

**Emergency Zika Information Collection Request:**  
**US-based Migrant Farm Workers Understanding and Use of Measures to Prevent Zika**  
**Transmission**

Request for OMB approval of an Emergency ICR

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**Supporting Statement B**

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## **1. Respondent Universe and Sampling Methods**

Given the time sensitive nature of this project, this information collection will focus on focus groups and key informant interviews of migrant farm workers<sup>1</sup> in California, Texas, Georgia, and Florida. While we are aiming for equal representation of men and women in the FGDs and KIIs, depending on the location, there may be insufficient women to interview. Ten FGDs will be held; each FGD will have approximately 8-12 participants, with a maximum number of 120 participants across the four states. Twenty KIIs will be conducted. A purposive sample of this select vulnerable population will be chosen from areas that partner and/or State and Local Health Department staff identify, such as agricultural cooperatives and/or smaller farms. Key informants may be migrant work worker supervisors or those persons identified as local community leaders among the migrant farm work population.

## **2. Procedures for the Collection of Information**

The FGDs and KIIs will be conducted in Spanish by a fluent, bi-lingual Spanish/English speaker and both are expected to last 60 minutes. Verbal consent will be asked due to potential fears related to the government and immigration status, as well as expected low levels of literacy. No questions will be asked concerning country of origin or immigration status. Consent will be given for the interviews, use of hand-written recorded notes and use of a digital recorder. The recorder who will manually record notes will also be a fluent, bi-lingual Spanish/English speaker. Notes will either be recorded in English or Spanish. If written in Spanish, they will be translated and transcribed. All interview questions will be written first in English, translated to Spanish and then back-translated to English to ensure accuracy of translation. All field instruments will be pilot tested prior to ensure cultural appropriateness. At the end of each interview (FGD or individual), the interviewer and the recorder will debrief to ensure consistency with interpretation of the data and to make any adjustments in the questions, as needed. No personal identifiers will be collected. Once the data are transcribed, the tapes will be erased. Only members of the CDC team will have access to the recordings and transcripts. For descriptive purposes only, the number of participants in each FGD will be recorded. Sex of participant will also be recorded

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<sup>1</sup> For the purposes of this proposal, 'migrant farm worker' will encompass seasonal crop workers, migrant agricultural workers, migrant laborers that follow the crops state-to-state, as well as those that live and work within a set vicinity, approximately 75 miles from their place of residence.

in FGDs and KIIs in order to discern any gender-related differences in the data. No other demographic data will be collected, other than the state in which the interview was conducted.

If living quarters for the migrant farm workers are adjacent to the location of the interviews, a brief observational form will be used to assess presence of screens and air conditioning, if permission is granted.

Interviews will be conducted in Spanish by fluent Spanish speakers, transcribed in English and analyzed using content analysis to derive major themes of concern. Once transcribed, all data recordings will be erased. Hand written notes and typed transcripts will be held in a secure location with the PI and Co-PI.

Participation is voluntary in the FGDs and KIIs. Participants will be informed that they do not have to answer any question that they do not wish to answer, respond “I don’t know” and are free to leave at any point. Once informed of this information, participant’s agreement to participate in the interview will be their consent to participate in the interview. They will also give consent for manually recording notes and for use of the digital recorder. Interviews and FGDs will be conducted with only those that chose to participate. Consent will be verbal and will be asked in Spanish.

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

In order to maximize attendance and response rates during the focus groups and interviews, project leads are using trusted sources and are coordinating with CDC’s US-Mexico Unit and the Office of Minority Health. These groups have established partnerships with various migrant farm worker organizations (such as the Migrant Clinician Network, HRSA Migrant Health Coordinators and Georgia Department of Community Health-Migrant Health, Homeless and Special Projects) through which contact will be made with farms and cooperatives that use migrant farm workers.

A small monetary incentive will be provided to compensate the respondents for their time and effort in participating in the key informant interviews and focus group discussions.

CDC acknowledges this is not representative data and any low response rates will be address and analyzed in the limitations section of any associated presentations, report, or publication.

### **4. Tests of Procedures or Methods to be Undertaken**

Interview staff will be trained prior to deployment and collection. That training will take place approximately during the weeks of July 25<sup>th</sup> and Aug 1<sup>st</sup>. Any issues that arise during training will be assessed and improvements will be incorporated into the project.

The information collection tools will be pilot tested with fewer than nine respondents.

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

The following individuals were consulted on the collection and analysis of the information:

Eva de Vallescar, CDC Office of Minority Health and Health Equity  
Alphonso Rodriquez Lainz, CDC Division of Global Migration and Quarantine, US – Mexico Unit  
Holly Williams, CDC Division of Violence Prevention  
Kendra Hatfield-Timajchy, CDC Division of Reproductive Health