

Interviews with State Officials and Experts to Inform Cost Estimates of  
Implementing Policy and Behavioral Interventions to Reduce Motor Vehicle  
Injuries

***SUPPORTING STATEMENT: PART A***

*Submitted by:*

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## **A. Justification**

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

The Centers for Disease Control and Prevention (CDC) is seeking a new OMB approval to collect information to fill gaps in the literature related to the cost-side of the cost-benefit analysis. This is a new Information Collection Request (ICR). Approval is being requested for one year.

This ICR is being requested to fill these gaps in information relating to the costs of implementing interventions. Without this information, the principal product of the research – the online tool – cannot be completed. In addition, it is this element (the cost of implementation) that sets this research apart from previous research on this topic.

Motor vehicle injuries are the leading cause of death for children, adolescents, and young adults, and a major cause of death for all other ages (CDC WISQARS). In 2009, 33,808 people were killed in crashes in the United States and more than 2.2 million people were injured (<http://www-nrd.nhtsa.dot.gov/Pubs/811363.PDF>). Medical costs and productivity losses associated with traffic injuries amounted to more than \$99 billion in 2005, equivalent to about \$500 for each U.S. licensed driver (Naumann RB, Dellinger AM, Zaloshnja E, Lawrence BA, Miller TR. Incidence and total lifetime costs of motor vehicle-related fatal and nonfatal injury by road user type, United States, 2005. *Traffic Injury Prevention* 2010; 11(4):353-360). Due to the magnitude of this injury problem and the availability of evidence-based policies and interventions to prevent it, motor vehicle injury prevention has been designated as one of the CDC's Winnable Battles.

While considerable evaluation work, led by the Task Force on Community Preventive Services and others, has identified evidence-based motor vehicle injury prevention interventions, little has been done to identify the levels of economic resources needed to implement these interventions and the potential cost savings that will result from them. Such information can help communities understand the economic benefits of specific interventions and prioritize implementation of such interventions. Consequently, the decision-makers, who are primarily at the state level, are not able to conduct a full assessment of the costs and benefits of different interventions in their prioritization process. Such information would help states and local communities understand the economic benefits of specific interventions and prioritize implementation of them.

RAND will meet this information need by building a tool that states can use to assess the costs and benefits of different interventions designed to prevent motor vehicle injuries. They will first generate estimates of the cost of implementing selected evidence-based interventions. They will then combine these estimates with existing data on the effect of each intervention and the costs of motor vehicle injuries. The resulting tool will help states understand the tradeoffs and prioritize high-impact interventions to reduce motor vehicle injuries.

With this ICR, we hope to fill the information gaps through expert opinion. Initially, we hope to collect the necessary information through structured interviews with subject matter experts. This will be followed by the convening of an online Delphi panel. This proposed data collection fits into CDC's broader research agenda because motor vehicle injury prevention has been designated as one of the CDC's Winnable Battles. First, there is the magnitude of the problem:

motor vehicle injuries are the leading cause of death for children, adolescents, and young adults and a major cause of death for all other ages<sup>1</sup> and medical costs and productivity losses associated with traffic injuries amounted to more than \$99 billion in 2005<sup>2</sup>. Second, the availability of evidence-based policies and interventions has the capability to prevent injuries and deaths stemming from motor vehicle crashes. In these times of fiscal constraints, states need an easy-to-use tool to calculate how they can achieve the greatest prevention at the least cost.

Authority for CDC's National Center for Injury Prevention and Control to collect this data is granted by Section 301 of the Public Health Service Act (42 U.S.C. 241) (**Attachment 1**). This act gives federal health agencies, such as CDC, broad authority to collect data and do other public health activities, including this type of study.

## **1.1 Privacy Impact Assessment**

### **1.1.1 Overview of the Data Collection System**

RAND researchers will conduct structured interviews with subject matter experts: Dr. Andres Villaveces and Liisa Ecola. Dr. Andres Villaveces is an Epidemiologist at RAND Corporation. Dr. Villaveces has extensive expertise in global health and injury prevention, with a focus on transportation injuries, alcohol policies and injuries, and firearm injuries. Liisa Ecola is a Project Associate and Transportation Planner. Ms. Ecola will be responsible for coordinating quality control, report writing, and review processes; as well as monitoring protection of human subjects; ensuring consistency and timeliness of reporting; and making timely identification and resolution of any issues that arise. The structured interviews will take place via telephone and average sixty minutes per interview. Subject matter experts are identified based on their expertise and experience in the field of motor vehicle injury prevention. We have identified six different types of experts: public safety advocates, DWI/DUI defense attorneys, court case managers, state parole agency staff, staff of state departments of public safety, and local law enforcement agency staff. Twenty-four experts will be interviewed. These twenty-four telephone interviews will be conducted by the RAND researchers noted above. Data will be used to complete the matrix of cost implementation categories by intervention. The data will be retained for one year following the completion of the project. The data will be managed and protected by RAND employees: Johanna Zmud, Dr. Andres Villaveces, and Liisa Ecola. This information will be destroyed after the interviews.

### **1.1.2 Information to be Collected**

Questions pertaining to the cost of implementing motor vehicle injury prevention strategies will be asked of each respondent. Information to be collected (**Attachments 5-12**) includes perceptions to existing motor vehicle injury prevention strategies; cost associated with existing strategies; effectiveness of intervention; and information on elements of cost.

Personally identifiable information that will be collected include name, employer, work email, and work phone number. This information is necessary to contact selected subject matter experts via email, invite them to participate in the interview, and to conduct the interview. Information

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<sup>1</sup> CDC WISQARS

<sup>2</sup> Naumann RB, Dellinger AM, Zaloshnja E, Lawrence BA, Miller TR. Incidence, and total lifetime costs of motor vehicle-related fatal and nonfatal injury by road user type, United States, 2005. *Traffic Injury Prevention* 2010; 11(4): 353-360.

will be maintained and stored on a secure RAND server. Once the interviews (and any follow-up questions) have been completed, the personally identifiable information will be destroyed.

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

All respondent data will be part of the source data that powers the online tool that will identify cost-effective motor vehicle injury prevention interventions by state. This tool will function as an online cost-benefit calculator where state-specific guidance is provided on which intervention(s) will provide the biggest “bang for its bucks” in terms of motor vehicle injury prevention. Respondent data will fill in holes in the costs of implementing the interventions. Information will be collected one time.

Once this data is collected, the information will be combined with the estimates of existing data on the effect of each intervention and the costs of motor vehicle injuries, to build the interactive, user-friendly online tool (with the data embedded in it) that states can use to assess the state specific costs and benefits of different interventions designed to prevent motor vehicle injuries and deaths. The resulting tool will help states understand the tradeoffs and prioritize high-impact interventions to reduce motor vehicle injuries and deaths in their state.

The value of the information collected via the subject matter interviews (and the online Delphi panel) is to fill gaps in knowledge for interventions that do not have extensive literature on their costs of implementation. The negative consequence of not collecting the information from the subject matter expert interviews are that cost-benefit estimates will be less precise and subject to incorrect estimation.

### **2.1 Privacy Impact Assessment**

The individual responses to questions about cost of implementation collected by RAND will not be shared with the CDC. This data will be used to develop cost estimates of implementing specific interventions by state. These estimates will then be incorporated into the tool that users can access, but the individual responses will not be available as discrete data elements. The subject matter experts that we interview will be able to access the tool, but we will not share responses from other experts with them.

#### **2.1.2 Impact on Respondent’s Privacy**

The information in the database will not be attributed to any specific expert. Personally, identifiable information compiled to contact the respondents will be destroyed after the contact. The collection of personal identifiable information will not impact respondent privacy; all such information will be destroyed.

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

The information will be collected by telephone interviews. This method was selected because the qualitative nature of the information to be collected necessitates using open-ended questions. The immediacy of the telephone exchange will enable the interviewers to efficiently clarify or follow-up on respondents’ answers. If respondents feel that they are not experts in a particular topic, that question (or questions) will be skipped. The use of telephone interviews will pose the least amount of burden on respondents, as this will offer the opportunity for respondents to fully express a concept or idea related to their field of expertise.

An online Delphi panel will be used to collect additional missing information; RAND will use its ExpertLens system to efficiently conduct the Delphi exercise. ExpertLens enables participants to engage in the Delphi activity via computer on the day and time of their choice. For this activity, 100% of the data capture will be online (**Attachment 10**).

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

This information is needed to complete a research study of the costs and costs savings to society of implementing evidence-based interventions. The main product of the study is an online tool that can be used to identify the intervention or sets of interventions that can be implemented in individual states that would provide the “biggest bang for the buck” in terms of having the greatest potential to reduce motor vehicle related injuries and deaths. RAND Corporation is the CDC contractor for this study.

The study focuses on thirteen interventions. These interventions are:

1. Red light camera automated enforcement,
2. Speed camera automated enforcement,
3. Alcohol interlocks,
4. Sobriety checkpoints,
5. Saturation patrols,
6. Bicycle helmet laws for children,
7. High visibility child restraint/ booster or seat belt law enforcement,
8. Motorcycle helmet use laws,
9. Primary enforcement of seat belt laws,
10. Limits on diversion and plea agreements,
11. Lower BAC limits for repeat offenders,
12. Vehicle impoundment,
13. and license plate impoundment.

These interventions were selected based on three criteria:

- The likely magnitude of the effect (i.e., potential for high impact). If the evidence suggests only a minor reduction in crashes or their severity, it is possible the cost outweighs the benefit.
- The number of states that have implemented the intervention (i.e., potential for broad implementation). If an intervention is already in widespread use, the potential for additional impact is limited.
- The ability of states to implement an intervention. As the goal of this project is to assist state decision-making, interventions that would be implemented exclusively at the federal or local level would be ranked low.

The list of interventions was jointly selected by RAND and CDC based on information from NHTSA’s *Countermeasures that Work* report (University of North Carolina, 2011), subsequent research on the availability of data, and the difficulty of assessing costs and benefits for specific interventions.

For each intervention, RAND has compiled documented evidence from secondary sources (i.e., reviews of the literature and publicly available data) on:

1. Effects on fatalities and injury prevention: We have specifically determined fatality and injury reductions for interventions by state, total fatalities and estimated injury rates by state, injury to fatality ratios, and the current laws for each state.
2. Estimated costs associated with motor vehicle injuries and deaths and how costs of similar injuries vary from state to state: We are currently developing state-specific estimates of expected cost savings associated with the reductions in injuries and deaths from each intervention.
3. Costs of implementing each intervention in states: We have developed a matrix of implementation cost categories by interventions and are populating the resultant cells. Implementation cost categories include items such as cost of creating the legislation, costs for publicity, personnel (e.g., law enforcement, court) time, and equipment purchase, or maintenance cost, jail or prison facility costs. RAND is using several techniques including estimating from actuals, analogy, build up, and parametric analysis to populate the matrix but have come to the recognition that there are gaps in information regarding implementation costs that cannot be filled through literature reviews and publicly available information.

Based on available data (see Section 8, below, for data sources used) regarding fatalities and injuries by state, the effectiveness of specific interventions, and the associated costs (medical and lost wages) for fatalities and injuries, we have been able to develop estimates for numbers 1 and 2 above. The gaps in evidence relate to implementation cost issues such as the amount of time it takes for police to deal with an incident, paperwork, and court; the amount of court staff time it takes to handle various cases and whether there are costs to the court in particular situations, particularly among DWI cases. We also seek information to complete multiple missing cells pertaining to the costs of implementing lower BAC, limits on diversion, and saturation patrols.

Evidence points to the fact that this data collection is not duplicative. There are no similar data available. A thorough literature review was conducted to identify the necessary information on costs of implementation of the interventions prior to initiating this ICR. Our literature review indicated that certain pieces of information have not been published; therefore, we are filling the gaps by conducting interviews with subject matter experts and the Delphi panel. The literature search that was done to identify the needed information on costs of implementation also failed to identify similar data collection by another institution. Missing information includes national or state estimates of the numbers of persons who ride bikes, costs incurred by the average state in creating legislation on motorcycle helmet use laws, the fees for an offender that has a diversion programs or plea agreements versus an offender that faces limits on diversion and plea agreement. These are all questions that will be asked of respondents in our study.

While we do not intend to interview a large number of experts in each category identified in Table A.12.A, we believe this number will be sufficient for the purposes of developing cost estimates, for two reasons. First, we will ask some interviewees, such as public safety advocacy groups and state safety officials, about multiple interventions. Second, we will ask questions whose responses can help develop estimates across states. For example, a question about the number of bicycle riders will ask not just for a number, but information about how they collect data or extrapolate from existing sources. Similarly, many of our questions about costs are about the time required to conduct certain tasks, which we do not expect to vary substantially across

states. We can use this information to develop estimates of the amount of time required, and multiply it by average hourly wage rates for various categories of employees (information that we already have for individual states).

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

No small businesses will be involved in this data collection.

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

This request is for a one-time data collection. The study outcome provides a unique tool for states to use in calculating the return on investment in terms of implementing motor vehicle injury prevention strategies. If the gaps are not filled for the costs of implementation, it is possible that not all thirteen interventions will be able to be included in cost benefit, which will limit practical utility of the online tool.

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

This request fully complies with the regulation 5 CFR 1320.5.

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

- A. The 60-day Federal Register Notice was published in the Federal Register on August 17, 2012, Vol. 77, No. 160, pp. 49796-97 (**Attachment 2**). One non-substantive public comment was received (**Attachment 3**). The standard CDC response was sent.
- B. The following published and online sources were researched to ensure that the efforts are not duplicated. Additionally, some of the intervention data was extracted directly from state DMV's or from State Statutes directly and we also consulted the US Census Bureau population databases.

1. NHTSA Driving Safety Research publications  
Link: <http://www.nhtsa.gov/Driving+Safety>  
Description: literature from NHTSA publications were used to compile the intervention fact sheets, laws and intervention cost data quotes.  
NHTSA Fatality Analysis Reporting System (FARS)
2. AAA Foundation for Traffic Safety publications  
Link: <http://www.aaafoundation.org/resources/index.cfm?button=links>
3. Child Injury Prevention Tool Database  
Link: <http://childinjuryprevention.org/mechanism.aspx?id=4>
4. PubMed National Library of Medicine] Database of medical literature  
Description: Literature from PubMed were used to identify health costs, benefits of interventions, and cite intervention implementation outcomes.
5. EBSCOhost  
Description: Cross-database search covering topics such as education, health, law, psychology, and social sciences.
6. IIHS: Highway Safety Research & Communication Database  
Link: <http://www.iihs.org/laws/default.aspx> (Laws & regulations, Highway safety law in the US)
7. Governor Highway Safety Association/State Highway Safety Offices data

Link: <http://www.ghsa.org/html/links/shsos.html>

8. LexisNexis Federal and State Codes  
Description: A database of federal and state laws. It was used to supplement transportation law uncovered in NHTSA publications and databases.
9. MEDLINE Medical journals related to the medical costs and benefits of transportation safety interventions.
10. Google Scholar: General search with key words listed below.  
Red Light Camera Automated Enforcement, Speed Camera Automated Enforcement, Alcohol Interlocks, Sobriety Checkpoints, Saturation Patrols, Bicycle Helmet Laws for Children, Short-Term, High-Visibility Child Restraint/Booster/ Seatbelt Law Enforcement & Communications, State Motorcycle Helmet Use Laws - universal, Short-Term, High Visibility Belt law Enforcement, Vehicle And License Plate Sanctions, Limits On Diversion And Plea Agreements, Lower BAC Limits for Repeat Offenders, Referring Older Drivers to Licensing Agencies
11. Telephone interview with Richard Compton, Director, Office of Behavioral Safety Research, NHTSA, on February 16, 2012. [richard.compton@dot.gov](mailto:richard.compton@dot.gov) 202-366-2699.

These searches took place between October 2011 and July 2012.

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

CDC will not provide payments or gifts to respondents.

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

This submission has been reviewed by ICRO, who determined that the Privacy Act does not apply. There is no applicable System of Records Notice for this study. Individuals will be “speaking from their roles” and only their business contact information will be collected.

This data collection includes the use of identifiable information including name, address, email, and phone number. Identifiable data is used to facilitate the collection of response data (e.g., names and telephone numbers may be used to schedule interviews). The following procedures are used to limit the linkage of this information to response data:

The research team will have acquired personally identifiable information about the respondents (name, employer, work email, and work phone number) in order to send an email inviting the subject matter expert to participate in the interviews. All of the experts reside in states that have recently implemented one of the 13 interventions in question or are knowledgeable of its implementation. The information compiled on the states that have implemented interventions is reflected in the sources listed in section 12. The data will be retained for one year following the completion of the project. The data will be managed and protected by RAND employees: Johanna Zmud, Dr. Andres Villaveces, and Liisa Ecola. This information will be kept for one year and then destroyed after the interviews.

This study has received local IRB approval through RAND. A copy of the IRB approval notice is included as **(Attachment 4)**.

## 10.1 Privacy Impact Assessment Information

The email invitation (**Attachment 12**) will contain a detailed explanation of the research and a consent form. The consent language will make it clear that taking part in the interview is voluntary, and that respondents may stop participating at any time, and that respondents are free to skip any questions that they prefer not to answer. The consent language will specify that RAND will use the information provided for research purposes only and that RAND will not disclose any respondents' identity or information that could potentially identify them to anyone outside of the project without the respondents' permission, except as required by law. RAND will remove, delink, and destroy any information that could potentially identify respondents to their responses to survey questions after interviews are complete.

The information will be secured and maintained on the RAND server. This server is managed and protected by RAND employees: Johanna Zmud, Dr. Andres Villaveces, and Liisa Ecola. The informant personal information will be retained in two separate files. One file will include identifying information (name, title, and agency) in order to track who has been interviewed. All persons interviewed will receive a RAND identifier that is simply a sequential number (the second file). In the second file, this number will be used to identify the informant on all hard copy documents and will be part of the survey data. No names of persons interviewed nor any other kind of identifier will appear on the interview questions or the file that contains their responses. There is no applicable System of Records Notice for this study.

## 11. Justification for Sensitive Questions

Participants will not be asked to answer questions of a sensitive nature.

## 12. Estimates of Annualized Burden Hours and Costs

### 12. A Burden

Our data collection will be a one-time collection effort. The structured subject matter interviews will be used to fill gaps in knowledge about costs of implementation for categories of cost and for interventions that do not have extensive literature. We will choose our sample of subject matter experts based on who we think would be appropriate for the study. All of our experts will reside in states that have recently implemented one of the 13 interventions in question or are knowledgeable of its implementation. We compiled information on which states have implemented which interventions based on the following sources:

- Century Council, *The National Hardcore Drunk Driver Project: The National Agenda: A System To Fight Hardcore DWI*, 2008. Intervention: Saturation patrols.
- Governors Highway Safety Association, "Sobriety Checkpoint Laws," online at: [www.ghsa.org/html/stateinfo/laws/checkpoint\\_laws.html](http://www.ghsa.org/html/stateinfo/laws/checkpoint_laws.html). Intervention: Sobriety checkpoints.
- Insurance Institute for Highway Safety (IIHS), "Automated Enforcement Laws," online at: [http://www.iihs.org/laws/automated\\_enforcement.aspx](http://www.iihs.org/laws/automated_enforcement.aspx). Interventions: Red light camera automated enforcement, speed camera automated enforcement.
- IIHS, "Motorcycle and Bicycle Helmet Use Laws," online at: <http://www.iihs.org/laws/helmetusecurrent.aspx>. Interventions: bicycle helmet laws for children, motorcycle helmet use laws.

- IIHS, “DUI/DWI Laws,” <http://www.iihs.org/laws/dui.aspx>. Intervention: Alcohol interlocks.
- IIHS, “Safety Belt and Child Restraint Laws,” online at: <http://www.iihs.org/laws/SafetyBeltUse.aspx>. Intervention: Primary enforcement of seat belt laws.
- McKnight, A. Scott, Derrik E. Watson, Robert B. Voas, and James C. Fell. *Update of Vehicle Sanction Laws and Their Application, Volume II — Vehicle Sanctions Status by State*. National Highway Traffic Safety Administration (NHTSA), Report DOT HS 811 028B, Washington, DC, September, 2008. Interventions: Vehicle impoundment, license plate impoundment.
- NHTSA, *Digest of Impaired Driving and Selected Beverage Control Laws, 25th Edition*, Report DOT HS 811 456, Washington, DC, April 2011. Intervention: Limits on diversion and plea agreements.
- National Conference of State Legislatures, “Increased Penalties for High Blood Alcohol Content,” online at: <http://www.ncsl.org/Default.aspx?TabId=13557>. Intervention: Lower BAC limits for repeat offenders.
- University of North Carolina Highway Safety Research Center, *Countermeasures that Work: A Highway Safety Countermeasure Guide for State Highway Safety Offices, Sixth Edition*, NHTSA, 2001. Intervention: High visibility child restraint/ booster or seat belt law enforcement.

Based on the information that we need to collect, we have stratified our respondent universe into six categories: Public safety advocates, DWI/ DUI defense attorneys, Court case managers, State parole agency staff, State department of public safety staff, and Law enforcement agency personnel. We are conducting qualitative interviews and therefore, need only a few respondents representing each stratum.

Table(s) A.12.A and A.12.B detail the total number of respondents per group, the average response burden per semi-structured interview, and the total response burden for the semi-structured interviews. Estimates of burden for the interviews are based on simulated runs with RAND staff answering each questionnaire. The number of responses per respondent differs by subject matter expert group as presented in the **(Attachments 5-12)** as does the depth of the response anticipated – thus the response burden would differ by SME group.

The total estimated one-time burden for data collection for the following respondents are calculated as follows; Public Safety Advocacy Groups **(Attachment 5)** = (4 respondents x 1 hour/response); DWI/DUI Defense Attorneys **(Attachment 6)** = (4 respondents x 1hour/response); Court Case Managers **(Attachment 7)** = (4 respondents x 1 hour/response); State Parole Agencies **(Attachment 8)** = (2 respondents x 1hour/response); State Depts. Of Public Safety **(Attachment 9)** = (6 respondents x 1 hour/response); Local Law Enforcement **(Attachment 10)** = (4 respondents x 1 hour/response).

All of our experts will reside in states that have recently implemented the intervention in question or be knowledgeable of its implementation. The burden tables below include the burden hours for the online Delphi expert panel, which will be convened to fill important information gaps after the subject matter expert interviews have been completed. The panel will include three

academic researchers in fields such as traffic safety. The online Delphi panel will include the following for estimated one-time burden for data collection for the following respondents, calculated as follows; academic researchers (**Attachment 11**) = (3 Respondents x 1hr/response). The remainder of the panel will be comprised of federal employees, such as staff at CDC and NHTSA.

**Table A.12.A- Estimate of Annualized Burden Hours**

<b>Type of Respondent</b>	<b>Form Name</b>	<b>No. of Respondents</b>	<b>No. of responses per respondent</b>	<b>Average Burden per Response (hours)</b>	<b>Total Burden Hours</b>
Public Safety Advocacy Groups	Semi-Structured Interviews – <b>(Attachment 5)</b>	4	1	1	4
DWI/DUI Defense Attorneys	Semi-Structured Interviews- <b>(Attachment 6)</b>	4	1	1	4
Court Case Managers	Semi-Structured Interviews- <b>(Attachment 7)</b>	4	1	1	4
State Parole Agencies	Semi-Structured Interviews- <b>(Attachment 8)</b>	2	1	1	2
State Depts. Of Public Safety	Semi-Structured Interviews- <b>(Attachment 9)</b>	6	1	1	6
Local Law Enforcement	Semi-Structured Interviews- <b>(Attachment 10)</b>	4	1	1	4
Academic Researchers	Discussion Guide- Online Expert Panel- <b>(Attachment 11)</b>	3	1	1	3
<b>Total</b>					<b>27</b>

**A.12.B. Estimated Annualized Burden Cost**

Number of respondents, number of responses per respondent, and response burden (hours) are taken from Table A.12.A. The hourly wage costs have been derived from the Bureau of Labor Statistics (BLS), Occupational Employment Statistics, May 2011 National Occupational Employment Wage Estimates ([www.bls.gov/oes/current/oes\\_nat.htm](http://www.bls.gov/oes/current/oes_nat.htm)). For each, we have taken

the mean hourly wage indicated. Because the categories in the BLS database do not match perfectly with our SME categories, we have made the following cross-walk assumptions: Public safety advocacy groups (**Attachment 2**) = Social scientists and other related worker, DWI/ DUI Defense Attorney (**Attachment 3**) = lawyers; Court Case Managers (**Attachment 4**) = Administrative law judges, adjudicators, and hearing officers; State Parole Agencies (**Attachment 5**) = Probation offices, and correctional treatment specialists; State Depts. of Public Safety (**Attachment 6**) = Social scientists and related workers; Local law enforcement (**Attachment 7**) = First-line supervisors of police and detectives. Respondent cost is a per respondent cost (response burden X hourly wage cost). Bureau of Labor Statistics, “May 2011 National Occupational Employment and Wage Estimates United States,” Web page, March 29, 2012. As of September 27, 2012: [http://www.bls.gov/oes/current/oes\\_nat.htm#23-0000](http://www.bls.gov/oes/current/oes_nat.htm#23-0000)

Type of Respondent	Name of Form	No. of Respondents	Average Burden per Response (hours)	Total Burden Hours	Hourly Wage Cost	Total Respondent Cost
Public Safety Advocacy Groups	Semi-Structured Interviews - ( <b>Attachment 5</b> )	4	1	4	\$37.82	\$151.28
DWI/DUI Defense Attorneys	Semi-Structured Interviews- ( <b>Attachment 6</b> )	4	1	4	\$62.74	\$250.96
Court Case Managers	Semi-Structured Interviews- ( <b>Attachment 7</b> )	4	1	4	\$42.47	\$169.88
State Parole Agencies	Semi-Structured Interviews- ( <b>Attachment 8</b> )	2	1	2	\$25.05	\$50.10
State Depts. Of Public Safety	Semi-Structured Interviews- ( <b>Attachment 9</b> )	6	1	6	\$37.82	\$226.92
Local Law Enforcement	Semi-Structured Interviews- ( <b>Attachment 10</b> )	4	1	4	\$39.06	\$156.24
Academic Researchers	Discussion Guide-Online Expert Panel- ( <b>Attachment 11</b> )	3	1	3	\$35.00	\$105.00

Total Burden Cost	—					\$1110.38
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**A.13. Estimates of Other Total Annual Cost Burden to Respondents or Record-keepers.**

There will be no direct costs to the respondents other than their time to participate in each survey.

**A.14. Estimates of Annualized Cost to the Federal Government.**

The estimated annualized cost to the federal government listed in the table below include; personnel, number of hours, hourly rate, other costs (i.e. overhead, equipment and support staff) and travel. All estimated expenses below include two primary types of government costs to be incurred: (a) government personnel, and (b) contractual services. The total estimated annualized cost is based upon the number of personnel hours x hourly rate + other costs and travel. The total cost to the federal government for 1 year is \$624,377.00.

Costs	Hours	Hourly Rate	Total
CDC FTE	84.00	\$40.97	\$3441.48
Adjunct Staff	40.00	\$77.25	\$3090.00
Physical Science, Sr.	160.00	\$85.62	\$13,700.00
Cost Analysis Associate	240.00	\$45.09	\$10,821.00
Project Associate, IV	200.00	\$45.75	\$9,150.00
Website Producer II	80.00	\$33.30	\$2,664.00
Policy Researcher, Sr.	160.00	\$72.61	\$11,618.00
VP, Dir. RAND Health	40.00	\$142.28	\$5,691.00
Economist, Associate	200.00	\$65.69	\$13,139.00
Economist, Sr.	200.00	\$87.67	\$17,534.00
Physical Sci, Sr.	80.00	\$83.43	\$6,674.00
Policy Researcher, Sr.	200.00	\$90.54	\$18,108.00
Research Programmer III	200.00	\$46.61	\$9,323.00
Administrative Assistant, IV	120.00	\$28.80	\$3,456.00

Pardee RAND Graduate School Fellow	400.00	\$39.89	\$15,995.00
Direct Non Labor Costs	\$324,017.00		\$324,017.00
Travel Cost	\$15,073.00		\$15,073.00
<b>Total Funding:</b>			<b>\$624,377.00</b>

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

This is a new data collection.

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

The results of this research study will be provided to CDC in a final report. As a not-for-profit research institute, RAND publishes all research as a public service. It is expected that a report describing the research and its outcomes will be available free of charge on the RAND website. In addition, webinars and /or presentations of results at national professional meetings may occur. There will be no quantitative statistical analyses done.

**Table 16-1. Time Schedule**

<b>Activity</b>	<b>Time Schedule</b>
Emails sent to respondents	1 month after OMB approval
Interviews with subject matter experts	1-2 months after OMB approval
Use of information to develop cost of implementation estimates to fill gaps from literature search	3 months after OMB approval
Analysis of missing information on costs of implementing interventions after interviews	3 months after OMB approval
Online Delphi panel	4 months after OMB approval
Combine with other information to build tool to assess the costs and benefits of each intervention at the state level	5-6 months after OMB approval
Disseminate information about the tool and track its use	7-8 months after OMB approval
Publication	9-10 months after OMB approval

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

No exemption is being sought. The CDC intends to display the OMB approval expiration date and the information collection control number.

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

There are no exceptions to the certification