**Understanding Physical Activity-Related Information Needs and Communication Preferences among**

**Parents, Children, and Adolescents:**

Audience Research to Inform Physical Activity Guidelines Strategic Communication

ODPHP Generic Information Collection Request

OMB No. 0990-0281

**Supporting Statement — Section A**

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# Section A — Justification

## Circumstances Making the Collection of Information Necessary

In the United States, more than one-third of adults[[1]](#footnote-1) and 17% of children[[2]](#footnote-2) are obese. Obesity is related to many serious health conditions, including heart disease, stroke, type 2 diabetes, and certain types of cancer. In 2008, the estimated annual medical cost of obesity in the United States was $147 billion.[[3]](#footnote-3) Additionally, overweight and obese children are more likely to become overweight and obese adults. These children are also more likely to develop obesity-related health conditions earlier than children who have a healthy weight.[[4]](#footnote-4)

According to the Centers for Disease Control and Prevention (CDC), a combination of factors — including behaviors like physical activity — are critical to preventing and treating obesity.3

The Office of Disease Prevention and Health Promotion (ODPHP) will be releasing the second

edition of the Physical Activity Guidelines in 2018. Based on the latest science, the Physical Activity Guidelines provides guidance on how children and adults can improve their health through physical activity. The Physical Activity Guidelines is an essential resource for health professionals and policymakers. ODPHP anticipates that second edition of the Physical Activity Guidelines will expand upon existing recommendations for children and adolescents. ODPHP received funding from the Office of the Secretary at HHS to support audience research and communication efforts to promote the recommendations for children and adolescents in the second edition of the Guidelines.

The success of the second edition of the Physical Activity Guidelines — in other words, the extent to which these recommendations affect Americans’ physical activity knowledge, attitudes, and behaviors — depends in part on the effectiveness of Physical Activity Guidelines outreach and communication.

In preparation for the release of the new guidance, ODPHP seeks to conduct formative research to inform the development of messaging, products, and tools that promote the recommendations of the updated guidelines. Ultimately, ODPHP will develop information and tools that help consumers be more active and support the work of health and physical activity professionals and other stakeholders.

## Purpose and Use of the Information Collection

To support these efforts, ODPHP wants to explore physical activity among children and teens, specifically their attitudes about physical activity, factors influencing their level of activity, and information preferences. Additionally, ODPHP will explore relevant messages to motivate engagement in physical activity.

In order to obtain this feedback, ODPHP proposes conducting focus groups with children, adolescents, and parents of young children. Focus groups are the most efficient way to collect in-depth feedback on these audiences’ attitudes and experiences related to physical activity, as well as information needs and preferences.

### Consumer Focus Groups

ODPHP is seeking approval to conduct 12 in-person consumer focus groups (6-8 participants for each group, up to 88 participants total):

* 4, 90-minute focus groups with parents of young children (ages 3 to 6, up to 8 participants in each group)
* 4, 60-minute focus groups with children (ages 8 to 12, up to 6 participants in each group)
* 4, 60-minute focus groups with adolescents (ages 13 to 16, up to 8 participants in each group)

All participation is strictly voluntary.

In focus groups with consumers, ODPHP seeks insight into the following research questions:

* What beliefs, attitudes, and perceptions exist around physical activity?
* What factors influence whether or not participants are physically active?
* What sources, products, and channels do participants trust or prefer when learning about or communicating about physical activity?
* What message concepts are most relevant and effective in motivating participants to be more physically active? (Parents of young children only)

### Information Use

Following the focus groups, ODPHP will develop a summary report that details key findings. ODPHP will present findings in aggregate and will **not** collect or report information that identifies individual participants.

Focus groups with consumers will provide critical insights that will inform the development of messaging, products, tools, and dissemination strategies that promote the recommendations in the second edition of the Physical Activity Guidelines. ODPHP will use these findings to encourage physical activity, especially among children and adolescents, according to these guidelines.

## Use of Improved Information Technology and Burden Reduction

Focus groups with consumers will be conducted in person. To reduce participant burden, ODPHP will make every effort to plan focus groups at times and in locations convenient for participants (for example, accessible by public transportation).

Participants for all focus groups will be drawn from convenience samples. For all focus groups, ODPHP will use a laptop to take notes to save transcription time. To ensure that key themes and quotations are captured accurately, ODPHP will also audiotape all focus groups.

## Efforts to Identify Duplication and Use of Similar Information

To our knowledge, there is no information of a similar nature that has been or is currently being collected. This is an exploratory study that builds upon research ODPHP conducted in 2017 (Audience Research to Inform Physical Activity Guidelines Strategic Communication, OMB control number 0990-0281) to better understand physical activity, especially among adults. ODPHP is continuing its efforts to better understand physical activity among other audiences, specifically children and teens. In particular, this study will focus on their attitudes about physical activity, factors influencing their level of activity, and their information and messaging preferences.

## Impact on Small Businesses or Other Small Entities

No small businesses will be impacted or involved in this data collection.

## Consequences of Collecting the Information Less Frequently

This request is for one-time data collection. These data have not previously been collected elsewhere.

## Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

There are no special circumstances with this information collection package. This request fully complies with the regulation 5 CFR 1320.5 and will be voluntary.

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

This data collection is being conducted using the Generic Information Collection mechanism through ODPHP — OMB No. 0990-0281.

## Explanation of Any Payment or Gift to Respondents

### Incentives

Participants will be offered a cash incentive as a token of appreciation for their participation and time:

* Adult participants (parents of young children): $75 for a 90-minute focus group
* Minor (child/adolescent) participants: $40 gift card for a 60-minute focus group
* Parents/guardians who accompany minors to the sessions: $35 to encourage their participation.

### Justification for Incentives

The proposed incentive amounts ($75 for adult consumers, $40 for minor participants, and $35 for their parents/guardians) have been shown to be effective by Federal agencies for focus group activities, offsetting the challenges for these audiences to participate in a focus group. Expenses incurred by participants include: transportation and childcare, among others. Incentives ensure timely recruitment and decrease no-show rates.

The recruitment company will use incentives in order to recruit a diverse set of participants (ODPHP will retain copies of the incentive receipt forms on a secure server). The above amounts are consistent with minimum standard practice for qualitative data collection efforts and experience with these populations on previous projects. These incentive amounts are also consistent with the OMB-approved incentives provided to participants for ODPHP’s previous research with adults in 2017 — this study with children and adolescents builds upon that earlier research.

If ODPHP is **unable** to successfully recruit consumer focus group participants in a timely manner, the consequences will be significant:

* ODPHP will be delayed in communicating effectively about the Physical Activity Guidelines — critical guidance with the potential to impact physical activity nationwide among children and adolescents and, ultimately, related chronic diseases such as obesity, heart disease, and diabetes.

If ODPHP is **unable** to successfully recruit consumer focus group participants in a timely manner, the consequences will be significant:

* ODPHP will be unable to communicate effectively about the Physical Activity Guidelines — critical guidance with the potential to impact physical activity nationwide among children and adolescents and, ultimately, related chronic diseases such as obesity, heart disease, and diabetes.
* ODPHP will waste funds either preparing for research that it cannot complete or contacting far more prospective participants than anticipated.
* Consumers will receive communication about physical activity recommendations that may not reflect the behaviors, attitudes, or preferences of children and adolescents, thereby imposing an undue burden and/or limiting the opportunities for consumers to see, understand, or act on this important information.

## Assurance of Privacy Provided to Respondents

The Privacy Act does not apply to this data collection. ODPHP is taking a variety steps to ensure we are protecting the rights of all participants, especially those who are minors. An independent Institutional Review Board has reviewed and approved this study, including screening protocol and screeners [see **Attachments A, B, and C**], protocols [see **Attachments D, E, and F**], moderator’s guides [see **Attachments G, H, and I**], and consent/assent forms [see **Attachments J, K, and L**], and other related materials [see incentive receipt forms in **Attachments M and N** and stimulus materials in **Attachments O, P, and Q**].

ODPHP will not collect any personally identifiable information from focus group participants. The focus group moderator’s guides and the participant information sheets — included in the focus group protocols — include privacy information for participants and the parents or guardians of participants who are minors. Data will be kept private to the extent allowable by law.

Before participating, adult participants will sign consent forms and minors will sign assent forms indicating that they understand their rights and agree to participate. Parents or guardians of minors will sign parental consent forms to allow minors to participate. For each child or adolescent who participates, a parent or guardian will remain on-site during the focus group.

Participants will also be instructed and reminded that they can stop participating at any time without penalty. Throughout the study, all participants — and the parents or guardians of participants who are minors — will be encouraged to ask any questions they have about the study.

## Justification for Sensitive Questions

ODPHP does not anticipate that research participants will perceive questions as sensitive in nature. ODPHP will focus on collecting information that can inform physical activity-related information and tools that help both consumers and professionals. However, this information is key to understanding how to communicate with consumers about physical activity recommendations. Prior to the discussion, the moderator will inform participants that they may decline to respond if they are uncomfortable answering any question.

## Estimates of Annualized Burden Hours and Costs

The estimate for burden hours is based on:

* Emails sent to and phone calls conducted with 96 consumers who are prospective adult participants for the focus groups with parents of young children to recruit 32 parent participants, and 168 parents/guardians of prospective child/adolescent participants to recruit 24 child and 32 adolescent participants. We estimate that the screening process – to recruit adults participants for the parent focus groups and child/adolescent participants for the child and adolescent focus groups – will take a total of 10 minutes. This time accounts for time spent reading and responding to the recruitment email and answering screening questions over the phone. See the phone screener scripts **(Attachments B and C)** and screening protocol **(Attachment A)**.
* Twelve focus group discussions with a total of up to 88 consumer participants: 4, 90-minute focus groups with parents of young children (up to 8 participants in each group), 4, 60-minute focus groups with children ages 8-12 (up to 6 participants in each group), and 4, 60-minute focus groups with adolescents ages 13-16 (up to 8 participants in each group). See protocols in **Attachments D, E, and F** and moderator’s guides in **Attachments G, H, and I.**

**Table A-12: Estimated Annualized Burden Hours and Costs to Participants**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Research Instrument** | **No. of Participants** | **Average Burden per Response** | **Total Burden Hours** | **Hourly Wage Rate** | **Total Participant Costs** |
| Consumer Recruitment |  |  |  |  |  |
| Attachment B: Screener Script for Parent Focus Groups | 96 | 10/60 | 16 | $23.86 | $381.76 |
| Attachment C: Screener Script for Child and Adolescent Focus Groups | 168 | 10/60 | 28 | $23.86 | $668.08 |
| Consumer Focus Groups |  |  |  |  |  |
| Attachment G: Moderator’s Guide for Parent Focus Groups | 32 | 1.5 | 48 | $23.86 | $1,145.28 |
| Attachment H: Moderator’s Guide for Child Focus Groups | 24 | 1 | 24 | $23.86 | $572.64 |
| Attachment I: Moderator’s Guide for Adolescent Focus Groups | 32 | 1 | 32 | $23.86 | $763.52 |
| **Totals** | **352** |  | **148** |  | **$3,531.28** |

## Estimates of Annualized Burden Hours and Costs

Participants may incur costs related to transportation or childcare, which ODPHP intends to offset with an adequate incentive.

## Annualized Cost to the Government

**Table A-14: Estimated Annualized Cost to the Federal Government**

|  |  |  |  |
| --- | --- | --- | --- |
| **Expense** | **Number/ Amount** | **Cost/Hourly Wage Rate** | **Average Cost** |
| Communication Researchers | 240 | $123.64 | $29,673.60 |
| Support Staff | 100 | $66.52 | $6,652.00 |
| Consumer Recruitment Fee | 112 | $150.00 | $16,800.00 |
| Consumer Participant Incentives | 112 | $75.00 | $8,400.00 |
| Travel (2 Staff) | 4 | $3,333.33 | $13,333.32 |
| **Estimated Total Cost of Data Collection** |  |  | **$74,858.92** |

The estimated annual cost to the Federal government is $74,858.92.

## Explanation for Program Changes or Adjustments

This is new data collection.

## Plans for Tabulation and Publication and Project Time Schedule

The qualitative information shared by focus group participants will be collected via typed notes and audio recording. After each focus group is complete, contractor staff will review the written notes within 24 hours. Contractor staff will analyze the data qualitatively by reviewing the session notes and pulling out the main themes from each set of discussions. These themes will be summarized. No names or other personal information will be reported in the summaries.

**Proposed Timeline**

|  |  |
| --- | --- |
| **Completion Date** | **Major Tasks/Milestones** |
| November 2017 | * Develop focus group protocols and screening instruments |
| December 2017 | * Submit request for IRB approval * Submit request for OMB approval under existing generic clearance * Plan for recruitment * Plan for focus groups |
| January 2018 | * Recruit participants * Finalize focus group logistics |
| February 2018 | * Conduct focus groups with consumers * Begin analyzing focus group data |
| March 2018 | * Finish analyzing focus group data * Draft summary report of findings and recommendations |

## Reason(s) Display of OMB Expiration Data is Inappropriate

We are requesting no exemption.

## Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification. These activities comply with the requirements in 5 CFR 1320.9.

# Section A — List of Attachments

[IN SEPARATE FILES]

* **Attachment A:** Screening Protocol for Parent, Child, and Adolescent Focus Groups (Supplemental Material)
* **Attachment B:** Screener Script for Parent Focus Groups (Research Instrument)
* **Attachment C:** Screener Script for Child and Adolescent Focus Groups (Research Instrument)
* **Attachment D:** Protocol for Parent Focus Groups (Supplemental Material)
* **Attachment E:** Protocol for Child Focus Groups (Supplemental Material)
* **Attachment F:** Protocol for Adolescent Focus Groups (Supplemental Material)
* **Attachment G:** Moderator’s Guide for Parent Focus Groups (Research Instrument)
* **Attachment H:** Moderator’s Guide for Child Focus Groups (Research Instrument)
* **Attachment I:** Moderator’s Guide for Adolescent Focus Groups (Research Instrument)
* **Attachment J:** Informed Consent and Participant Information Form – Parent Focus Groups (Supplemental Material)
* **Attachment K:** Informed Consent and Participant Information Form, Parental Consent – Focus Groups with Minors (Supplemental Material)
* **Attachment L:** Assent Form – Focus Groups with Minors 8 to 16 Years of Age (Supplemental Material)
* **Attachment M:** Incentive Receipt Form for Parent Focus Groups (Supplemental Material)
* **Attachment N:** Incentive Receipt Form for Child and Adolescent Focus Groups (Supplemental Material)
* **Attachment O:** Stimulus Materials for Parent Focus Groups (Supplemental Material)
* **Attachment P:** Stimulus Materials for Child Focus Groups (Supplemental Material)
* **Attachment Q:** Stimulus Materials for Adolescent Focus Groups (Supplemental Material)

1. Adult Obesity Facts. Centers for Disease Control and Prevention. Retrieved from <https://www.cdc.gov/obesity/data/adult.html> [↑](#footnote-ref-1)
2. Childhood Obesity Facts. Centers for Disease Control and Prevention. Retrieved from <https://www.cdc.gov/obesity/data/childhood.html> [↑](#footnote-ref-2)
3. Adult Obesity Causes & Consequences. Centers for Disease Control and Prevention. Retrieved from <https://www.cdc.gov/obesity/adult/causes.html> [↑](#footnote-ref-3)
4. ## Global Strategy on Diet, Physical Activity and Health. Retrieved from

   <http://www.who.int/dietphysicalactivity/childhood_consequences/en/> [↑](#footnote-ref-4)