due to privacy concerns, and who are concerned that an unauthorized person would see their medical information if it is sent electronically (rather than in paper form) from one health care provider to another, among other key measures. ONC will assess whether these numbers increase, remain steady or decrease from 2012 (pre-implementation) to 2016 (post-implementation) in

support of the ONC Coordinated Federal Health IT Strategic Plan to engage consumers and inspire confidence and trust in health IT. Conducting the survey bi-annually or less frequently than once a year would not provide estimates with sufficient frequency to establish a baseline and provide a systematic source of information to compare against the baseline. Thus, approval is sought to conduct this survey annually.

## **A7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5**

No special circumstances apply; this request is consistent with the general information collection guidelines of 5 CFR 1320.5(d)(2).

## **A8. Comments in Response to Federal Register Notice/Outside Consultations**

### ***Comments in Response to Federal Register Notice***

As required by 5 CFR 1320.8(d), notice was published in the Federal Register on Thursday, November 3, 2011, Pages 68191 – 68192 (2 pages) for 60 days.

ONC received 1 question as follows:

“Why are you oversampling Latinos and African Americans?”

ONC provided a response as follows:

Thank you for your comment and question regarding this proposed paperwork collection. The reason we are oversampling Hispanics and African Americans is that the proposed survey plans to analyze the data by racial/ethnic group. In order to conduct that separate analysis we will need to obtain a sufficient number of completed interviews from minority groups. Oversampling of Hispanics and African Americans is being carried out to improve the precision associated with estimates for those subgroups. Oversampling approaches are commonly used in survey sample designs when subpopulations of interest for the survey represent a relatively small proportion of the population. Oversampling for population subgroups yields larger sample sizes for the oversampled subgroups than those without oversampling, resulting in smaller standard errors for estimates for such subgroups. By oversampling Latinos and African Americans, we will be able to estimate desired statistics by racial/ethnic group, and to compare the statistics between racial ethnic groups.

Oversampling does not result in biased estimates, and the Statistical Methods detailed in Supporting Statement Part B would not indicate such. The Statistical Methods refer to potential nonsampling error that could result in bias (Interview Bias - Section B1b; Selection Bias - Section B2d; Nonresponse Bias - Section B3b). However these nonsampling errors can result from any survey design, and are not unique to the use of oversampling.

Please just let me know if you have additional questions and thank you again for your comments.

ONC received 2 comment letters provided by America’s Health Insurance Plans (AHIP) and LIVESTRONG respectively. These comment letters are provided in a separate attachment. Please refer to file named *Attachments\_Comments from AHIP LIVESTRONG.ZIP*.

ONC provided a response to AHIP as follows:

Thank you for your comments and recommendations regarding this proposed information collection. We greatly appreciate AHIP's remarks and will take them into account when we are revising the survey. Please be assured that ONC is taking appropriate steps to mitigate the risks typically associated with

survey questionnaires, including risks related to the wording of questions. More specifically, ONC will be conducting extensive cognitive testing of the draft survey instrument. The purpose of cognitive testing is to obtain information about the processes people use to answer survey questions as well as to identify any potential problems with the phrasing of questions, including potentially misleading word choice. We will make appropriate revisions to the survey instrument based on the results of the cognitive testing prior to fielding it in order to provide confidence in its reliability. The cognitive testing activities will be conducted by the National Opinion Research Center (NORC) at the University of Chicago. For more information regarding the cognitive testing please refer to OMB Control No: 0990-0376, ICR Reference No: 201106-0990-003.

Please do not hesitate to contact me should you have any questions. Thank you again for your comments.

ONC provided a response to LIVESTRONG as follows:

Thank you for your comments and recommendations regarding this proposed paperwork collection.

We greatly appreciate your organization's remarks and understand your concerns with respect to the proposed information collection method and estimated burden. The reason this survey will utilize a dual random digit dialing (RDD) sample frame of landline phone numbers and wireless/mobile phone numbers developed by Survey Sampling International (SSI) is to generate unbiased results for the general population. It also ensures representation from households who do not have Internet access. Additionally in order to address the current estimated burden, ONC will conduct sufficient cognitive testing of the draft questionnaire, designed to uncover difficulties in comprehension, wording, or reporting in the English and Spanish versions of the instrument. The purpose of cognitive testing is to obtain information about the processes people use to answer survey questions as well as to identify any potential problems in the questions. The cognitive interviews will also provide information on the average administration time of the draft questionnaire in order to assess the estimated burden. The cognitive testing activities will be conducted by the National Opinion Research Center (NORC) at the University of Chicago. For more information regarding the cognitive testing please refer to OMB Control No: 0990-0376, ICR Reference No: 201106-0990-003.

Please do not hesitate to contact me should you have any questions. Thank you again for your comments.

As required by 5 CFR 1320.8(d), notice was published in the Federal Register on Tuesday, February 21, 2012, Pages 9928 - 9929 (2 pages) for 30 days.

ONC received 1 comment letter provided by America's Health Insurance Plans (AHIP). This comment letter is provided in a separate attachment. Please refer to file named *Attachments\_Comments from AHIP LIVESTRONG.ZIP*.

ONC provided a response to AHIP as follows:

Thank you for submitting additional comments regarding this proposed information collection. We appreciate your concerns and assure you that ONC is taking appropriate steps to mitigate risks related to the wording of questions. Please note that the latest version of the survey that we furnished to you, and which was subsequently subject to cognitive testing, did not include one of the questions that has been of concern, specifically the question on perceived risks which included the term "misused". We will continue to take your comments into consideration as we revise the survey instrument based on the results of cognitive testing.

Thank you again for your comments, and please do not hesitate to contact me should you have any questions.

### ***Outside Consultations***

HHS and OMB expect project sponsors to discuss their plans early in the development process with other HHS agencies working in related program areas. HHS and OMB strongly encourage agencies to collaborate among themselves and with other HHS components to meet mutual and related data needs.

In the spirit of agency collaboration, ONC has consulted with the National Cancer Institute (NCI) on issues relating to survey methodology and structure. NCI has also agreed to include 5 core questions from the survey questionnaire for the ONC proposed information collection, entitled “Consumer Survey of Attitudes Toward the Privacy and Security Aspects of Electronic Health Records and Electronic Health Information Exchange,” to field in at least two (of four) cycles of the Health Information National Trends Survey (HINTS) IV data collection.

NCI’s inclusion of the 5 core questions from the ONC survey will benefit ONC by providing additional data to help support ONC metrics and inform measurement techniques related to privacy and security that will be valuable in offering a better understanding of individuals’ attitudes toward the privacy and security aspects involved in the use of electronic health records and electronic health information exchange over time.

NCI also will conduct cognitive testing on the 5 core questions from the survey questionnaire. The additional cognitive testing is at no cost to ONC and will help refine the survey questionnaire. Finally, the HINTS collection will be fielded via U.S. mail, which will provide ONC with comparison data that will prove valuable to ONC when considering various delivery modes for the survey questionnaire in the outlying years.

Please see Section B4a for more information about NCI’s approach to cognitive testing.

For more information regarding the Health Information National Trends Survey (HINTS) please refer to OMB Control No: 0925-0538. For more information regarding cognitive testing at the National Cancer Institute (NCI) Applied Research Program, in the Division of Cancer Control and Population Sciences please refer to OMB Control No: 0925-0589.

## **A9. Explanation of any Payments/Gifts to Respondents**

Respondents in the pretest and main survey data collection will not receive any gifts or payments.

For more information regarding an Explanation of Any Payments/Gifts to Respondents specifically for cognitive testing please refer to OMB Control No: 0990-0376, Communications Testing for Comprehensive Communication Campaign for HITECH Act (ICR No. 201105-0990-005).

Participants in the cognitive testing conducted by NCI for the HINTS IV data collection program received a \$50 payment for completing the in-person cognitive interviews, which were estimated to be 120 minutes in length.

## **A10. Assurance of Confidentiality Provided to Respondents**

Responses by individuals will be kept private to the extent allowed by law under Section 934(c) of the Public Health Service Act, 42 USC 299c-3(c). Respondents will be told the purposes for which the information is collected and that, in accordance with this statute, any potentially identifiable information about them will not be used or disclosed for any other purpose. .



Please see Attachment B, the Introductory Script and Questionnaire.

As required by Federal law and ethical research standards, all projects involving primary data collection (or identifiable secondary data) must undergo review by NORC's Institutional Review Board (IRB), which is registered with the HHS [Office of Human Research Protection](#) (OHRP) and granted a Federalwide Assurance (FWA 00000142 effective until August 16, 2013). In turn, OHRP has the right to audit NORC's IRB records or any study's procedures at any time to assure that they are in compliance with the federal regulations regarding research with human subjects.

The survey will not collect respondents' full names, addresses, or social security numbers. Any potentially identifying data collected, such as first name (or nickname) and telephone number, collected for the purpose of identifying the appropriate household respondent and scheduling call-back appointments, will be kept separate from the questionnaire data.

The NORC project team will impose several security measures to ensure protection of confidential information collected from project participants.

These security measures include:

1. Any printed survey documents will be stored in locked file cabinets accessible only to authorized project staff.
2. Protection of computer files against access by unauthorized individuals and groups: Procedures include using passwords, high-level "handshakes" across the network, data encryption, and fragmentation of data resources. As an example of fragmentation, if someone intercepts data files over the network and defeats the encryption of these files, the meaning of the data files cannot be extracted except by referencing certain cross-walk tables that are neither transmitted nor stored on the interviewers' laptops. Not only are questionnaire response data encrypted, but the entire contents of interviewers' laptops are now encrypted. Interview data are periodically removed from laptops in the field so that only information that may be needed by the interviewer is retained.
3. Electronic files are secured via a series of passwords to restricted users. Passwords change every 90 days.
4. All of NORC's data collection and processing sites are located in highly restricted areas that are readily protected by security systems, including video cameras or the previously mentioned keycard systems or trained guards. Only those employees who have read and signed a copy of NORC's confidentiality pledge (or their escorted guests) are allowed on the premises. All of NORC's employees sign a confidentiality pledge at time of hire.

Protection of the privacy of individuals is accomplished through the following steps:

1. Oral permission for the interview is obtained from all respondents, after the interviewer ensures that the respondent understands that participation is voluntary.
2. Respondents will also be informed that their information will not be shared with any persons except for study personnel and that no potentially identifying information will be associated with any data they provide.
3. Each case will be assigned a unique identification number and all questionnaire data collected during the telephone interview will be linked only to this number, not a respondent identifier.
4. Any identifying information, such as respondent's first name or telephone number, will be removed from results and data tabulation.
5. Any electronic or paper records with identifying information will be kept in a secure location during the course of data collection and will be destroyed when the study is over.

## A11. Questions of a Sensitive Nature

ONC does not consider these questions highly sensitive, or likely to cause discomfort or disruption during the interview. However, ONC recognizes the remote chance that a given respondent may consider particular questions to be of a personal nature. Interviewers will be carefully trained to explain why such questions are being asked in the event a respondent has concerns. Furthermore, respondents will be informed up front (and throughout the interview if needed) that they do not have to answer any question they do not want to answer.

The survey does ask respondents to indicate the number of times they have visited a mental health professional in the past year. This information is important for ONC to explore due to research indicating heightened privacy concerns regarding certain types of sensitive information, including mental health information. Additionally, the survey asks two questions regarding race or ethnicity. Research has indicated that views with respect to the privacy of health information may vary according to race or ethnicity, and these survey questions are necessary in order to more fully understand any privacy and security concerns of such individuals with respect to the use of electronic health records and electronic health information exchange and to better address those issues. Both of the questions regarding race or ethnicity will comply with the OMB Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity.

The questionnaire content can be seen in Attachment B.

## A12. Estimates of Annualized Burden Hours and Costs

While we may change particular survey methods in future years, we will estimate annualized burden based on the continued use of Random Digit Dialing (RDD). Exhibit 1 shows the estimated total respondent burden and Exhibit 2 shows the estimated annualized respondent burden for the proposed project.

A sample of 31,705 landline and cellular telephone numbers will be drawn and called using Random Digit Dialing (RDD). The burden hours are based on an estimated length of approximately 15 minutes per completed survey. We expect to interview 100 individuals for the pretest survey as part of the initial implementation year and interview 2,000 individuals for the main survey administered annually for 3 years. We anticipate filing an extension request after three years in order to extend the survey two additional years.

The estimated annualized respondent burden is 508 hours.

### EXHIBIT 1. ESTIMATED TOTAL RESPONDENT BURDEN

	(a)	(b)	(c)	(d) (a x b x c = d)
Type of Respondent	Number of Responses	Number of Responses per Respondent	Average Burden per Response	Total Burden Hours
Pretest Survey	100	1	15/60	25
Main Survey	6,000	1	15/60	1500
<b>Total</b>				<b>1525</b>

### EXHIBIT 2. ESTIMATED ANNUALIZED RESPONDENT BURDEN

	(a)	(b)	(c)	(d)	(e)	(f) (d/e)
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	Number of Responses	Number of Responses per Respondent	Average Burden per Response	Total Burden Hours over 3 years	Total Number of Years	Total Estimated Annualized Respondent Burden
Pretest Survey	33	1	15/60			
Main Survey	2000	1	15/60			
Total	2033	1	15/60	1525	3	508

For more information regarding an Estimated Annual Respondent Burden specifically for cognitive testing please refer to OMB Control No: 0990-0376, Communications Testing for Comprehensive Communication Campaign for HITECH Act (ICR No. 201105-0990-005).

Exhibit 3 shows the estimated total cost to respondents and Exhibit 4 shows the estimated annualized cost to respondents based on the amount of time required from individuals who were reached by telephone and the average hourly wage obtained from the 2010 U.S. Bureau of Labor Statistics. For those households that agree to participate, it is estimated that the total time required will be approximately 15 minutes, on average, including randomly selecting the appropriate household respondent and administering informed consent.

The estimated annualized cost to respondents is \$15,260.17.

### EXHIBIT 3. ESTIMATED TOTAL COST TO RESPONDENTS

	(a)	(b)	(c) (a x b = c)
Type of Respondent	Total Burden Hours	Average Hourly Wage Rate* (in dollars)	Total Respondent Cost
Pretest Survey	25	\$30.02	\$750.50
Main Survey	1500	\$30.02	\$45,030.00
<b>Total</b>			<b>\$45,780.50</b>

### EXHIBIT 4. ESTIMATED ANNUALIZED COST TO RESPONDENTS

	(a)	(b)	(c) (a x b = c)	(d)	(e) (c/d = e)
	Total Burden Hours	Average Hourly Wage Rate* (in dollars)	Total Respondent Cost	Total Number of Years	Total Estimated Annualized Cost to Respondents
Totals	1525	\$30.02	\$45,780.50	3	\$15,260.17

\*As of June 2010, the average hourly earnings for the general public group is \$30.02. (U.S. Bureau of Labor Statistics, [http://www.bls.gov/oes/current/oes\\_nat.htm](http://www.bls.gov/oes/current/oes_nat.htm), June 2010)

For more information regarding an Estimated Annualized Costs to Respondents specifically for cognitive testing please refer to OMB Control No: 0990-0376, Communications Testing for Comprehensive Communication Campaign for HITECH Act (ICR No. 201105-0990-005).

## A13. Estimates of Annualized Respondent Capital and Maintenance Costs

There are no capital or maintenance costs to respondents.

## A14. Annualized Cost to the Government

While particular survey methodologies may change in future years, we estimated annualized cost to the government based on the continued use of Random Digit Dialing (RDD).

Exhibit 5 shows the estimated total cost to the government and Exhibit 6 shows the estimated annualized cost to the government for conducting the survey annually for three years. The initial implementation cost to the Federal Government is \$595,593. The total cost for survey development including translation is \$180,883. The total cost of data collection is \$226,474. The total cost of data analysis, reporting, web conference preparation, and conversion of materials for Section 508 compliance is \$166,140. The total cost for psychometric analysis is \$22,096. These costs include \$9,596 for government staff costs, estimated to be about 168 hours or 6 percent of an FTE.

The total cost to the government is expected to decrease to an estimated \$315,000 per year in the outlying years (from 2013 - 2014). The estimated total cost for data collection is \$185,070. The estimated total cost for data analysis, reporting, web conference presentation and conversion of materials for Section 508 compliance is \$129,930. This estimate is based on the assumption of cost savings for reuse of the survey questionnaire and continued use of the same sampling methods.

For more information regarding an Annualized Cost to the Government specifically for cognitive testing please refer to OMB Control No: 0990-0376, Communications Testing for Comprehensive Communication Campaign for HITECH Act (ICR No. 201105-0990-005).

The estimated annualized cost to the government is \$408,531.

### EXHIBIT 5. ESTIMATED TOTAL COST TO THE GOVERNMENT

	(a)	(b)	(c) (a x b = c)
Information Collection Period	Number of Collections	Annual Cost	Total Government Cost
Implementation 2012	1	\$595,593	\$595,593
Outlying Years 2013 - 2014	2	\$315,000	\$630,000
<b>Total</b>			<b>\$1,225,593</b>

### EXHIBIT 6. ESTIMATED ANNUALIZED COST TO THE GOVERNMENT

	(a)	(b)	(c) (a/b = c)
	Total Government Cost	Total Number of Years	Total Estimated Annualized Cost to the Government
Totals	\$1,225,593	3	\$408,531

## A15. Explanation for Program Changes or Adjustments

This is a new collection of information.

## **A16. Time Schedule, Publication and Analysis Plans**

### ***Time Schedule***

Below is the time schedule including all major deliverables and target deadlines.

<b>Task Description</b>	<b>Start Date</b>
Data Collection	0 weeks following OMB clearance
Data Analysis	8 weeks following OMB clearance
Draft Report	12 weeks following OMB Clearance
Psychometric Analysis	12 weeks following OMB Clearance
Web Seminar	14 weeks following OMB Clearance

### ***Analysis Plan***

The contractor will perform quantitative analysis of the survey data, including any open-ended responses. NORC will provide crosstabs and report descriptive statistics for each question based on demographic variables, including gender, age, race, and internet usage. NORC will conduct and report results from significance tests where warranted. Data will be reported at the most granular level possible given the sample sizes.

## **A17. Reason(s) Display of OMB Expiration Date is Inappropriate**

ONC does not seek this exemption.