**Generic Information Collection: Emerging mosquito-borne diseases: assessment of chikungunya and dengue-related knowledge, attitudes and practices for Mexican-origin audiences along the U.S-Mexico border**

**Generic Information Collection Request**

**OMB No. 0920-0987**

**Expiration Date XX/XX/2016**

**Submitted on: 8/13/2015**

**B. Collections of Information Employing Statistical Methods**

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**B. Collections of Information Employing Statistical Methods**

No statistical methods are used in this data collection.

# 1. Respondent Universe and Sampling Methods

# Respondent Universe and Sampling Methods

Up to ten focus groups will be implemented in different locations across the U.S-Mexico border region (Southern California, Arizona, New Mexico, and Southern Texas). Local health departments (such as San Diego County Health and Human Services Agency, Imperial County Health and Human Services, Maricopa County Public Health Department, El Paso Health Department) will identify community based organizations (CBOs) in the area with whom to partner. Purposeful and venue-based recruitment will take place at the community based organizations (CBOs) offering services for Spanish-speaking Mexican-born populations residing in the U.S.-Mexico border region.

The partnering CBOs will use a screening tool in-person and over the phone in Spanish to ensure appropriate participant recruitment (See Attachment H: Participant Screener). The screening process will take less than ten minutes. The forms for any people who do not agree to participant will be destroyed.

## Table A.1: Participation criteria

|  |  |
| --- | --- |
| Age | All participants will be at least 18 years of age. |
| Location | All participants should currently be living in the border region of the United States during the data collection period.  |
| Language | All participants should speak Spanish |
| Gender | Approximately half of the participants will be female. |
| Country of birth | Participants will have been born in Mexico. |
| Education | No education criteria. |
| Employment | No employment criteria. |
| Race | No criteria regarding race. |

# 2. Procedures for the Collection of Information

Individuals responding to this request are doing so voluntarily. Participants who do not wish to be recorded will be thanked for attending, and told that the audio recording is necessary, so they are free to leave if they do not want to participate. Any information collected from these participants will be destroyed.

At the very beginning of the focus groups prior to participation in the information collection, the moderator will inform each participant that the session is being audio-recorded and get oral consent from each individual. The Participant Information Sheet (See Attachment I) will be distributed to participants at the beginning of the session, which may include the following: details regarding the nature of the information collection activity, the length of time it will require, sponsorship of the project, their rights as participants, risks and benefits in participating, and contacts for more information about the project. Respondents will be advised that participation is purely voluntary. Moderators will orally communicate information provided in the written description aloud to the group and, if needed, an experienced interpreter will be available during this time to ensure that all information is accurately communicated to participants. Prior to the beginning of the information collection, a staff member will address any questions the participants have about the project. Informed consent will be secured orally in the group setting after participants have had the opportunity to be fully briefed about the discussion. Consent will be obtained orally after screening and prior to any information collection during the focus group to avoid drawing attention to any participants who may be illiterate or unable to provide their signature.

All data will be stored in secured electronic files at CDC’s and/or a contractor’s office and will be accessible only to staff directly involved in the project. All members of the project will be required to sign a statement pledging their personal commitment to guard the security of data. Data files will be retained for a period of no more than three years and then destroyed. After the three years, the documents and multimedia recordings will be deleted. Online data collections will conform totally to federal regulations [the Hawkins-Stafford Amendments of 1988 (P.L. 100-297) and the Computer Security Act of 1987] and will be required to have comprehensive, written plans to maintain security. This plan will include having all personnel who will have access to individual identifiers sign data security agreements. They will also be trained in the meaning of data security, particularly as it relates to handling requests for information from respondents, and in providing assurance to respondents about the protection of their responses.

No system of records is being created under the Privacy Act. This information collection request has been reviewed by the National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), and determined that the Privacy Act does not apply. Individuals responding to this request will not provide any personal identifying information.

All focus group discussion participants will be informed that discussions are secure. As such, no identifiers (other than audio recording) will be used. First names may be written during the course of discussion, however, no last names or other identifiers will be written down. Participants are free to use a pseudonym if they would like to have a greater degree of assurance about security. Staff will not have any personally identifying information for the participants.

# Focus groups will be led by a trained moderator, who will follow a discussion guide (See Attachment J). Focus group discussion questions will explore participants’ understanding of vector borne disease transmission, their awareness and knowledge of chikungunya dengue; mosquito prevention knowledge and practices; and their reaction to specific chikungunya and dengue messages developed by CDC (See Attachment K).

# 3. Methods to Maximize Response Rates and Deal with No Response

Response to this data collection is voluntary. The information requested on each of the forms has been streamlined to ensure the ease of response and to minimize the public burden.

The following procedures will be used to obtain the highest possible response rate:

* Selection of partners (such as CBOs) to assist in the information collection who are cultural and linguistic capacities, as well as experienced and proficient in border culture and Mexican Spanish.
* Execution of the focus groups in Spanish
* Informing respondents of what the project is asking, why it is being asked, who will see the results, and how the results will be used, as well as discussing how respondents will benefit from the results and how the findings will be put into action.
* A token of appreciation for a respondent’s time and interest may be given to research participants at the conclusion of the focus group.
* Informing respondents how much time the project will take so that they know what to expect.

If certain biases are identified during the analysis of the collected information, CDC will conduct a review to determine how such biases can be addressed in future similar projects.

# 4. Tests of Procedures or Methods to be Undertaken

CDC has conducted and had success with numerous focus groups in the past, some with similar populations along the southwest border. The procedures are consistent with those previous studies.

5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or **Analyzing Data**

Not applicable, as no statistics will be employed in the collection or analysis of this data.