Assessment of Women's Behavioral Health in Eastern Montana and Western North Dakota

Region VIII OASH/OWH Generic Information Collection Request
OMB No. 0990-XXXX

Supporting Statement – Section A

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Contract Officer Representative (COR)
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Section A – Justification

1. Circumstances Making the Collection of Information Necessary

Background

The discovery and subsequent development of the Parshall Oil Field within the Bakken region of Western North Dakota has led to significant economic opportunity and population growth in the region (Eastern Montana and Western North Dakota). Rapid population growth has many intended and unintended consequences, both positive and negative, on the social and economic environment of the region and, consequently, the population's health and well-being (Seifert, 2010; Archbold, 2013). There are well-documented environmental health issues associated with oil and gas development, including air, water, soil, noise, and light pollution (Glauser, 2014; Korfmacher, et al., 2013. However, there are additional social, physical and mental health effects that are less well documented (Freudenberg et al., 1982; Cross, 2011; Weber et al., 2014; Schafft, et al., 2014)). Current research is very limited, but preliminary evidence from public health professionals and health and social service providers working on the ground suggests that women have unmet behavioral health needs in the region and the current context including energy development, rapid population growth and access issues common to rural settings may present challenges in addressing these unmet needs.. In 2013, The U.S. Department of Health and Human Services (HHS), Region VIII Offices, including the Office of the Assistant Secretary for Health (OASH), Office on Women's Health (OWH) began to have discussions directly with state/local contacts about the current state of women's behavioral health. Given this history and context, the Region VIII OASH/OWH, is undertaking an assessment to explore women's behavioral health in Western North Dakota and Eastern Montana.

Description and History of the Office on Women's Health

The Office on Women's Health in the Office of the Assistant Secretary for Health, U.S. Department of Health and Human Services, was established in 1991. Its mission is to provide national leadership and coordination to improve the health of women and girls through policy, education and model programs. The vision of OWH is that all women and girls achieve the best possible health. As a leader in women's health, OWH supports the development of culturally-based, gender-sensitive programs to address health disparities. OWH is interested in improving women's behavioral health through gender based data collection and analysis.

Why this assessment is important: Region VIII OASH/OWH will be working with its contractor, Health Resources in Action (HRiA), to conduct the proposed current assessment to explore women's behavioral health in the assessment region. Examing women's behavioral health is important to understand both the current context and how these issues can be planned for in the future – both in the assessment region (Western North Dakota and Eastern Montana) as well as in communities nationwide facing similar challenges. A multiphase assessment, using mixed methods – online and paper-based survey, key informant interviews, and focus groups – will be conducted to assess:

- What the current status is of women's behavioral health and what the existing data sources and gaps are related to women's behavioral health
- What behavioral health services are currently available to address the needs of women

- What the current concerns, needs and issues of women, providers, tribal, state, and local government officials and service agencies are related to women's behavioral health in the current context of energy development, rapid population growth, and access issues common to rural settings.

Overview of the Information Collection System

The information collection consists of a web-based and paper-based questionnaire (see **Attachment A – Online/Paper-based Instrument**), focus groups (see **Attachment B – Focus Group Guide**), and key informant interviews (see **Attachment C – Interview Guide**). The online/paper-based survey instrument will be used to gather quantitative information from female residents in the assessment geography. The geographic focus is Richland, Roosevelt, and Sheridan Counties as well as Fort Peck in Eastern Montana and Dunn, McKenzie, Mountrail, Stark and Williams Counties as well as Fort Berthold in Western North Dakota. Although we will gather data broadly on women living in these geographies, we aim to collect information from and about several groups of women of particular interest – pregnant women, young women 18-25 years old, elderly women, American Indian women, and women who are survivors of domestic violence and trafficking by working with local and statewide organizations that serve specific sub-populations of women. The online and paper-based survey was programmed using Survey Monkey and was pilot tested by six public health professionals. Feedback from these individuals was used to refine questions as needed, ensure accurate programming, and establish the estimated time required to complete the online instrument.

In addition to the online and paper-based survey, approximately 20 focus groups will be conducted with a wide cross-section of residents across the assessment geography. The purpose of the focus groups is to gather more in-depth information regarding perceptions and experiences around behavioral health issues, especially within the recent economic boom, challenges in accessing services, and suggestions for the future. Focus groups will be comprised of 8-12 participants who all share specific characteristics in common. These homogeneous groups allow for more in-depth examination of issues by population. Focus group discussions will last approximately 60-90 minutes and will use a semi-structured discussion guide (Attachment B).

Finally, to gather input and perspectives from community leaders and providers, approximately 40 follow-up interviews will be conducted in the assessment geography with individuals representing a range of sectors and organizations; these will include tribal leaderships, state and local government, public health, social services, mental health and behavioral health treatment, health care (in particular women's health specialists), education, law enforcement, victim services, advocacy and community organizations, and energy development employers. The key informant discussions will explore stakeholders' perspectives on their communities' behavioral health needs and strengths, challenges and successes of working in their communities, and perceived opportunities to address these needs in the

future. Discussions will last approximately 60 minutes and will be conducted using a semi-structured interview guide (Attachment C).

The focus group and interview guides were pilot tested by six public health professionals and feedback from these individuals was used to refine questions as needed and estimate the time required to complete the interviews.

This information collection is authorized by Section 301 of the Public Health Service Act (42 U.S.C. 241). This information collection falls under the essential public health service of evaluating effectiveness, accessibility, and quality of personal and population-based health services.[i]

2. Purpose and Use of the Information Collection

The main purpose is to assess the current state of the behavioral health of women in Eastern Montana and Western North Dakota in order inform potential community and system-level solutions for addressing unmet needs . This assessment is being conducted by Region VIII OASH/OWH through its contractor, Health Resources in Action (HRiA), pursuant to OASH/OWH's statutory authority (Section 1707 of the Public Health Service Act, 42 U.S.C. § 300u-6). Data from this assessment will provide Region VIII OASH/OWH with both qualitative and quantitative information from a range of stakeholders and residents across the assessment geography. This information will enable Region VIII OASH/OWH to better understand the existing behavioral health data and data gaps as well as existing behavioral health services and service gaps.

Use of Assessment Data: HRiA will produce a final report that synthesizes the qualitative and quantitative data collected and describes key findings and strategic recommendations based on participant perceptions for Region VIII OASH/OWH to consider supporting future program development and implementation, policy recommendations, and future research. A final internal assessment report will be prepared for Region VIII OASH/OWH and Region VIII HHS staff, including an executive summary. In addition to a final report, a PowerPoint presentation of key assessment findings will also be developed for Region VIII OASH/OWH to deliver and tailor by audience. HRiA will work with Region VIII OASH/OWH to disseminate the findings back to stakeholders who were involved in the assessment (i.e. survey, key informant, and focus group participants). Assessment findings will also be used to develop manuscripts to submit for publication in peer-reviewed journals focused on assessment, behavioral health, women's health and other topics as determined by Region VIII OASH/OWH.

3. Use of Improved Information Technology and Burden Reduction

The data collection will employ a mixed methods approach to reduce unnecessary burden on respondents. Respondents will complete either the online assessment (programmed using SurveyMonkey), allowing them to complete and submit their responses electronically, or they will be given a paper-based assessment that they can complete and return to the agency (county or tribal health or social services department) from which they received the assessment. The assessment was designed to collect the minimum information necessary for the purposes of this

project (i.e., limited to yes/no and multiple choice questions). SurveyMonkey will create an email link that can be sent out to potential respondents and posted on organizational websites, such as a health department page. Assuming a sufficient survey sample is achieved, comparisons will be made between groups of participants such as by geographic location or length of time living in her community.

The purpose of the interviews is to gather in-depth information from key leaders/professionals in a range of sectors including public health, mental health, victim services, law enforcement, energy development and others regarding their experiences with women's behavioral health in the context of energy development in Eastern Montana and Western North Dakota. The interviews will be conducted with a sample of 40 individuals to gain an in-depth portrait of these stakeholders' perspectives on their communities' behavioral health needs and strengths, challenges and successes working in their communities, and perceived opportunities for addressing these needs in the future. To minimize burden, interviews will be scheduled at the individuals' convenience either by phone or in person. Questions are open-ended, but will be tailored to the individual and his/her specific role and location. The conversation is designed to be brief and focused. Twenty (20) focus groups will be conducted with a wide cross-section of population groups to get the community perspective on women's behavioral health in the region. These discussions will be organized primarily through existing groups (e.g. a new moms group hosted by a local health department) to minimize participant burden. Questions asked of focus group participants will also be open-ended and discussions will last approximately 60-90 minutes. Using NVivo software, qualitative data from interviews and focus groups will be coded and analyzed thematically for main themes and sub-themes.

4. Efforts to Identify Duplication and Use of Similar Information

The information being collected is specific to the **topic** (women's behavioral health in the context of energy development), **populations** (women – specifically pregnant women, women 18-25 years old, elderly women, American Indian women, and women who are survivors of violence and trafficking) and **geographies** (Eastern Montana, including Fort Peck, and Western North Dakota, including Fort Berthold). Based on an extensive literature review and consultations with government, state, tribal and local leaders, there is currently no information available that can substitute for direct responses from women and those who serve them. Because this assessment represents a unique combination of topics, populations, and geographies of interest to Region VIII OASH/OWH, there is no existing data which could replace the need to gather data through this data collection.

Articles reviewed as part of the literature review included but are not limited to:

- Seifert, Laura (2010). A Basic Analysis of the Bakken Oil Boom: Precautions and Planning. University of Minnesota.
- Archbold, Carol A. (2013). "Policing the Patch": An Examination of the Impact of the Oil Boom on Small Town Policing and Crime in Western North Dakota. North Dakota State University.
- Finkel, M. L., & Law, A. (2011). The rush to drill for natural gas: A public health cautionary tale. American Journal of Public Health, 101(5), 784–785.

- Glauser, W. (2014). New legitimacy to concerns about fracking and health. CMAJ : Canadian Medical Association Journal, 186(8), 245–246
- Korfmacher, K. S., Jones, W. a, Malone, S. L., & Vinci, L. F. (2013). Public Health and High Volume Hydraulic Fracturing. New Solutions, 23(1), 13–31.
- Cross, Raymond. (2011). Development's Victim or Its Beneficiary?: the Impact of Oil and Gas Development on the Fort Berthold Indian Reservation. North Dakota Law Review, 87(4), 535–569.
- Weber, B. a., Geigle, J., & Barkdull, C. (2014). Rural North Dakota's oil boom and its impact on social services. Social Work (United States), 59(1), 62–72
- Schafft KA, et al. (2014). Local impacts of unconventional gas development within Pennsylvania's Marcellus shale region: Gauging boomtown development through the perspectives of educational administrators, 27(4): 389-404.
- Freudenberg WR, et al. (1982). Mental health consequences of rapid community growth: a report from the longitudinal study of boomtown mental health impacts, Journal of Health and Human Resources Administration, 4(3):334-352.

5. Impact on Small Businesses or Other Small Entities

While the majority of individuals involved in information collection for this assessment are state, county, and tribal health and human service workers, some health care and social service providers taking part in key informant interviews and community residents taking part in focus groups and surveys may represent small businesses. The online and paper-based survey will be the same for all participants, but discussion guides for key informant interviews and focus groups will be tailored to reduce burden on individuals who are part of small organizations. Small businesses and their employees are not the targets of this data collection. Overall, information being requested has been held to the absolute minimum required for the intended use of the data.

6. Consequences of Collecting the Information Less Frequently

This request is for a one-time information collection. There are no legal obstacles to reduce the burden. If no data are collected, Region OASH/OWH will be unable to understand:

- What the current status is of women's behavioral health and what the existing data sources and gaps are related to women's behavioral health
- What behavioral health services are currently available to address the needs of women
- What the current concerns, needs and issues of women, providers, tribal, state, and local government officials and service agencies are related to women's behavioral health

7. 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.

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

A 60-day Federal Register Notice was published in the Federal Register on Date 09/30/2016, Vol. 81, No. 190; pp. 67363-67364. No comments were received.

Region VIII OASH/OWH partners with professional organizations, such as the Association of State and Territorial Health Officials (ASTHO), the National Association of County and City Health Officials (NACCHO), and the National Association of Local Boards of Health (NALBOH) along with the National Center for Health Statistics (NCHS)) to ensure that the collection requests under individual ICs are not in conflict with collections they have or will have in the field within the same timeframe.

In addition, a government committee comprised of HHS Region VIII offices including, OASH, OWH, HRSA and SAMHSA staff was formed at the outset of the assessment planning period (November 2015) to provide consultation on the assessment methodology (including the review of data collection instruments), findings, and next steps for reporting and using the assessment findings.

Government Committee

Name	Title	Agency/ Organization	Telephone Number	Email Address
Charles Smith	Regional Administrator	SAMHSA	(303) 844-7873	Charles.Smith@samhsa.hhs.gov
Cherri Pruitt	Public Health Analyst	HRSA Maternal Child Health	(303) 844-7872	CPruitt@hrsa.gov
Colleen Bray	Regional Program Consultant	HHS Office of Family Planning	(303) 844-7849	colleen.bray@hhs.gov
Jessica Tytel	Senior Advisor	HHS Office on Women's Health	(202) 260-6882	Jessica.Tytel@hhs.gov
Kim Patton	Public Health Analyst	HRSA, Behavioral Health	(303) 844-7865	KPatton@hrsa.gov
Laurie Konsella	Acting Regional Health Administrator	HHS, Office of the Assistant Secretary for Health	(303) 844-7854	laurie.konsella@hhs.gov
Susana Calderon	Regional Women's Health Coordinator	HHS Office on Women's Health	(303) 844-7859	susana.calderon@hhs.gov
Traci Pole	Regional Program Consultant	HHS Office of Family Planning	(303) 844-7856	traci.pole@hhs.gov

In May and June 2016, the contractor, Health Resources in Action and the COR, Region VIII Women's Health Coordinator made planning to trips to Montana and North Dakota to strengthen relationships with stakeholders who had been engaged in the project virtually since the project began in November 2015. The goal of these trips was obtain input from stakeholders about the

future data collection methods for this project to ensure they were appropriate and efficient for the participating communities and to ensure robust participation. Stakeholders names are listed below.

Planning Trip Consultations

Name	**Title**	**Agency/ Organization**
Denise Higgins	Bureau Chief, Family and Community Health	Montana Department of Health and Human Services
Bobbie Perkins	Bureau Chief, Chemical Dependency	Montana Department of Health and Human Services
Julie Prigmore	Bureau Chief, Mental Health Services	Montana Department of Health and Human Services
Mary Lynne Billy-Old Coyote	Director, Office of American Indian Health	Montana Department of Health and Human Services
Kelson Young	Executive Director	Montana Coalition Against Domestic Violence
Kelly Parsley	Chair, Health Sciences Department	Carrol College
Velva Doore	Director	Fort Belknap Health Department
Kathleen Adams	Manager	Fort Belknap Health Department
Dennis Four Bear	Director	Fort Peck Health Department
Bob McAnally	Chair	Fort Peck IRB
Vickie Bell	Director	Roosevelt County, MT Health Department
Kathleen Jensen	Director	Sheridan County, MT Health Department
Mike Andreini	Director	Rocky Mountain Tribal Epidemiological Center
Karen Manzo	Project Director	Rocky Mountain Tribal Epidemiological Center
Bill Snell	Executive Director	Rocky Mountain Tribal Epidemiological Center
Carol Townsend	Executive Director	Montana Migrant and Seasonal Worker Council, Inc.
Kasey Starr	Domestic Violence Advocate	United Tribes Technical College
Stephanie Isaak	Director of Community Wellness	United Tribes Technical College
Terry Dwelle	State Health Officer	North Dakota Department of Health
Pamela Sagness	Director, Behavioral Health Division	North Dakota Department of Health
Phyllis Howard	Director, Minority Health Division	North Dakota Department of Health
Becky Bailey	Administrator, Behavioral	North Dakota Department of

	Health Division	Health
Kim Mertz	Director, Family Health Division	North Dakota Department of Health
Melissa Pavlicek	Director	Dunn County, ND Social Services
Sheila Freed	Director of Nurses	Southwestern District Health Unit, ND
Aaron Garman	Medical Director	Coal Country Community Health Center
Javayne Oyloe	Executive Director	Upper Missouri Health District Unit, ND
Dubi Cummings	PR Manager	CHI St. Alexius Health Williston Medical Center, ND
Janelle Moos	Executive Director	Council on Abused Women's Services North Dakota

9. Explanation of Any Payment or Gift to Respondents

No payment or remuneration is provided to respondents for participating in the key informant interviews. Given that focus group participants, comprised of community residents, may have to travel a distance due to the expanse of the geographic area of interest, focus group attendees will be given a stipend of $25 upon completion of a focus group and signature of receipt. Additionally, $10 will be given to those community residents who complete the survey. Research conducted by McCormack (2103) in rural South Dakota found that women mailed an incentive were more statistically significantly more likely to complete the survey than those who did not receive the incentive (35% compared to 27%). Applying these findings to the proposed assessment assumes 175 survey participants when providing an incentive and 135 without an incentive. Although the proposed survey will be a convenience sample and we do not plan to generalize our findings to all women living in these geographies, an incentive may help to ensure that diverse participants are equally motivated to respond to the survey decreasing the opportunity for differences between respondents and non-respondents.

10. Assurance of Confidentiality Provided to Respondents

Participation in this assessment will involve a community survey of women, approximately 20 focus groups with a cross-section of community residents, and approximately 40 interviews with key community leaders. This research will be carried out following sound ethical principles, participant involvement in this research is strictly voluntary and all individuals will be asked for their consent to participate. All data will be kept private to the extent provided by the law. Surveys will be anonymous with no personally identifiable information (PII) to be collected or publically disclosed. Focus groups will be organized through community organizations and will not collect nor report personally identifiable information of participants. Participants will be asked to use only their first names during the discussion. Interviews will be conducted with governmental and non-government organization staff speaking from their official roles. Identifiers such as name, title, email address, and

telephone number will be collected to facilitate scheduling of interviews. A summary report will be written at the conclusion of the assessment, but the name/identity of individuals from interviews and focus groups will not be included.

This research will only move forward upon IRB approval from the appropriate tribal IRB (Fort Peck IRB; Fort Berthold does not require a separate IRB) as well as the New England IRB for the assessment as a whole. Letters of approval from these IRBs are attached.

11. Justification for Sensitive Questions

Participants' consent will be obtained for all forms of data collection. Two types of data of personal or sensitive nature will be requested as part of this assessment – demographic data (e.g. race/ethnicity) and health behavior data (e.g. alcohol and drug use). These questions are deemed necessary as these data are not otherwise available on the target populations for this assessment. Given that the assessment geography is rural and sparsely populated, the indicators that are requested are not normally collected at a granular enough level to have a comprehensive understanding of the population in terms of demographics or health behaviors. If collected as part of this assessment, these data will help tribal, county, state and federal communities and organizations better understand the current behavioral health issues of women in the assessment geography. Without these data, the assessment will not be able to answer its main research questions nor how these questions differ by demographic subgroup.

12. Estimates of Annualized Burden Hours and Costs

Survey

The estimate for burden hours is based on a pilot test of the online instrument by six public health professionals. In the pilot test, the average time to complete the instrument including time for reviewing instructions, gathering needed information and completing the instrument, was approximately 10 minutes. Based on these results, the estimated time range for actual respondents to complete the instrument is 10-15 minutes. For the purposes of estimating burden hours, the upper limit of this range (15 minutes) is used.

Focus Groups

The estimate for burden hours is based on a pilot test of the focus group guide by six public health professionals. In the pilot test, the estimated time to complete the instrument including time for reviewing the introduction, was approximately 60-90 minutes. Given that the focus groups will be facilitated, the estimated time range for actual respondents to complete the focus group discuss is 60-90 minutes. For the purposes of estimating burden hours, the upper limit of this range (90 minutes) is used.

Key Informant Interviews

The estimate for burden hours is based on a pilot test of the interview guide by six public health professionals. In the pilot test, the estimated time to complete the interviews ranged from 45-60

minutes. For the purposes of estimating burden hours, the upper limit of this range (60 minutes) is used.

Estimates for the average hourly wage for survey and focus group participants are based on the Department of Labor (DOL) Occupational Employment Statistics for Montana and North Dakota. The average of the two states' mean hourly wage across all occupations in 2015 was used - $21.95 for North Dakota and $19.53 for Montana.

Estimates for the average hourly wage for key informant interviewees are based on the Department of Labor (DOL) National Compensation Survey estimate for management occupations – medical and health services managers in state government (http://www.bls.gov/ncs/ocs/sp/nctb1349.pdf). Based on DOL data, an average hourly wage of $57.11 is estimated for all interview participants.

Table A-12 shows estimated burden and cost information for the three data collection methods.

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

Data Collection Instrument: Form Name	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Community Survey	500	1	15/60	125	$20.74	$2,592.50
Focus Groups	240	1	90/60	360	$20.74	$7,466.4
Interviews	40	1	60/60	40	$57.11	$2,284.40
TOTALS	780	1	40.4/60	525	$23.51	$12,343.30

13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers

There will be no direct costs to the respondents other than their time to participate in each information collection.

14. Annualized Cost to the Government

There are no equipment or overhead costs. Contractors, however, are being used to support development of the assessment tool, data collection, data analysis, and report writing/ dissemination. The only cost to the federal government would be the salary of HHS staff.

The lead FTE for this project is the COR/Regional Women's Health Coordinator for HHS OASH/OWH for Region VIII. The COR lead will provide consultation and oversight on the development of the assessment instruments, analysis plan, documentation of findings, and OMB application package. The Program Support will provide additional support on coordination and administration for the assessment and OMB application package. The majority of work on this project will be carried out by the external contractor, HRiA, including primary development of the assessment tools, data collection, data review and analysis, and documenting findings.

The total estimated annualized cost to the federal government is $71,615. Table A-14 describes how this cost estimate was calculated.

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

Staff (FTE)	Average Hours per Collection	Average Hourly Rate	Average Cost
COR, Regional Women's Health Coordinator (GS-13) Consultation on and oversight of development of OMB package; Consultation with and oversight of contractors for instrument development, data collection, data analysis, quality control and report/ article/ presentation preparation	250	$48	$12,000
HRiA Contractor - Director, Research & Evaluation Instrument development, pilot testing, web-based instrument programming, data collection, data coding and entry, quality control, data analysis, report/ article/ presentation preparation	500	$84	$42,000
HRiA Contractor - Research Associate Instrument development, pilot testing, web-based instrument programming, data collection, data coding and entry, quality control, data analysis, report/ article/ presentation preparation	220	$52	$11,440
HRiA Contractor - Research Associate Collect Data	70	$45	$3,150
HRiA Contractor - Statistician	7	$75	$525

Estimated Total Cost of Information Collection	$71,615

15. Explanation for Program Changes or Adjustments

This is a new information collection.

16. Plans for Tabulation and Publication and Project Time Schedule

HRiA will clean, reconcile and analyze the focus group, key informant, and survey data. Using NVivo software, qualitative data from interviews and focus groups will be coded and analyzed thematically for main themes and sub-themes. Survey data will be analyzed using SPSS statistical software. We will conduct descriptive statistics to examine frequencies for appropriate questions. Bivariate analysis will be conducted to identify whether there are statistically significant differences in responses between subgroups. Findings will be used to recommend community strategies for improving the status of the behavioral health of women in this region.

The results will be used to create both internal and external reports.

- A final assessment report on the results of the assessment would be prepared, including an executive summary. In addition to a detailed results section, the report would include all necessary and relevant background information on the assessment objectives, scope, methodology, response rates for data collection methods, description of analytic methods, data collection instruments used, and overall themes and recommended next steps to address women's behavioral health in the assessment geography.
- A core PowerPoint presentation of key assessment findings will also be developed and tailored by audience.
- We intend to disseminate our process and findings in several ways based on input from our stakeholders. Manuscripts overviewing key qualitative and quantitative findings with recommendations for community health planning and improvement will be developed for submission to peer-reviewed journals (focused on assessment, behavioral health, women's health and other topics as determined by Region VIII OASH/OWH) for publication. We also anticipate presenting the assessment process and findings (on above mentioned topics) at relevant national conferences.

<u>Project Time Schedule</u>

- ✓ Design survey instrument, focus group and interview guides .....(COMPLETE)
- ✓ Develop survey and discussion guide protocols, instructions, and analysis plan .....(COMPLETE)
- ✓ Pilot test survey instrument and discussion guides .....(COMPLETE)
- ✓ Prepare OMB package .....(COMPLETE)
- ✓ Submit OMB package .....(COMPLETE)
- ❑ OMB approval .....(TBD)
- ❑ Conduct assessments (surveys, focus groups, interviews).....(November 2017 – March 2018)
- ❑ Code, quality control, and analyze quantitative and qualitative data.....(March – June 2018)
- ❑ Prepare reports .....(June – July 2018)

- ❑ Prepare article for publication ……(August 2018)
- ❑ Prepare PowerPoint presentation ……(August 2018)
- ❑ Develop dissemination plan …… (September – October 2018)
- ❑ Disseminate results/reports ……(November – December 2018)

17. Reason(s) Display of OMB Expiration Date is Inappropriate

We are requesting no exemption.

18. 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.

LIST OF ATTACHMENTS – Section A

Note: Attachments are included as separate files as instructed.

A. Online/Paper Survey Instrument: Word version
B. Focus Group Guide
C. Interview Guide
D. New England IRB approval letter
E. Fort Peck IRB approval letter
F. Key informant interview introductory letter template
G. Stipend receipt form template
H. Informed consent form