



Date: **December 9, 2014**

To: Office of Management and Budget (OMB)

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From: Rebecca Ferrer, Health Scientist Administrator
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Subject: Generic Sub-study, **Self-affirmation and affect**, under “A Generic Submission for Theory Development and Validation (NCI),” (OMB No. 0925-0645, Expiry Date 11/30/2017)

Background/ Need and Use for Information

The National Cancer Institute’s (NCI) Behavioral Research Program (BRP) is within the Division of Cancer Control and Population Sciences (DCCPS). BRP initiates, supports, and evaluates a comprehensive program of research ranging from basic behavioral research to the development, testing, and dissemination of interventions. The goal of BRP is to increase the breadth, depth, and quality of behavioral research in cancer prevention and control. BRP conducts formative research to develop and validate cancer-related behavioral theories. This sub-study is a voluntary, low-burden, non-controversial, formative behavioral research project related to theory development and validation. Data collection for this project is authorized under 42 USC § 285 and 285a-1 (Section 410 and 412 of the Public Health Service Act).

This information collection is similar to previously approved sub-studies #1 and 3, under the same generic clearance. This information collection is necessary to further refine and validate a theory regarding health communications about alcohol use (a known risk factor for cancer). This collection is being planned in response to the suggestion of a prominent scientist and Editor of a journal that publishes formative, theory-based research. These data will be collected through the Time Sharing Experiments in the Social Sciences (TESS) project. Our proposal for this study was peer-reviewed by two expert reviewers, who recommended that it be accepted for fielding at no cost to the NCI. Thus, the need for information collection is justified based on a review of the extant literature and the recommendations of several leading scientists in this area. In this proposed sub-study, we plan to refine and validate a theory regarding the role of the self-related psychological that can influence how individuals respond to messages related to one’s own cancer risks. Using several conditions, a survey will be administered (**Attachment A**) that helps to refine a preliminary theory concerning the role of self-affirmation – affirming one’s self value – and recall of affective experiences in responding to health communications.

Self-affirmation, Self-related Processes, and Receptiveness to Health Risk Information

Individuals tend to be defensive against information that suggests their behavior puts them at risk for diseases such as cancer, and often do not believe such a message. Individuals are motivated to derogate the message because it threatens one’s sense of self-competence to hold the belief that one would knowingly engage in a behavior that is counter to one’s own best interest. Self-affirmation, or affirming one’s sense of competence by reflecting on an important value (e.g., honesty, trust), can reduce defensiveness to information about cancer risk, resulting in greater uptake of preventive

behaviors. It is predicted that self-affirmation facilitate greater acceptance of information about the link between alcohol and breast cancer, but that this will depend on whether women recalled an affectively-charged experience prior to the affirmation, where those recalling a happy or angry experience will benefit most from self-affirmation, compared to those recalling a neutral, surprising, or fearful experience. For selected readings on self-affirmation, see **Attachment C**.

Participants, Methodology, and Research Instrument

Respondents will be 640 women who are standing survey participants of the GfK (an internet survey company) US panel and who reported having consumed 5+ alcoholic drink in the past month (to ensure relevance to the message about alcohol and breast cancer risk). GfK panelists will complete the survey as part of their membership on the panel; there is no remuneration for participating in this study. The survey will be fielded entirely online; there will be ten conditions, and skip patterns are described in **Attachment A**. Information will be kept secure to the extent permitted by law. Analyses will not yield results that can be generalized to the overall population, and will involve examining correlations and interactions among self-affirmation, recall of affective experiences, and responses to the message. Findings will be disseminated to relevant audiences (health psychologists/ public health researchers conferences, and in professional journals).

Other Considerations

The NCI Special Studies Institutional Review Board approval for this study is attached (**Attachment D**). PII will not be collected in conjunction with these items.

Burden

The screener is not incorporated into burden; eligibility will be determined from responses participants previously provided to GfK (not at the request of the federal government). This effort will account for less than 6% of the total burden hours granted in the full generic OMB clearance package. To date, 0 burden hours have been used of the 6,000 requested. Administration costs will be assumed by TESS.

Estimates of Burden Hours					
Types of Respondents	Instrument	Number of Respondents	Frequency of Response	Average Time Per Response (Hours)	Total Hour Burden
General Public	Survey (Attachment A)	640	1	30/60	320
Total		640			320

Government Cost Table			
Cost Type	Cost Base	Percent Effort	Cost to Government
Staff (Program Director, GS 14 Step 4)	\$113,346	1%	\$1134
Total			\$1134

Respondent Cost Table			
Cost Type	Wage Rate	Burden	Annual Cost
General Public	\$22	320	\$7,040
Total			\$7,040

*The general public rate was obtained from the most recent Bureau of Labor Statistics http://www.bls.gov/oes/2013/may/oes_nat.htm#00-0000 occupation title “All occupations” occupation code 00-0000.

List of Attachments

- A: Survey Instrument (screenshots)
- B: Survey Instrument (word document)
- C: Selected Readings
- D: IRB Approval