

SUPPORTING STATEMENT A:

**COLLECTION OF CUSTOMER SERVICE, DEMOGRAPHIC,
AND SMOKING/TOBACCO USE INFORMATION FROM THE
NATIONAL CANCER INSTITUTE'S
CANCER INFORMATION SERVICE (CIS) CLIENTS (NCI)**

OMB No. 0925-0208, Expiry Date: 8/31/2012

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**HIGHLIGHTS IN YELLOW REPRESENT
CHANGES FROM 2009 SUBMISSION**

Submitted by:

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The Cancer Information Service (CIS) currently collects demographic, customer service and smoking cessation information from clients contacting CIS by telephone and through *LiveHelp* (an online instant messaging service) for cancer information or smoking cessation assistance.) A new service, information requested and provided by e-mail, will be implemented. As well, users can now find information about cancer on Facebook and through smartphones. Information is collected in order to properly plan, implement, and evaluate cancer education efforts and to provide smoking cessation services tailored to the individual client's needs. Since its inception in 1976, the CIS network has handled more than ten million calls from the public. The potential universe of Cancer Information Service (CIS) clients is almost 308 million respondents based on the U.S. Census estimate for 2010 of adults estimated to be 18 years and older.

A. Justification

A.1 Circumstances Making the Collection of Information Necessary

The National Cancer Institute (NCI) currently collects: 1) customer service and demographic information from clients of the Cancer Information Service (CIS) in order to properly plan, implement, and evaluate cancer education efforts, including assessing the extent by which the CIS reaches and impacts underserved populations; 2) smoking/tobacco use behavior of individuals seeking NCI's smoking cessation assistance through the CIS in order to provide smoking cessation services tailored to the individual client's needs and track their smoking behavior at follow up.

This is a request for OMB to approve a revised submission for an additional three years to provide ongoing customer service and collection of demographic information from NCI Cancer Information Service (CIS) Clients for the purpose of program planning and evaluation.

Legislative Authority. NCI, established under the National Cancer Act of 1937, is the Federal Government's principal agency for cancer research and training and has a direct congressional mandate to disseminate information related to cancer to the public. The National Cancer Act of 1971 broadened the scope and responsibilities of the NCI and created the National Cancer Program. Over the years, legislative amendments have maintained the NCI authorities and

responsibilities and added new information dissemination mandates as well as a requirement to assess the incorporation of state-of-the-art cancer treatments into clinical practice. The Health Omnibus Programs Extension of 1988 (Public Law 100-607, Nov. 4, 1988, 102 Stat. 3048) and its amendments require the NCI to establish an information and education program to collect, identify, analyze, and disseminate on a timely basis, through publications and other appropriate means, to cancer patients, their families, physicians and other health professionals, and the general public, information on cancer research, diagnosis, prevention, and treatment (Sections 410 and 412 of the Public Health Service Act (42 USC § 285 and 285a-1)).

Office of Communications and Education. Within NCI, the Office of Communications and Education (OCE) serves as the NCI's primary voice for communicating information about cancer to the Nation. The OCE's mission is to effectively communicate the most up-to-date, evidence-based information related to cancer prevention, detection, diagnosis, treatment and survivorship. Within OCE, the Office Public Information and Resource Management (OPIRM) is the NCI's primary public-facing office and access point. The OPIRM administers the CIS, which provides cancer information to the public through a toll-free telephone service and other channels.

Cancer Information Service. The CIS serves the United States (U.S.), Puerto Rico, the U.S. Virgin Islands, and the U.S. Associated Pacific Territories **through a single Contact Center located at the Fred Hutch Cancer Research Center in Seattle.** The CIS provides cancer information to cancer patients, family members and friends of patients, health professionals, and the general public in English and Spanish. This information is provided through a toll-free number, instant messaging (*LiveHelp*). **Additionally, Facebook and a smartphone application provide additional**

information about cancer (these services do not request the viewer to provide information). Also an e-mail intake form has been piloted¹ and will be used once OMB approval is issued. In addition, the CIS provides cessation assistance to smokers and other tobacco users trying to quit through a toll-free dedicated quitline phone number. Since its inception in 1976, the CIS network has handled more than ten million calls from the public.

Additionally, CIS also collects demographic and customer service information from a sample of individuals who contact CIS by telephone and *LiveHelp*. The data are used for program planning and evaluation purposes. Data are used to assess the impact and effectiveness of the CIS, but they are also used to inform the health communication community—researchers, practitioners, and academics.

A.2 Purpose and Use of the Information

There are three main types of questions that are asked: customer service, demographic and smoking cessation questions. **Customer service questions** help NCI determine whether the caller has used the service in the past; how the caller learned about the CIS, and the caller’s zip code (See **Appendix 1A** for customer service questions). Customer service questions include: previous contact with the CIS, how found out about CIS, and ZIP code (See **Appendix 1A** for telephone customer service and demographic question questions).

Demographic questions, in part, support the NCI’s mission to address the unequal burden of cancer across populations groups in the U.S., and the CIS’s goal of meeting the cancer information

¹ Approved under Generic OMB No. 0925-0046-17, Expiry Date 2/28/2013, under the “Formative Research, Pretesting, and Customer Satisfaction of NCI’s Communication and Education Resources NCI” full generic submission.

needs of minority and medically underserved populations. In general, collecting demographic data allows NCI to understand the types of users of CIS services and to determine the types of training CIS information specialists need to effectively meet the needs of those clients. As NCI continues to place emphasis on addressing health disparities, it is imperative that NCI Divisions, Offices, and Centers are able to demonstrate positive program impact on underserved populations. Responses to demographic questions, including those about clients' income, health insurance coverage, and whether or not they have a regular source of health care, help CIS measure its success in reaching underserved populations and evaluate promotions and programs targeting these populations (See **Appendix 1A** for demographic questions). For telephone clients, current approval is for twelve demographic questions that cover: age, education, ethnicity, race, sex, income, number of household members. Additional demographic questions focus on the whether or not individuals seek advice for health care, and location, type, regularity and length of health insurance coverage. An additional question is approved for *LiveHelp* to determine client category (e.g., patient, family member/friend of patient) (See **Appendix 1B** for *LiveHelp* questions). **The E-mail intake form² asks the user to volunteer to categorize themselves (e.g., cancer patient/survivor, health professional, organization) (See **Appendix 2** for E-mail intake form questions).**

Occasionally, national or local media may promote the CIS toll-free number as a call to action related to a media story. Promotions are tracked in the demographic section of the questionnaire (See Appendix 1A, p. 1). Examples of types of media include consumer magazines, local TV story, radio talk shows, and other print media. Promotion of CIS will drive an increase of inquiries to the CIS for a few days. During anticipated promotions, 50 percent of eligible telephone clients responding to the CIS promotions are sampled for the demographic questions.

2. **This is OMB No. 0925-0046-17, expiry date 2/28/2013.**

Smoking cessation questions allow Information Specialists to conduct comprehensive needs assessments of smoking cessation clients to encompass an in-depth understanding of the client’s smoking/tobacco use history, previous quit attempts, and motivation to quit, which is essential to providing effective individualized counseling. An additional smoking follow-up question is also asked of clients participating in the callback service, which allows CIS to track smoking behaviors at follow up to determine the impact of the quitline service on quit rates. CIS is currently approved to ask 20 smoking cessation intake questions for individuals who call CIS for cessation assistance, as well as one follow-up smoking question for clients participating in the callback service (See **Appendix 1C** for reactive smoking cessation questions and **Appendix 1D** for the proactive smoking cessation questions).

The CIS Contact Center. The Contact Center provides cancer information services to the public through the following access points:

- **CIS toll-free number (1-800-4-CANCER).** Callers from anywhere in the U.S., Puerto Rico, the U.S. Virgin Islands, and the US Pacific Territories can use this toll-free number (callers from Guam and the Pacific Territories reach CIS through a different number). Information Specialists answer calls **Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time³**, in English or Spanish. Callers can speak with an Information Specialist, order NCI publications, or listen to recorded automated messages on cancer information. Telecommunication technology ensures rapid response to callers through call routing to the next available Cancer Information Specialist.
- **LiveHelp Service.** *LiveHelp* is an instant messaging service accessed through links on the NCI and CIS websites. The service is available from **8:00 a.m.** to 11:00 p.m. Eastern Time, Monday through Friday. Information Specialists address online clients’ cancer-related questions and provide assistance in navigating NCI’s Web site (<http://www.cancer.gov>).
- **E-mail Service.** Individuals can contact CIS via e-mail by using the “contact us” function on the NCI website. CIS provides individualized e-mail responses in English

3. The Information Specialists will now be available for a longer period of time than stated in the previous submission. Previously, the hours were from 9 AM-4:30 PM.

and Spanish within 5 to 7 business days. An automated response is generated immediately to inform clients that a personalized response will follow and advising them to contact CIS by telephone if they need assistance right away. In 2012, NCI piloted a new e-mail intake form on www.cancer.gov on the “contact us” page (Generic Sub-Study OMB No. 0925-0046-17, expiration date 2/28/2013) to ascertain more detailed information from our web users. E-mail is particularly challenging because the current online e-mail contact form provides little direction or assessment of a situation. Because the current form asks for minimal information, e-mails were often vague and responses hard to tailor. The new pilot form solicited just three pieces of information: the e-mail subject of inquiry, the body of the e-mail including the requested information by the client, and the client’s e-mail address. The pilot was launched on February 10, 2012 and was completed on February 26, 2012. To complete the form the web user would click on the associated link that took them to the form and a short set of questions. Users were instructed that their review would be completely voluntary. We received 114 responses in English and 124 in Spanish. The overall results of the pilot were positive with comments on satisfaction with the form, comments indicating that the brief questions are complete and not burdensome

- **Facebook Service.** In 2011, NCI established its Facebook account. The NCI Public Inquires Office began responding to cancer-related inquiries to NCI on Facebook. That task was transferred to the CIS later in the year and program staff have been fully successful in responding to these inquires on a timely basis. Of interest, Facebook inquiries mirror those of inquiries through the other CIS channels but the difference is the shorter nature of response provided by the CIS. NCI does not collect customer service or demographic questions of its Facebook clients. See **Appendix 3** for a screenshot.
- **Smartphone Application (m.cancer.gov).** In February 2012, NCI launched this application for smartphone users have access to a wealth of information in English and Spanish. Topics and features include: cancer diagnosis, treatment, side effects and prevention; cancer research news; dictionary of cancer terms with audio pronunciation; and one-touch-connection to NCI’s Cancer Information Service Contact Center via phone (1-800-4-CANCER) or one-touch connection to the CIS by e-mail.

This new technology is seeing a rapid uptake by users. The launch of m.cancer.gov took place on February 13, 2012. In the two weeks following the launch, CIS received a total of 131 e-mails and it is anticipated that this access channel will steadily increase over time. See **Appendix 3** for a screenshot.

- **Smoking Cessation Services.** The Contact Center provides smoking cessation assistance through the NCI Smoking Quitline toll-free number (1-877-44U-QUIT). CIS has the capacity to offer a callback service to telephone clients in order to provide ongoing motivation and counseling. In addition, smokers can seek assistance through LiveHelp, which can be accessed from NCI’s smoking cessation website (<http://www.smokefree.gov>) as well as the NCI and CIS websites.

A.3 Use of Improved Information Technology and Burden Reduction

The respondent's burden from this survey will result from: (1) the time spent hearing the questions and responding to them (for telephone clients); or (2) the time spent reading the questions online and selecting answers (for *LiveHelp* and E-mail clients); or the time spent completing the e-mail intake form (via "Contact Us") on www.cancer.gov. The speed of response to the telephone questions is enhanced by the technology used to record the answers in the Electronic Contact Record Form (ECRF), an automated data collection tool used for the current data collection and supported through a customer relationship management system implemented in the CIS in 2012 called RightNow Technologies. The ECRF has been the CIS web-based data collection tool since 1996. Prior to that time, CIS collected data on hard copy. CIS does not retain personal identifiers and the data is reported in aggregate.

A Privacy Impact Assessment (PIA) was completed and the IT System Name is, "NIH NCI Cancer Information Service." This PIA was promoted to HHS on 2/13/2012 (Appendix 4). However, because of the changes to the program a revised PIA is being drafted and has been submitted to the NCI Privacy Act Coordinator for review.

A.4 Efforts to Identify Duplication and Use of Similar Information

The data collection is designed to obtain information about individuals who contact the CIS for cancer information or smoking cessation assistance via telephone, e-mail or LiveHelp. This information is not available from any other source. The CIS keeps abreast of surveys and other user research focusing on individuals seeking cancer information or smoking cessation assistance, and of data collection efforts undertaken by other health/cancer information services (e.g., other

federal agencies, HMOs, international cancer information services). However, none of these data collections meet CIS' needs for information specific to CIS clients.

A.5 Impact on Small Businesses or Other Small Entities

No small businesses will be involved in this study.

A.6 Consequences of Collecting the Information Less Frequently

Demographic data are collected only once for clients contacting CIS by telephone, e-mail or *LiveHelp*. Smoking intake questions are asked only once of smoking cessation clients, at the time of the initial telephone contact, and the follow-up questions are asked of quitline clients participating in the callback service up to four times.

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

The data collection will be implemented in a manner consistent with 5 CFR 1320.5.

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

Federal Register Notice

The 60-Day Federal Register notice soliciting comments was published on May 24, 2012 (77 FR 31028). One public comment was received on May 24, 2009 wondering why taxpayer's dollars are being spent on research. An e-mail response was sent on May 25, 2012 that stated the comments will be taken into consideration.

Consultations

When CIS initially developed these data collection protocols, as indicated in the previous

submissions, consultations occurred with other NCI Divisions, Offices, and Centers. For this renewal, consultations were with:

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CIS also consulted with its counterparts in other countries (e.g., [Canadian Cancer Information Service](#)) and inventoried other Federal agencies and private organizations that offer 1-800 numbers for health information and assistance. For the smoking intake questions, CIS works closely with the CDC and the North American Quitline Consortium to develop priority questions for quitline callers. CIS has collaborated with these two organizations on smoking cessation initiatives since 2004.

NCI used several consultants when originally developing the demographic questions. Bradford Hesse, Director of Health Communication and Informatics Research Branch, Division of Cancer Control and Population Sciences (DCCPS) at NCI, oversees the administration of the Health Information National Trends Survey (HINTS) survey (HINTS) (OMB No. 0925-0507) and is a consultant on this submission. HINTS collects nationally representative data routinely about the American public's use of cancer-related information, therefore providing updates on changing patterns, needs, and information opportunities in health; identifying changing communications trends and practices; assessing cancer information access and usage; providing information about

how cancer risks are perceived; and offering a test bed to researchers to test new theories in health communication. Nancy Breen, PhD, an economist in the Applied Research Branch of DCCPS was consulted regarding the California Health Interview Survey (UCLA Center for Health Policy Research, California Department of Health Services, Public Health Institute) (OMB No. 0925-0544 and 0925-0598), and the American Community Survey (U.S. Bureau of the Census) (OMB No. 0607-0810). Anne Hartman, a biostatistician in the Applied Research Program, DCCPS, was consulted for the smoking intake questions included the *Current Population Survey, 2003 Tobacco Use Supplement* (U.S. Bureau of the Census and U.S. Bureau of Labor) (OMB No. 0925-0368).

A.9 Explanation of Any Payment or Gift to Respondents

Respondents will not receive any payment or gift for answering the questions.

A.10 Assurance of Confidentiality Provided to Respondents

For smoking cessation callbacks, personally identifiable information (PII) is collected in the form of name, mailing address, e-mail, and telephone number (See **Appendix 1C** for the form used to facilitate smoking cessation callback services). Within 24 hours after the interaction and any follow-up actions are completed, all identifying information is deleted. For smoking cessation clients who agree to callbacks, personal identifier information is retained until callbacks are completed or the case is closed. The data collection is covered by NIH Privacy Act Systems of Record 09-25-0156, “Records of Participants in Programs and Respondents in Surveys Used to Evaluate Programs of the Public Health Service, HHS/PHS/NIH/OD” (published 9/26/2002, 67 FR 60743) (See **Appendix 5** for the Privacy Act Memo). Additionally, the NIH Office of Human Subjects Research (OHSR) has reviewed and found that the “protection of human subjects do not apply” to this information collection (See **Appendix 6** for the OHSR Clearance).

Information Specialists follow procedures to assure clients that their responses will be kept private to the extent provided by law and will not be disclosed, except as required by law, to anyone but CIS staff members involved in quality assurance, research, and evaluation and research partners (See **Appendix 7** for CIS Operations Manual Policy No. 3 on Confidentiality of Communications). Information Specialists are trained to ask questions in a discrete and non-threatening manner, explain the reasons for collecting information, and not to survey clients who are emotionally upset or hostile.

Before asking the demographic questions at the end of the session (on the phone or via LiveHelp), Information Specialists obtain consent by asking: “May I ask you a few questions to help us evaluate our program and see who we are serving? Your responses will be kept private to the extent provided by law.” Currently, before callers are connected to an Information Specialist, they hear a recording informing them that calls may be monitored or recorded for quality assurance purposes. The recording also includes the statement: “So that we can better serve you, the Information Specialist will ask you for some background information about yourself or the person for whom you are calling. Your responses will be kept private to the extent provided by law.” Questions will not be asked and data, therefore, will not be collected if a caller/user answers, “no” to the above question.

Responses to the LiveHelp web survey are voluntary and clients are anonymous. Client identity is stripped from the session before it appears on the Information Specialist’s screen and CIS has full

128 bit encryption Secure Socket Layer (SSL) that secures chats between LiveHelp clients and Information Specialists.

Responses to the E-mail web survey will be voluntary and clients will be anonymous. CIS, as it has in the past, will implement procedures to ensure privacy and appropriate use of data when shared with research partners. We do this by requiring research partners to sign a confidentiality agreement.

A.11 Justification for Sensitive Questions

Information Specialists do not collect or record clients' names or contact information except when information is to be sent or clients have agreed to smoking cessation callbacks. In these cases, PII is collected in the form of name, mailing address, e-mail, and telephone number (See **Appendix 1C**).

In addition to the above PII, the demographic question on income is potentially sensitive in nature. Obtaining a measure of clients' income is essential so that CIS can assess the program's reach to underserved populations and evaluate the effectiveness of promotions and programs targeting these populations. The income question, together with measures of health insurance coverage, regular source of health care, race/ethnicity, and educational attainment, all have allowed CIS to better identify underserved populations.

Also indicated in the previous submission, a number of smoking intake questions are also potentially sensitive, such as questions about pregnancy, smoking/tobacco use behaviors, person(s)

likely to influence the client’s effort to quit, and others in the household who smoke/use tobacco. This information is necessary, however, for Information Specialists to conduct a thorough needs assessment and provide effective individualized counseling. In CIS’ experience, clients share much of this information over the course of the interaction without the Information Specialist having to ask directly. During the last several years, however, we have not experienced difficulty collecting this information.

A.12 Estimates of Annualized Burden Hours and Costs

Customer service questions are asked of all individuals who call the CIS. Demographic questions are asked of 25 percent of telephone and 50 percent of eligible LiveHelp clients in the following “type of user⁴” categories: (1) cancer patients, no treatment; (2) cancer patients, in treatment; (3) cancer patients, post treatment; (4) cancer patients, recurrence; (5) cancer patients, status unknown; (6) family members/friends of cancer patients; and (7) general public. In addition, 50 percent of eligible telephone clients responding to special CIS promotions are sampled for the demographic questions so we can determine which segments of the population are impacted by special promotions. We estimate that these could occur approximately twice per year (see A.2 for a brief explanation of promotions). Overall, approximately 36 percent of clients are sampled for the demographic questions. These sampling levels provide sufficient data to support program planning and evaluation and to measure the success of special promotions and programs.

⁴The “type of user” is generally determined in the initial assessment that the Information Specialist conducts to determine who the caller/user is and how they relate to the cancer concern. The caller usually volunteers this information upon calling the CIS, so they can explain why they are calling. Other types of clients (e.g., health professionals, media representatives) are not surveyed.

collected is the basis for providing individualized counseling. The smoking follow-up question (“When was the last time you smoked a cigarette, even a puff?”) is asked at each callback for clients participating in the callback service. Responses to this question guide follow-up counseling and allow CIS to assess smoking quit rates at each callback point.

Burden and Cost Estimates. Annualized estimates for numbers of respondents and respondent burden are presented in Table A.12-1. The total 2012 annual number of respondents is estimated at 107,000, with a burden of 2,687 hours. Over a three-year information collection period this amounts to an estimated 321,000 respondents and approximately 8,060 hours.

- **Telephone Clients.** Burden hour estimates for the 3 customer service questions and 12 demographic questions are based on data provided by CIS’s quality monitoring team. Respondents take an average of 30 seconds (.0083 hours) to complete the customer service questions and 90 seconds (.025 hours) to complete the demographic questions. Based on the number of callers in 2011, our sampling design, and the 2011 response rates, we anticipate that 67,400 callers will respond to the customer service questions and that 24,300 callers will respond to the demographic questions. Therefore, the estimated annual burden for general telephone clients is 1,933 hours. See Telephone Clients section of table A.12-1 and the table’s footnotes provide details. In 2012, NCI added two tasks to the CIS contract. First, the NCI Public Inquiries Office task was moved to CIS. Public Inquiries to NCI are frequently typical of CIS-like inquiries. By leveraging the CIS skills and experience, NCI saw a cost savings in moving the response to these inquiries to the CIS. Second, NCI moved the phone inquiries for the NCI publications locator service to the CIS for fulfillment of publication orders for patients, their families, and health care providers. Responses to Public Inquiries will be captured in the Electronic Contact Record Form (ECRF).
- **Quitline Clients.** Burden hour estimates for the smoking questions also are based on data provided by our quality monitoring team. Of the smoking cessation clients, about 80 percent are expected to receive one-time reactive service and about 20 percent to participate in the proactive callback service. For both the reactive service clients and the callback service clients, about 36 percent are sampled for the demographic questions and thus answer both the demographic and smoking intake questions. The total annual number of quitline respondents is estimated as 6,500, and the total estimated burden is 460 hours. See the Quitline Smoking Cessation Clients section of Table A. 12-1 for respondent and burden estimates for subgroups of smoking cessation clients. The table’s footnotes provide details.

- **LiveHelp Clients.** Burden hour estimates for all demographic questions are based on CIS' experience that the time required for clients to answer questions online is approximately the same as the time required to answer questions on the telephone. Thus, the estimated mean time to complete the demographic questions is 2 minutes (same as for telephone). In 2012, it is estimated that there will be 7,800 LiveHelp respondents, which equates to an annual estimated burden of 260 hours. See the LiveHelp Clients section of Table A. 12-1 for respondent and burden estimates. The table's footnotes provide details.
- **E-mail Clients.** Since this is a new form it is difficult to estimate the number of respondents that will complete the form and use this method of communication. However, since this form was pilot tested in a generic sub-study, some numbers may assist in estimating the number of respondents. The number of respondents is estimated to be 1,000/year, amounting to an annual burden of 34 hours.

Table A. 12-1. Estimate of Annual Burden Hours					
Type of Respondents	Survey Instrument	Number of Respondents	Frequency of Responses	Average Time per Response (Minutes/Hour)	Annual Burden Hours
Telephone Clients¹					
	Customer Service	67,400	1	1/60	1,123
	Demographic Questions	24,300	1	2/60	810
Smoking Cessation "Quitline" Clients^{1,2}					
Reactive Service Clients	Smoking Cessation "Intake" Questions	4,200	1	5/60	350
	Demographic Questions	1,300	1	2/60	43
Proactive Callback Service Clients³	Follow-Up	1,000	4	1/60	67
LiveHelp Clients⁴					
	Demographic questions	7,800	1	2/60	260
E-mail					
	Email Intake Form	1,000	1	2/60	34
Total					2,687

¹ Approximately 36% of telephone and quitline clients will be sampled for the demographic questions, and 100% of telephone clients will be sampled for the customer service questions. Estimates based on 70% response rate.

² 100% of smoking cessation clients will be asked the smoking intake questions. Estimates for quitline callers answering demographic questions are based on 70% response rate.

³ 100% of smoking cessation clients participating in the proactive callback service (about 20% of all smoking callers) will be asked the smoking follow-up question (at up to 4 callbacks).

⁴ Approximately 50% of LiveHelp clients will be sampled for the demographic questions.

An estimate of annualized cost to respondents for the hour burden for this information collection is presented in table A.12-2. There are no direct costs to the respondents themselves. The cost to respondents may, however, be calculated in terms of the costs of their time spent in responding to the questions. Assuming an hourly wage of \$21.74 per hour⁵ and the annualized estimated total burden of 2,687 hours, the annualized cost to respondents is \$58,408. Over the course of three years, the cost to the respondents is estimated to be \$175,224.

Table A. 12-2. Estimate of Annualized Cost to Respondents				
Type of Respondents	Survey Instrument	Annual Burden Hours	Hourly Wage Rate	Respondent Cost
Telephone Clients				
	Customer Service	1123	\$21.74	\$24,421.27
	Demographic Questions	810	\$21.74	\$17,609.40
Smoking Cessation "Quitline" Clients				
Reactive Service Clients	Smoking Cessation "Intake" Questions	350	\$21.74	\$7,609.00
	Demographic Questions	43	\$21.74	\$942.07
Proactive Callback Service Clients³	Follow-Up	67	\$21.74	\$1,449.33
LiveHelp Clients				
	Demographic questions	260	\$21.74	\$5,652.40
E-mail Clients				
	E-mail Intake Form	34	\$21.74	\$724.67
Total		2,687		\$58,408.13

A. 13 Estimate of Other Total Annual Cost Burden to Respondents and Record keepers

There are no Capitol Costs, Operating Costs, and or Maintenance Costs to report.

A.14 Annualized Cost to the Federal Government

⁵ This is the mean hourly wage rate based on the May 2011 National Occupations Employment and Wage Estimates for the United States. http://www.bls.gov/oes/current/oes_nat.htm

The estimated average annual cost to the Federal government for collection of data is \$182,297. Labor costs for Year 1 are computed as follows: \$35.12 per hour for Information Specialists for 2080 hours, \$47.21 per hour for Supervisors for 2080 hours, and \$89.30 per hour for Contact Center Managers for 25 hours. Estimates for all years include indirect costs at 32% and labor, escalated at 5 percent per year. Labor covers the time to ask the questions and record the answers during phone calls, quality assurance of records, preparation of database files, and supervision and training.

Table A.14-1 Annual Cost to the Federal Government					
Labor	Year 1	Year 2	Year 3	Total	Annualized
Total	\$173,478.90	\$182,152.84	\$191,260.48	\$546,892.22	\$182,297.40

A.15 Explanation for Program Changes or Adjustments

This information collection contains both program changes (revision) and adjustments. Program changes to NCI's CIS include: consolidating 15 regional offices to a single contact center, increasing the hours that Cancer Information Specialists are available on the toll-free number and LiveHelp Service, improving the e-mail response intake form so that responses from NCI can be better tailored to the questions, added a Facebook Service, and creating a smartphone user service available in both English and Spanish. The addition of the new e-mail response intake form will increase the burden hours in the form of a program change.

There are also a few adjustments to this information collection. Overall, it is estimated there will be an increase in burden primarily due to the changing trends in CIS points of access as a result of the public's increasing reliance on the Internet for health information. Specifically, this would affect the burden on the Telephone Clients and the Proactive Callback Service Clients by

increasing the number of respondents from the 2009 submission and therefore the burden hours.

However, the burden hours for the *LiveHelp* and Reactive Service clients are expected to decrease somewhat or remain the same.

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

The CIS publishes an annual report of CIS client data (see **Appendix 8**). Data are presented for subgroups of clients (e.g. by ethnicity), but no statistical analyses are conducted for this report. CIS staff and research partners conduct additional in-depth analyses of client data for a variety of presentations and publications. All publications and manuscripts resulting from research collaborations are reviewed and approved by Office Public Information and Resource Management before they are finalized and disseminated. CIS staff serving as investigators analyzing data from the Electronic Contact Record Form that will result in a manuscript submission for publication will seek approval from NCI's Institutional Review Board prior to conducting analyses. There are no specific project schedules except to continue to collect data in an ongoing fashion.

Note: In the future, CIS intends to seek permission from OMB to ask additional customer service and satisfaction questions in the future but those questions have not yet been formulated.

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

The OMB expiration date will be displayed.

A.18 Exceptions to Certification for Paperwork Reduction Act Submission

No exceptions to the certification statement are required by this information collection.