

**SUPPORTING STATEMENT FOR:  
VA PREPAREDNESS COMMUNICATIONS SURVEY  
VA FORM 10-21086(NR)  
2900-XXXX**

**A. Justification**

**1. Explain the circumstances that make the collection of information necessary. Identify any legal or administrative requirements that necessitate the collection.**

The proposed study is being conducted by the Veterans Emergency Management Evaluation Center at the request of the Department of Veterans Affairs (VA), Veterans Health Administration (VHA), Office of Emergency Management (OEM) to support current and future operations.

Natural disasters can lead to the temporary or permanent closures of medical facilities. Since 1971, natural disasters have resulted in the permanent closure of four VA medical centers, and the temporary closure of two additional VA hospitals (one of which has not yet reopened more than eight years after the disaster). “Superstorm” Sandy was the most recent natural disaster to result in VA medical center closures. Hurricane Sandy struck the Northeastern United States as a Category 1 Hurricane on October 29, 2012, resulting in 121 deaths and damage estimated at \$71 billion in New York and \$36.8 billion in New Jersey (Smith 2013). In response to Hurricane Sandy, the Manhattan Campus of the VA NY Harbor Healthcare System, as well as NYU Langone Medical Center and Bellevue Hospital Center, were evacuated and the Manhattan campus remained closed until May 21, 2013 as a result of the damage it sustained from the storm. Closures such as these force the relocation of inpatients, either temporarily or permanently, and interrupt the continuity of outpatient care for Veterans in the affected areas.

Medical facility closures and displacement are especially significant for special populations, such as Veterans, who may not have the resources or flexibility to seek health care elsewhere. A person’s health, geography, demographics, and socioeconomic status can greatly affect their preparedness and experiences during a natural disaster. In the case of a hurricane, those living in coastal areas have a higher likelihood of displacement than those in non-coastal areas. Additionally, persons from rural areas and those with more limited economic resources may experience displacement differently than those from urban areas and those with greater resources. The Veteran population may be especially hard-hit due to disabilities, limited resources, and a limited ability to seek care from non-VA providers. For Veterans, getting information about which VA medical facilities remain open during a disaster is critical.

VA does not currently have a natural disaster preparedness plan to communicate with patients and ensure their continuity of care. The proposed study will support VA/VHA Office of Emergency Management operations by assessing how best to communicate news of medical facility closures to patients during and after a natural disaster. Dr. Daniel J. Bochicchio Director, VHA Office of Emergency Management has directed the Veterans Emergency Management Evaluation Center to conduct this study at the request of the Department of

Veterans Affairs (VA), Veterans Health Administration (VHA) Office of Emergency Management (OEM). In his memorandum (Bochicchio, 2014) he states that:

“The data collection is considered essential to the VA mission to ensure the continuity of health care for our Nation’s Veterans, the safety of patients, staff, and resources, and the continuity of hospital operations in the event of a disaster or emergency. Title 38 United States Code Sections 1784, 1785, 7328, 8111A, and 8117 provide direction for development, coordination, maintenance, evaluation, and improvement of a Comprehensive Emergency Management Evaluation Program (CEMP) at VHA Central Office, Veterans Integrated Service Networks (VISN), and VA medical facility levels; and for integrating those individual programs into a VHA enterprise-wide CEMP.”

The proposed survey will support this effort by providing VA stakeholders with high-quality information to inform the development of a disaster preparedness communication plan to reach Veterans with different communication needs.

## **2. Indicate how, by whom, and for what purpose the information is to be used.**

The proposed study will be a one-time study of VA patients in the Northeast area of the United States: Veterans Integrated Service Networks (VISNs) 3, 4, and 5 which constitute the area most affected by Hurricane Sandy. We will survey a sample of Veterans who, at the time of fielding, currently live in VISNs 3, 4, or 5 and who received care from the VA healthcare system in that area at least once in the past 24 months. Health status, socioeconomic status, and other factors can impact a Veteran’s ability to receive and understand emergency communication from the VA about where it is safe to get care in the event of a natural disaster. To build a successful natural disaster communications plan, VA would like to collect survey responses from Veterans with a wide range of needs. The sample will be stratified by age group ( $\leq 45$ , 45-64, and 64+) and two aspects of the ZIP code of the respondent’s current address: coastal versus non-coastal and rural versus urban. Younger Veterans will be oversampled as we know they are less likely to respond to surveys (Wright et al., 2006). Outside of this stratified design, we will also sample Veterans who are likely to be in transitional housing or homeless. Homeless individuals are one of the most vulnerable subgroups of the Veteran population, and VA needs to ensure that they are also taken into consideration when developing a natural disaster communications plan. These individuals have been identified through VA health care encounter files that are coded with an indicator variable, referred to internally by the VA as ‘homeless stop codes’. More detail on the sample is outlined in part B of this justification.

The questionnaire is 37 questions in length and asks respondents about:

- Frequency of healthcare visits and the amount of health care received inside vs outside of the VA
- Previous experience with natural disasters and methods of communication used to learn about disasters as they happened
- Current communication-related preparedness for natural disasters

- Current method of communication with the VA about health care appointments
- Preferred non-internet related communication modes for future VA contact
- Current internet use
- Preferred internet-related communication modes for future VA contact
- Functional impairments and use of assistive devices and medications (in general)
- Health insurance
- Homelessness
- General demographics and socioeconomic status

Questions on health status and functional impairments are included in this survey to provide some contextual information for orderly restoration of services based on Veteran health priorities as expressed in the survey. The goal of this survey is to collect information from Veterans of all health statuses and functional abilities regarding their expressed preferences for communication modalities from VA in order to draft a comprehensive VA communications plan. The results of the survey will help guide how VA reaches out to Veterans with various conditions and impairments concerning messages about where it is safe to get care during or after a natural disaster. For example, a Veteran who does not have the dexterity to manipulate a mobile phone would not be a good candidate to receive a text message, while a Veteran with a hearing impairment would not benefit from a standard telephone call.

Data will be tabulated and cross-tabulated to produce descriptive statistics (e.g., percents, frequencies, means, medians) of all study variables alone and by sampling strata: age, coastal vs. non-coastal, and rural vs. urban. Bivariate analyses using appropriate statistical methods such as chi-square tests and analysis of variance will be used to conduct between-group comparisons, setting the level of significance at  $p \leq 0.05$ . Multivariate analyses will be conducted to assess relationships between key variables of interest while holding demographics, self-reported health, socioeconomic status, and other variables constant. For all analyses, appropriate sample weights will be applied to account for differential probabilities of selection and non-response. All analyses will be conducted using SUDAAN-callable SAS statistical software to account for the complex, stratified sampling structure.

Data have never been collected from Veterans on this critically important topic. Information collected from this survey will be used by VA stakeholders to create the framework for a natural disaster preparedness communication plan that can be used to reach Veterans with different communication needs. From there, a set of more targeted questions will be tested in a future nation-wide survey that could be used to refine a draft communications plan that is applicable to all Veterans.

As a preliminary study limited to a region of the Northeast U.S., with the potential need for future testing at the national level, the research team will also be testing and analyzing response rates to reduce future respondent burden from surveys. Previous studies have shown that the style of message used to approach an eligible participant does impact their decision to reply to a survey (Redline et al., 2004); however, no such study has ever been done on Veterans. Therefore, to reduce respondent burden for any future study, we will also test the materials used to recruit Veterans to participate in the survey. We will split our sample into two groups. One group will receive survey materials branded with the message “The VA needs your help,” while the other group will receive materials branded with the message “Your

fellow Veterans need your help.” We will calculate an adjusted response rate for each group at the completion of the study and determine which message yielded a higher response rate. That style of communication will then be used in any future work and can also aid other VA researchers in reducing survey non-response. With a higher response rate, less sample is needed to achieve the same goals. The transitional or homeless Veterans in our sample will receive the “Your fellow Veterans need your help” message, but will not be included in the comparison of the response rates for the two kinds of messages, as we anticipate their response rate will be very low and would lessen the measured effects of this methodological experiment.

Results from the proposed study will be widely disseminated and used by VA administrators and policymakers to improve VA’s operational effectiveness and communication before, during, and after disasters. Specifically, results will be shared with the VA/VHA Office of Emergency Management as well as clinicians, administrators, and policymakers who are responsible for the delivery and quality of VA ambulatory and inpatient care. The VA/VHA Office of Emergency Management is responsible for coordinating emergency medical response and support services at the local, regional, and national levels to ensure the health and safety of Veteran patients, Veteran family members, VHA staff, and visitors, as well as continued delivery of health care services. In addition, findings on the impact of message styles on response rates will be disseminated to other survey researchers through publications and presentations.

**3. Describe whether, and to what extent, the collection of information involves the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses, and the basis for the decision for adopting this means of collection. Also describe any consideration of using information technology to reduce burden.**

The proposed study will first and foremost attempt to collect survey responses via the web. Data for constructing the sampling frame originate from the VHA’s VISTA system (Veterans Health Information and Technology Architecture), which does not contain e-mail addresses for all Veterans. Therefore, to conduct a probability-based sampling based on available mail addresses, eligible participants will be mailed a letter with a web link and personalized token to complete the 10-minute survey online and a \$2 cash incentive. A small cash incentive will be used to increase the response rate which will reduce the burden on other Veterans to complete the survey, lower survey costs, and still allow for enough data collection to perform rigorous statistical analyses. Research has shown that smaller, up-front cash incentives increase survey response better than a higher promised payment after survey completion (James and Bolstein 1992) and this small incentive up front also reduces non-response bias error (Lesser et al. 2001).

The web is the most efficient way to collect survey responses; however, we recognize that not all eligible participants may be able to complete the survey by web due to limited resources or ability. Therefore, 2 weeks after the letter is mailed, non-respondents will receive a mailed packet with a cover letter, again outlining the option to complete the survey by web, a print version of the survey, and a pre-printed, no-cost business reply envelope. The printed survey will be four pages in length, printed double-sided into a two-page booklet. If the initial letter with the web link is returned as non-deliverable, eligible participants will be scheduled to receive a phone call to complete the survey using a computer-assisted telephone interviewing (CATI) system.

Likewise, eligible participants who do not return the mailed survey within 3 weeks will also be scheduled to receive a phone call to complete the survey by CATI. During fielding, the sample file will be updated with completed dispositions daily so that individuals are not contacted after they have returned the survey (either by web or mail) or refused participation. Our goal is to collect 2,172 completed surveys. More detail on sample size and estimation for analysis is outlined later in section B of this justification (“Collections of Information Employing Statistical Methods”).

A generalized timeline, showing the multiple contact points and modes for the two experimental groups is shown below. The sample for experimental groups 1 and 2 will be divided into three batches of equal size and coverage of each layer in the stratified sample design. Fielding of the survey to each batch will be staggered by one week. The primary purpose of staggering the fielding of batches is to evaluate the performance of the fielding methodology on response rate in order to adjust fielding protocols for the remaining batches accordingly. In this manner, staggering the fielding of batches will allow the research team to control the number of completed surveys and only collect the minimum necessary to achieve analysis goals. For example, if the response rate in the first few batches is higher than expected, then the entire sample may not need to be released (i.e. fielding of batch 3 may not be necessary).

	Month 1				Month 2				Month 3			
	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Week 12
Group 1_1st contact (web link)	Batch 1	Batch 2	Batch 3									
Group 1_2nd contact (survey packet)			Batch 1	Batch 2	Batch 3							
Group 1_3rd contact (CATI survey)						Batch 1	Batch 2	Batch 3		Batch 1 end	Batch 2 end	Batch 3 end
Group 2_1st contact (web link)	Batch 1	Batch 2	Batch 3									
Group 2_2nd contact (survey packet)			Batch 1	Batch 2	Batch 3							
Group 2_3rd contact (CATI survey)						Batch 1	Batch 2	Batch 3		Batch 1 end	Batch 2 end	Batch 3 end

As mentioned in the previous section, we will also be sampling Veterans believed to be in transitional housing or homeless. In the VISTA system (sample database), these Veterans frequently do have mailing addresses and phone numbers. We suspect that this contact information may be for transitional housing and phones distributed through the Lifeline Assistance Program. The presence of a mailing address and phone number presents a great opportunity to maintain a probability-based sampling approach and use of the same fielding methods established for the larger portion of this study. This group is more likely to have limited resources and is less likely to have easy access to the internet. Therefore, we will slightly modify the fielding process to try to reach these Veterans with a fielding mode they can more easily complete. This group will first receive the mailed packet including both the web link and the paper survey and a \$2 cash incentive with a note that they will receive \$20 cash after survey completion. Then, 1-2 weeks after the packet is mailed, non-respondents and Veterans whose mailed packets were returned as non-deliverable will be scheduled for a phone call to complete the survey by CATI. If an eligible participant is reached by phone and does not wish to complete the 10-minute CATI survey because of the costs associated, they will be presented with the option for an in-person interview. All transitional or homeless respondents will be mailed \$20 cash upon survey completion to compensate them for their time. Respondents who complete the survey via CATI will be asked to verify their mailing address. Respondents who complete an in-person interview will be handed \$20 cash upon survey completion. The VA proposes a monetary incentive in order to encourage broad participation. The monetary incentive of \$20 for the 20-minute survey (in the form of gift card) is proposed to reduce nonresponse bias anticipated

should transitional or homeless Veterans fail to participate. This population is one of the most vulnerable subgroups of the Veteran population and it is critical that they are taken into consideration when developing a natural disaster communications plan. For this group, we are concerned that the cost of participation may be cost prohibitive due to cost of transportation or cost of phone depending on the modality of survey.

Response rates and quality of contact information for the transitional and homeless Veteran group are unknown. Our goal is to collect 100 completed surveys from transitional or homeless Veterans. If we collect at least 50 responses via mail and phone from our sample, but fail to reach 100, we will release more sample into the field. If we do not receive at least 50 responses from our fielded sample, we will coordinate with VA clinics in VISNs 3, 4, and 5 to conduct a convenience sample of homeless Veteran patients.

In summary, the main differences in contacting transitional or homeless Veterans, compared with non-homeless Veterans are as follows. The homeless eligible participants will first receive a mailed recruitment package that includes both the web link and the paper survey (non-homeless will not receive a paper survey with the mailed recruitment letter). Secondly, the contact letter sent to homeless Veterans in their mailed recruitment package will include a note about future payment for participation (non-homeless will not receive such a note). Additionally, homeless Veterans will be given the option of an in-person interview if they do not want to complete the CATI survey because of phone usage costs.

A generalized timeline, showing the multiple contact points and modes for the transitional or homeless Veteran group is shown below. The sample for this group will be divided into four batches of equal size. Fielding of the survey to each batch will be staggered by one week for the same purposes as described above for the experimental groups.

	Month 1				Month 2				Month 3				Month 4			
	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Week 16
Homeless_1st contact (survey packet and web link)	Batch 1	Batch 2	Batch 3	Batch 4												
Homeless_2nd contact (CATI survey)			Batch 1	Batch 2	Batch 3	Batch 4	Batch 1 end	Batch 2 end	Batch 3 end	Batch 4 end						
Homeless_alternate contact (in-person survey)							In-person	In-person	In-person	In-person	In-person	In-person	In-person	In-person		

The multi-mode, sequential design of this survey, beginning with web, has been designed to quickly collect responses from eligible participants in a mode they are able to complete. All attempts have been made to reduce respondent burden and compensate them for their time. The use of web and CATI techniques will reduce burden on the respondent by using programmed skip patterns and electronic data entry. The print version was designed to minimize the number of pages to complete and an enclosed pre-printed, no-cost return envelope allows easy return via USPS. Mention of a completion incentive to transitional or homeless Veterans will reduce respondent burden by increasing response rate and reducing the number of people who need to be contacted to reach our goal of 100 survey responses from transitional or homeless Veterans.

**4. Describe efforts to identify duplication. Show specifically why any similar information already available cannot be used or modified for use for the purposes described in Item 2 above.**

We have conducted an extensive review of the available peer-reviewed and grey literature, as well as other government surveys, and have identified no similar information that could be used by VA to improve its operational capabilities to effectively communicate with Veterans about where it is safe to get care during or after a natural disaster.

**5. If the collection of information impacts small businesses or other small entities, describe any methods used to minimize burden.**

This is a survey of individual Veterans; no small businesses or other small entities are impacted by this information collection.

**6. Describe the consequence to Federal program or policy activities if the collection is not conducted or is conducted less frequently, as well as any technical or legal obstacles to reducing burden.**

VA does not currently have data to support an emergency preparedness plan for communicating with Veteran patients regarding their health care and health care needs during or after a natural disaster. Without the input of Veterans on which communication modes they are able to use and prefer to use, VA cannot develop a communications plan that will effectively reach all Veterans who have different levels of resources and needs. This one-time survey will collect data that will be used to create the framework for a disaster communications plan and future surveys of Veterans.

**7. Explain any special circumstances that would cause an information collection to be conducted in a manner: requiring respondents to report information to the agency more often than quarterly, or prepare a written response to a collection of information in fewer than 30 days after receipt of it, or submit more than an original and two copies of any document, or retain records, other than health, medical, government contract, grant-in-aid, or tax records, for more than three years; in connection with a statistical survey, that is not designed to produce valid and reliable results that can be generalized to the universe of study; requiring the use of a statistical data classification that has not been reviewed and approved by OMB; that includes a pledge of confidentiality that is not supported by authority established in statute or regulation, that is not supported by disclosure and data security policies that are consistent with the pledge, or which unnecessarily impedes sharing of data with other agencies for compatible confidential use; or requiring respondents to submit proprietary trade secrets, or other confidential information unless the agency can demonstrate that it has instituted procedures to protect the information's confidentiality to the extent permitted by law.**

There are no such special circumstances entailed by this proposed survey.

**8. a. If applicable, provide a copy and identify the date and page number of publication in the Federal Register of the agency's notice, required by 5 CFR 1320.8(d), soliciting comments on the information collection prior to submission to OMB. Summarize public comments received in response to that notice and describe actions taken by the agency in**

**response to these comments. Specifically address comments received on cost and hour burden.**

The notice of Proposed Information Collection Activity was published in the Federal Register on November 12, 2014, Volume 79 page 67242. We received no comments in response to this notice.

**b. Describe efforts to consult with persons outside the agency to obtain their views on the availability of data, frequency of collection, the clarity of instructions and recordkeeping, disclosure, or reporting format (if any), and on the data elements to be recorded, disclosed, or reported. Explain any circumstances that preclude consultation every three years with representatives of those from whom information is to be obtained.**

We have consulted with members of the following organizations and institutions:

Office of the Assistant Secretary for Preparedness and Response;  
The Centers for Disease Control and Prevention, Office of Public Health Preparedness and Response (OPHPR); and  
UCLA Fielding School of Public Health

These organizations and institutions are aware of no other source of information on Veterans' communication preferences or natural disaster experiences. The offices contacted fully support the proposed survey.

**9. Explain any decision to provide any payment or gift to respondents, other than reenumeration of contractors or grantees.**

Eligible participants will receive \$2 cash with the first mailed letter containing the web link. Including a small amount of money with a survey invitation is known as an 'incentive' and has been shown to improve response rates to surveys. We have selected the amount of \$2 based on the literature (Lesser et al., 2001).

The transitional or homeless Veteran population will receive \$2 cash with the mailed packet and \$20 cash after survey completion for the same purposes as described above. The \$20 completion incentive will be offered in order to increase the response rate for this important, but hard to reach group.

**10. Describe any assurance of privacy, to the extent permitted by law, provided to respondents and the basis for the assurance in statute, regulation, or agency policy.**

Participants in this study will be provided with an assurance of privacy at every contact. First, eligible participants will be contacted with a letter inviting them to complete the survey online. In this letter we describe how their answers will remain private. Secondly, when an eligible participant logs-on to the survey online, they will first view a 'landing page' with the same message that was included in the letter, describing how their answers will remain private. Eligible participants who do not complete the survey via the web will be mailed a packet with a paper survey. The cover letter accompanying this packet will again state how their answers will



remain private. Eligible participants who are contacted by phone to complete a CATI survey will be read the same privacy statement included in the mail and web contacts. Lastly, homeless or transitionally housed individuals who participate in in-person interviews will be read the same privacy statement.

The basis for these assurances is that the information will become part of a system of records that complies with the Privacy Act of 1974. This system is identified as "Veteran, Patient, Employee and Volunteer Research and Development Project Records-VA (34VA11)" as set forth in the 1999 Compilation of Privacy Act Issuances via online GPO access at <http://www.gpo.gov/fdsys/granule/PAI-1999-VA/PAI-1999-VA-SYSTEMOFRECORDS-34VA11/content-detail.html>

Additionally, the Health Insurance Portability and Accountability Act of 1996 can be accessed at <http://www.hhs.gov/ocr/hipaa/>

The VA Notice of Privacy Practices can be accessed at: [http://www1.va.gov/vhapublications/viewpublication.asp?pub\\_id=1089](http://www1.va.gov/vhapublications/viewpublication.asp?pub_id=1089)

**11. Provide additional justification for any questions of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private. This justification should include the reasons why the agency considers the questions necessary, the specific uses to be made of the information, the explanation to be given to persons from whom the information is requested, and any steps to be taken to obtain their consent.**

Respondents will be informed at the beginning of the survey that they can bypass any question that causes them discomfort. We will ask respondents about their demographics at the end of the survey including a question on race/ethnicity; asking a respondent for their race/ethnicity may be of a sensitive nature. Questions about Veterans' racial/ethnic backgrounds are necessary given widespread concerns about differential impacts of disasters on minority racial/ethnic groups, and because it is possible that differences in responses by race/ethnicity could help inform the development of a disaster communication plan.

We will also ask respondents some general questions about their health and any physical or cognitive limitations. We ask these questions so that the disaster communications plan to be developed from the results of this study will incorporate methods of communication accessible to Veterans with these limitations. Veterans with physical or cognitive limitations are more vulnerable during a natural disaster, and the future communications plan needs to include provisions to contact these individuals with information in a way they are able to receive and understand.

Obtaining written informed consent from all eligible participants would be cost and time prohibitive. We believe this study is eligible for a waiver of written informed consent as we will review the purpose of the study and the rights and privacy of respondents at every contact point before eligible participants' begin the survey. The message respondents will either view, for paper and web surveys, or hear, for a CATI survey, is the following:

“Please note that participation in this study is voluntary and your decision will not affect any services you receive from VA or your eligibility for services in the future. Your answers will be kept private. No one will connect your name to any information that you provide. We will combine your answers with answers from other participating Veterans and show data only as totals and averages.”

Those completing the survey online will first view a ‘landing page’ with this message and will be asked to click “next” to begin the survey, thus obtaining their consent. Only screener questions that result in a skip pattern are mandatory for the web survey, all other answers may be skipped if the respondent does not wish to answer. Eligible participants who complete a paper survey will view this same language in a cover letter accompanying the survey. Completing and returning the paper survey confirms their consent and, as a self-administered survey, the respondent may skip any question they do not wish to answer. Eligible participants who are contacted by phone for a CATI survey will be read this language, and told they may skip any question they do not wish to answer, before the interviewer asks if they would like to begin the survey. Lastly, homeless or transitionally housed individuals who are interviewed in-person will also be read this language and told they may decline response to any question.

The data available for analysis will be de-identified, such that the respondent’s contact information will not be linked to their survey responses. Additionally, all results will be reported only in the aggregate ( $N \geq 10$  at a minimum) to ensure that no individual respondents will be identifiable.

**12. Provide estimates of the hour burden of the collection of information. The statement should:**

**a. Indicate the number of respondents, frequency of response, annual hour burden, and an explanation of how the burden was estimated. *Unless directed to do so, agencies should not conduct special surveys to obtain information on which to base hour burden estimates. Consultation with a sample (fewer than 10) of potential respondents is desirable. If the hour burden on respondents is expected to vary widely because of differences in activity, size, or complexity, show the range of estimated hour burden, and explain the reasons for the variance.***

The goal of this survey is to obtain 2,272 respondents for a one-time, 10-minute interview. The estimate is based on generally accepted survey practices and piloting the questionnaire with a small sample.

VA Form 10-21086(NR)	No. of respondents	x No. of responses	x No. of minutes	÷ by 60 =	Number of Hours
Application/Survey	2272	1 = 2272	10		379

There are very few skip patterns to the survey; therefore, the hourly burden on respondents is not expected to vary widely. A small amount of variation may be present for those taking the survey by phone as it takes more time to read a question aloud than to read it in print.

**b. If this request for approval covers more than one form, provide separate hour burden estimates for each form and aggregate the hour burdens in Item 13 of OMB Form 83-I.**

This request covers only one form.

**c. Provide estimates of annualized cost to respondents for the hour burdens for collections of information, identifying and using appropriate wage rate categories. The cost of contracting out or paying outside parties for information collection activities should not be included here. Instead, this cost should be included in Item 13.**

VA does not require any additional recordkeeping. The cost to the respondents for completing these forms is \$9096.00 (\$24 per hour x 379 burden hours (Bureau of Labor & Statistics))

**13. Provide an estimate for the total annual cost burden to respondents or record keepers resulting from the collection of information. (Do not include the cost of any hour burden shown in Items 12 and 14).**

There are no capital, start-up, operation or maintenance costs. Cost estimates are not expected to vary widely. The only cost is that for the time of the respondent. There is no anticipated recordkeeping burden.

**14. Provide estimates of annualized costs to the Federal government. Also, provide a description of the method used to estimate cost, which should include quantification of hours, operational expenses (such as equipment, overhead, printing, and support staff), and any other expense that would not have been incurred without this collection of information. Agencies may also aggregate cost estimates from Items 12, 13, and 14 in a single table.**

The estimated annual cost of VA Form 10-21086(NR) to the Federal Government is \$40,997.

GS-level 9 analysts, 2, \$26.43/hr for 350 hours each = \$18,501

GS-level 11 oversight and analysis, 1, \$31.98/hr for 400 hours = \$12,792

GS-level 13 operational oversight, 1, \$48.52/hr for 200 hours = \$9,704

\$18,501 + \$12,792 + \$9,704 = \$40,997 total.

**15. Explain the reasons for any program changes or adjustments reported in Items 13 or 14 of the OMB Form 83-I.**

This is a new data collection; all hours are considered a program increase.

**16. For collections of information whose results will be published, outline plans for tabulation and publication. Address any complex analytical techniques that will be used. Provide the time schedule for the entire project, including beginning and ending dates of the collection of information, completion of report, publication dates, and other actions.**

We will publish materials from the data collected in this study to benefit Veterans, the VA health care delivery system, the scientific/academic community, and the community at large. Published materials may include, but are not limited to, research reports, book chapters, and professional journal articles.

Respondent data will first be examined to identify missing values or variables. Variable and value labels will be included during data cleaning and data management. Initially, descriptive statistics (e.g., percents, frequencies, means, medians) will be calculated to describe the distribution of all study variables for the whole sample, by strata: age, coastal vs. non-coastal, and rural vs. urban. Bivariate analyses using appropriate statistical methods such as chi-square tests and analysis of variance will be used to conduct between-group comparisons, setting the level of significance at  $p \leq 0.05$ . Multivariate analyses will be conducted to assess relationships between key variables of interest while holding demographics, self-reported health, socioeconomic status, and other variables constant. For all analyses, appropriate sample weights will be applied to account for differential probabilities of selection and non-response. All analyses will be conducted using SUDAAN callable SAS statistical software to account for the complex, stratified sampling structure.

The timeline for information collection is dependent on OMB approval. With the current estimated wait time for approval, we estimate that the collection of data will begin in July, 2015 and conclude in September, 2015. The completion of initial reports and manuscripts for publication is estimated for January, 2016.

**17. If seeking approval to not display the expiration date for OMB approval of the information collection, explain the reasons that display would be inappropriate.**

We will display the OMB number and expiration date on all print and web materials. Eligible participants contacted by phone will be read the OMB number and expiration date.

**18. Explain each exception to the certification statement identified in Item 19, "Certification for Paperwork Reduction Act Submissions," of OMB Form 83-I.**

There are no exceptions.