

Women's Preventive Health Services Survey (WPHSS)

Supporting Statement – Section A

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Program Official/Project Officer

Jacqueline Miller, MD

Medical Officer

Division of Cancer Prevention and Control

National Center for Chronic Disease Prevention and Health Promotion

Centers for Disease Control and Prevention

4770 Buford Highway, Mailstop F-76

Atlanta, GA 30341

Phone: 770-488-5061

Fax: 770-488-3230

E-mail: JMiller5@cdc.gov

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Attachment 2. 60-Day FRN

Attachment 3. Survey instrument with consent (English)

Attachment 4. Initial Invitation letter (Bilingual)

Attachment 5. Web instructions (Bilingual)

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- **Goal of this study:** To assess use of clinical preventive services, facilitators and barriers to use of clinical preventive services, and the ability to maintain consistent health insurance coverage among newly insured women who previously received cancer screenings through the National Breast and Cervical Cancer Early Detection Program (NBCCEDP).
- **Intended use of the resulting data:** Results will inform how public health programs can support low-income medically underserved women to ensure they receive appropriate preventive health care services.
- **Methods to be used to collect:** Web-based and phone surveys will be administered to a group of women annually over a period of three years.
- **The subpopulation to be studied:** Adult women between the ages of 30 and 62 who were previously enrolled in NBCCEDP.
- **How data will be analyzed:** Data will be analyzed using both descriptive and inferential statistics to determine which factors might impact a low-income woman receiving appropriate clinical preventive services and maintaining insurance coverage.

SECTION A - JUSTIFICATION

1. Circumstances Making the Collection of Information Necessary

The project “Women’s Preventive Health Services Survey (WPHSS)” is a new Information Collection Request (ICR) requesting Office of Management and Budget (OMB) approval for three years to collect data to examine the facilitators and barriers to receiving clinical preventive services among newly insured medically underserved women. Specifically, the proposed study will target women who were previously screened through the National Breast and Cervical Cancer Early Detection Program (NBCCEDP), but now have health insurance coverage in up to ten states. The study will help CDC understand what impacts the likelihood of these low-income women obtaining necessary preventive health care services. Results will inform CDC’s future public health efforts, in particular, how public health programs can support medically underserved women to ensure that they receive appropriate preventive health services, including cancer screenings.

Background

Created as a directive of the Breast and Cervical Cancer Mortality Prevention Act of 1990, the NBCCEDP provides screening services in all 50 states, the District of Columbia, 5 U.S. territories, and 11 tribal organizations through cooperative agreements¹ (**Attachment 1**). The program provides free or low-cost breast and cervical cancer screening and diagnostic services to low-income, uninsured, and underinsured women. Since 1991, over 4.8 million women have been screened through a NBCCEDP-funded program². To be eligible for the program, federal guidelines stipulate that women:

- Are at or below 250% of the federal poverty level;
- Ages 21 to 64 for cervical cancer screening;
- Ages 40 to 64 for breast cancer screening¹.

While having newly acquired health insurance will improve access to preventive services, insurance coverage alone may not result in improved clinical preventive services utilization

¹ National Breast and Cervical Cancer Early Detection Program (NBCCEDP). <http://www.cdc.gov/cancer/nbccedp/about.htm>. Updated September 16, 2015. Accessed January 4, 2016.

² National Breast and Cervical Cancer Early Detection Program (NBCCEDP). <http://www.cdc.gov/cancer/nbccedp/index.htm>. Updated September 16, 2015. Accessed January 4, 2016.

among all women, especially among underserved populations^{3 4}. Over recent years, many low-income medically underserved women have newly acquired health insurance, but utilization of cancer screening services (especially cancer screening) has not increased. Lack of insurance and not having a routine health care provider are factors associated with lack of cancer screening. Now that many of the NBCCEDP clients have gained insurance, several state grantees have noted that prior clients with new insurance have requested assistance with completing the screening process (personal communication). Because low-income women typically face many barriers including cost, and lack of transportation there needs to be more emphasis on enhancing the wraparound services that assist women with getting clinical care.

To do this, CDC's Division of Cancer Prevention and Control is conducting this project to follow a sample of women over three years who were previously enrolled in the NBCCEDP and have recently acquired insurance. The women may complete the survey either on the web or by telephone in English or Spanish (**Attachment 3**). The results of this study will inform the development of future population-based program activities of the NBCCEDP to ensure that all women receive the information and support services needed so that they receive appropriate clinical preventive services.

2. Purpose and Use of Information Collection

The purpose of this project is to understand the health behaviors, outcomes, and barriers and facilitators that low-income women previously served by the NBCCEDP who have new health insurance coverage face. To do this, the project will survey a sample of women previously enrolled in the NBCCEDP once a year for a total of three years. The project will assess what clinical preventive services are obtained, ability to maintain health insurance coverage, and what barriers and facilitators are experienced. Therefore, this study will focus on the following research questions:

³ Allen H, Wright BJ, Harding K, Broffman L. The role of stigma in access to health care for the poor. *Milbank Q.* 2014 Jun;92(2):289-318.

⁴ Dennis A, Blanchard K, Córdova D, Wahlin B, Clark J, Edlund K, McIntosh J, Tsikitas L. What happens to the women who fall through the cracks of health care reform? Lessons from Massachusetts. *J Health Polit Policy Law.* 2013 Apr;38(2):393-419.

1. What preventive health services, including cancer screening, do newly insured medically underserved women receive?
2. What barriers and facilitators do these women face in accessing preventive health services?
3. What are the insurance coverage patterns (e.g., public or private insurance) for women previously served through the NBCCEDP?
4. What barriers and facilitators do these women face in enrolling in new health insurance plans?
5. What are the non-financial and financial costs to these women?

The study will help CDC understand barriers and facilitators to obtaining needed preventive health care services. Results will inform CDC's future public health efforts, in particular, how public health programs can better support medically underserved women to improve access to health care delivery, alleviate burdens, enhance facilitators, and receive appropriate preventive health services, including cancer screening.

3. Use of Improved Information Technology and Burden Reduction

The survey will be offered through a multi-mode approach using both computer-assisted web interviewing (CAWI) and computer-assisted telephone interviewing (CATI) in English and Spanish. Both modes of questionnaire administration will be programmed with skip logic patterns to reduce overall respondent burden. Offering women the opportunity to complete over the web or telephone reduces respondent burden because it allows the respondent to respond in a way that is most convenient for her.

Respondents will be invited by letter to participate in the survey with instructions for using the online instrument first (**Attachments 4 and 5**). Each woman will be provided with her own unique Personal Identification Number (PIN), which allows her to access the web survey. The women will first be screened to determine whether they have enrolled in an insurance program and qualify for the study (**Attachment 3**). Those who are eligible will continue on to the CAWI instrument in either English or Spanish (**Attachments 6 and 7**) will be programmed and stored on a secure website. Respondents will have the option to break off from the survey at any time,

using that same PIN to resume where she left off. The CAWI instrument will display a toll-free number and e-mail address for the project, which respondents can use at any time in the event of technical difficulties.

Trained telephone interviewers will begin calling women who have not responded to the web-based survey approximately two weeks after the web invitation letter was mailed as a reminder and offer to complete the survey using the CATI instrument (**Attachment 8**). Only women that have not completed the web-based survey or have not refused participation will be called.

Telephone call attempts will take place over a period of approximately eight weeks.

Appointments will be scheduled for respondents who wish to participate but request a time that is more convenient. Soft refusals will be called back for a refusal conversion; however, hard refusals will not be re-contacted and will be removed from the sample.

For any sampled respondents who have not completed the survey after the eight-week telephone period, a reminder postcard will be sent (**Attachment 9**). This will be followed two weeks later with a final invitation letter that will contain the original materials and a note that data collection will be ending soon (**Attachment 10**).

4. Efforts to Identify Duplication and Use of Similar Information

CDC conducted a literature review to identify previous studies that describe patterns and use of preventive health care services, including cancer screening, in underserved populations. An environmental scan was also conducted to identify national and/or state-level instruments in the public domain that contained similar information to the study. There were 13 peer-reviewed studies describing access, utilization, and barriers to preventive care and cancer screening services that focused on low-income women. However, these studies focused on the general population. This study will specifically focus on the women who were previously served by the NBCCEDP where services to address access and barriers were routinely offered. Eight instruments were identified and examined similar questions, but did not target the same population.

CDC reviewed the National Institutes of Health RePORT database to identify current studies addressing this topic. There were similar studies that focused only on the Medicaid population focusing on women of childbearing age and pregnancy outcomes.

Since none of the available evidence specifically targeted the specific research questions, additional efforts are needed to address barriers and facilitators to insurance coverage and receipt of preventive health services among medically underserved women, particularly those who are newly insured⁵.

5. Impact on Small Businesses or Other Small Entities

No small businesses will be involved with this data collection.

6. Consequences of Collecting the Information Less Frequently

While obtaining health insurance will provide coverage for many women, there is a concern that low-income individuals frequently change insurance coverage due to cost. Existing standard of care recommendations suggest mammography screening at two-year intervals and cervical cancer screening at three- to five-year intervals; therefore, it is important to follow women over time to determine if women are indeed adhering to these screening guidelines and maintaining insurance coverage. If data are collected less frequently than yearly, it may not provide accurate information to determine appropriate receipt of services and related barriers or facilitators. Research has shown that there is unreliability in self-reports related to delay in time from occurrence of test⁶.

7. Special Circumstances Related to the Guidelines of 5 CFR 1320.5

This request fully complies with the information collection guidelines of 5 CFR 1320.5.

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

⁵ Summary of work conducted by SciMetrika under Contract #200-2008-27889, Task Order 0028.

⁶ Caplan LS1, Mandelson MT, Anderson LA; Health Maintenance Organization. Validity of self-reported mammography: examining recall and covariates among older women in a Health Maintenance Organization. Am J Epidemiol. 2003 Feb 1;157(3):267-72.

A. Federal Register Notice

A 60-day Federal Register notice was published in the Federal Register on August 10, 2016, Vol. 81, No. 154, page 52867-52868 (**Attachment 2**). No public comments were received.

B. Efforts to consult outside the agency

CDC held two conference calls to consult with the NBCCEDP grantees in July and August of 2015 to discuss the need for the study. There were a total of 29 participants representing 24 state programs. Overall there was very good response in the need for such a study, as the results could have direct impact on the future program planning for public health programs. The participants discussed the logistics related to identifying and contacting previous NBCCEDP clients and to review the questionnaire.

Table 1. State NBCCEDP representatives

Name	State	Email address
Cheley Grigsby	Alaska	cheley.grigsby@alaska.gov
Jennifer Roberts	Alaska	jennifer.roberts@alaska.gov
Emily Wozniak	Arizona	Emily.Wozniak@azdhs.gov
Beverly Sato	California	beverly.Sato@dhcs.ca.gov
Monica Brown	California	Monica.brown@dhcs.ca.gov
Shannon Lawrence	Colorado	shannon.lawrence@state.co.us
Dawn Henninger	Maryland	dawn.henninger@maryland.gov
Leah Merchant	Montana	lmerchant@mt.gov
Lisa Troyer	Montana	ltroyer@mt.gov
Heather LeBlanc	New York	Heather.leblanc@health.ny.gov
Heather Dacus	New York	hlm04@health.state.ny.us
Maggie Gates	New York	Maggie.gates@health.ny.gov
Paulette DeLeonardo	North Dakota	pdeleonardo@nd.gov
Kristin Kane	Oregon	kristin.a.kane@state.or.us
Karen Cudmore	South Dakota	Karen.cudmore@state.sd.us

Travis Duke	Texas	Travis.duke@dshs.state.tx.us
Gale Johnson	Wisconsin	gale.johnson@dhs.wisconsin.gov
Carol A. Blanks	Connecticut	carol.anderson@ct.gov
Hope Wood	Florida	Hope_Wood@doh.state.fl.us
Melody Stafford	Kentucky	melody.stafford@ky.gov
E.J. Siegl	Michigan	siegle@michigan.gov
Melissa D. Leypoldt	Nebraska	melissa.leypoldt@nebraska.gov
Libby Bruggeman	New Mexico	Libby.bruggeman@state.nm.us
Debi Nelson	North Carolina	debi.nelson@dhhs.nc.gov
Brenda Di Paolo	Rhode Island	brenda.dipaolo@health.ri.gov
GeorgeAnn Grubb	West Virginia	GeorgeAnn.Grubb@wv.gov
Nicole Lukas	Vermont	Nicole.lukas@state.vt.us
Megan Celedonia	Washington	megan.celedonia@doh.wa.gov

CDC consulted Dr. Robert Smith at the American Cancer Society on the project plan. Dr. Smith reviewed the questionnaire and provided feedback. He concurred that this survey would provide new information to help inform development of strategies to improve uptake of cancer screening. He also suggested a few more questions to collect additional details regarding information women received from their providers and cost to patient.

9. Explanation of Any Payment or Gift to Respondent

In Year 1 of data collection, respondents will receive an invitation letter requesting their participation in the study (**Attachment 4**). The invitation letter will contain a promise of a \$10 gift card upon completion of the survey. Years 2 and 3 will follow a similar incentive model. In Year 2, the post-survey award amount will increase to \$15. Year 3 will utilize a \$20 post-survey award.

Because women in WPHSS will be surveyed once a year over a three-year period, respondent retention is important. NORC at the University of Chicago conducts a large, national

longitudinal survey that provides monetary incentives post-interview and experiences high retention rates between waves of data collection. Goritz, Wolf, and Goldstein (2008) found that multi-year surveys that offered monetary incentives retained more respondents year to year than studies that did not offer a monetary incentive⁷. In 2004, the U.S. Department of Labor introduced an incentive experiment within the National Longitudinal Study of Mature and Young Women. The survey had previously not offered incentives and had declining response rates. When they including post-incentives of \$20 and \$40, the response rate for their long-term panel survey increased by 16 percentage points and 23 percentage points, respectively⁸.

In a review published in 2001 by the National Academies Press⁹ on surveying low-income populations, they cited an incentive experiment of the Survey of Income and Program Participation, a longitudinal survey conducted by the Census Bureau. The survey had 6 waves of data collection, The experiment showed that \$20 incentives lowered nonresponse rates compared to \$10 and \$0. They experiment also found that incentives of \$20 and \$40 during the later waves significantly increased response rates.

In summary, these studies suggest that the use of increasing incentives in panel studies increases response rates and reduce subsequent attrition. Therefore, this study will use a promised post-incentive of increasing amount each year upon completion of survey to benefit from a boost in panel retention across data collection years.

10. Protection of the Privacy and Security of Information Provided by Respondents

CDC is contracting with NORC at the University of Chicago to collect and analyze the survey data. NORC will invite states NBCCEDP programs to participate as subcontractors. Up to ten

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Gortiz, A.S., Wolff, H., & Goldstein, D. (2008). Individual payments as a longer-term incentive in online panels. *Behavior Research Methods*, 40(4), 1144-1149.

⁸ Zagorsky, J. & Rhoton, P. (2008). The effects of promised monetary incentives on attrition in a long-term panel survey. *Public Opinion Quarterly*, Vol. 72(3), 502-513.

⁹ *Studies of Welfare Populations: Data Collection and Research Issues* (2002). Panel on Data and Methods for Measuring the Effects of Changes in Social Welfare Programs, Michele Ver Ploeg, Robert A.Moffitt, and Constance F.Citro, Editors. Committee on National Statistics, Division of Behavioral and Social Sciences and Education. Washington, DC: National Academy Press.

state programs will be selected. These programs will identify potentially eligible women and consent the women to have their contact information shared by letter or phone call (**Attachments 10 and 11**). NORC is responsible for all data collection activities, including administrative oversight, data collection, and data analysis.

NORC will have access to personally identifiable information, which is necessary in order to contact women for participation. Participating NBCCEDP state programs will provide NORC a dataset that contains name and contact information for women who meet the study inclusion criteria and have agreed to be contacted. NORC will assign these women a case identification number that will be stored within the dataset. The survey instrument is designed to minimize the collection of personal identifier information and contain only information necessary to conduct the study.

To maintain the confidentiality of the participants, any data files shared with CDC will be stripped of any personally identifiable information. At the conclusion of the study, the final dataset will be delivered to CDC at the end of the study in de-identified format. Additionally, data files will be delivered using a secure file transfer protocol (SFTP) site. When reporting data from this study, only aggregate data will be used to report study results.

Overview of the data collection system

The survey will contain with a cover letter with instructions for the survey (**Attachments 6 and 7**). All surveys will include a study ID to track responses. Study materials will be provided in both English and Spanish.

In order to increase response, NORC will conduct follow-up phone calls starting two weeks after the initial mailing of the invitation letter (**Attachment 8**). If a woman is not reached or a survey response is not received after eight weeks, a final mailing will be sent to women (**Attachment 10**). At each contact, women will be offered to complete a phone interview if that is their preference. Women completing the first survey will receive a mid-year thank you letter with information about the next annual survey (**Attachment 13**). Prior to the next annual survey date (one year from completion of first survey), each woman will receive an invitation from NORC to

participate in the follow-up survey in both year 2 and year 3 (**Attachment 14 and 15**).

Items of information to be collected

The instrument currently consists of questions about preventive health services received with outcomes and maintenance of health coverage (**Attachment 3**). Dichotomous- and multiple-response types of questions are included. To minimize burden, there are no questions that require open-ended or narrative responses. There are a few questions with space to provide narrative responses only if the respondent wants to provide additional information.

Purpose and use of the information collection

This survey will answer the following research questions for low-income women who have newly acquired health care coverage: (1) What preventive health services, including cancer screenings, do newly insured medically underserved women receive? (2) What barriers and facilitators do these women face in accessing preventive health services? (3) What are the insurance coverage patterns (e.g., public or private insurance) for women previously served through the NBCCEDP? (4) What barriers and facilitators do these women face in enrolling in new health insurance plans? (5) What are the non-financial and financial costs to these women?

Findings will be shared with key stakeholders to inform the future direction of public health programs to help improve the use of preventive health services, especially cancer screening, among low income women. All findings that are shared will be in aggregate form so that individual responses cannot be identified.

Respondent Participation

All respondents will be informed in the invitation letter and survey consent that their participation is voluntary (**Attachment 3 and 4**). They may refuse to answer any question, and can stop the survey at any time.

Respondent Consent

Participation in the survey is voluntary. Respondents will be informed that their information will

be maintained in a secure manner.

Information Security

Electronic data entered from surveys will be contained on a secure, web-based application designed to support data capture for research studies. All personal identifier information will be maintained on secure servers at NORC. Only approved members of the project team at NORC will have access to the data collected as well as the participant's name and contact information.

Personal identifier information such as name, mailing address, phone numbers, email address, date of birth will be removed from the dataset that will be used in analysis. Age will be categorized into 5-year age groups instead of specific age data. This information will not be included in any datasets delivered to CDC. Data will be compiled into a SAS dataset. The data set used for analysis will be organized by a unique patient-level ID assigned by NORC. All results will be reported in aggregate via tables and figures. NORC will securely transmit the data to CDC in a de-identified format.

Periodic review and update of security processes will be conducted to adjust for needed changes and will be amended as needed to maintain the continued security of the data.

Privacy Act Determination

This project was reviewed by CDC's Office of Information Security Officer and Information Systems Security Officer. CDC has determined that the Privacy Act does not apply.

While the Privacy Act is not applicable, the appropriate security controls and Rules of Behavior should be incorporated to protect the confidentiality of information, proprietary, sensitive, and Personally Identifiable Information (PII) the Contractor may come in contact with during the performance of this contract. Patient identifiers (name, address, phone number, email address) will be provided to NORC from the state programs. These identifiers will be maintained on a separate server from the data collection. Each respondent will have a unique ID number so that respondents who complete the survey can be contacted in subsequent years.

NORC contractor performance must adhere to all federal, HHS, and/or CDC IT security policies and procedures including the HHSAR IT Security clauses for Standard for Security Configurations, Standard for Encryption Language, and Security Requirements for Federal Information Technology Resources.

Development or implementation of this electronic information system for data collection will be required to complete Certification and Accreditation (C&A) prior to operation resulting in an Authority of Operate (ATO) from CDC. NORC will be required to complete all security documentation and materials necessary to obtain an ATO. NORC shall comply with all applicable HHS, CDC, FISMA, HIPPA, NIST, and other federal policies and regulations in the performance of the security requirements.

11. Institutional Review Board (IRB) and Justification for Sensitive Questions

IRB Approval

This study was approved by NORC's IRB in April 2016 (**Attachment 16**). NORC will seek IRB approval for up to ten states who participate in the study.

Sensitive Questions

Some of our research topics include potentially sensitive questions. Questions asked about the following are thought to be of a sensitive nature:

- Race/ethnicity
- Diagnosis of medical conditions
- Pregnancy
- Cancer screening

Race/Ethnicity

On October 30, 1997, the Office of Management and Budget (OMB) published "Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity" (Federal Register, 62 FR 58781 - 58790). The 1997 standards reflect a change in data collection policy, making it possible for Federal agencies to collect information that reflects the increasing diversity of the

US population stemming from growth in interracial marriages and immigration. Under this policy, federal agencies are required to offer respondents the option of selecting one or more race responses from a list of five designated racial categories. Additionally, the standards provide for the collection of data on whether or not a person is of "Hispanic or Latino" culture or origin. Such standards also foster comparability across data collections carried out by various agencies. The race and ethnicity questions in this survey follow all guidelines for the development of data collection questions, formats, and associated procedures to implement the 1997 standards.

Diagnosis of Medical Conditions

It will be necessary to ask some questions about personal or family history of cancer, pregnancy, and cancer screening that may be considered to be of a sensitive nature in order to assess specific health behaviors. These questions are essential to the objectives of this information collection as these conditions may impact health behavior. Furthermore, all data reported to CDC will have name, mailing address, phone numbers, email addresses, and date of birth removed. Age will be converted into 5-year age groups. To address any concerns about inadvertent disclosure of sensitive information, respondents will be fully informed of the applicable privacy safeguards.

- Participants will be provided with a specific toll-free phone number to call in case there is a question or concern about the sensitive issue.
- Web surveys are entirely self-administered and maximize respondent privacy without the need to verbalize responses.

12. Estimates of Annualized Burden Hours and Cost

During the recruitment and enrollment phase of the study, interested women will complete a set of screener questions to determine eligibility (**Attachment 3**). The burden estimate for these questions is 2 minutes per respondent in Year 1 only. The survey instrument, which will be completed once per year for three years, is estimated at 25 minutes per respondent per survey year. The burden estimates for both components were confirmed through pre-testing activities. Tables 2 and 3 display the annualized estimated hour and cost estimates for data collection. The estimate for burden hours is based on a pilot test of the data collection instrument. In the pilot test, the average time to complete the survey was approximately 25 minutes, including time for reviewing instructions. The questionnaire can be completed in English or Spanish.

The sample design proposes that 14,240 women be identified as eligible. We estimate that 80% will be contacted and agree to participate. Of that, we expect 9,683 completed on-line screenings to occur during year one, representing an annualized 3,288 respondents. With an 85% expected completion rate and annual attrition, we estimate that 3,292 surveys will be completed in Year 1; 2,222 completed surveys in Year 2; and 1,500 completed surveys in Year 3. This represents an annualized 2,338 respondents for the survey.

The annualized wages are based on data from the United States Department of Labor, Bureau of Labor Statistics (2013) for state, local, and private industry earning and assumes an average hourly wage rate for respondents who work an estimated 40-hour work week and usual hourly earnings of \$22.21. There are no direct costs to respondents associated with this information collection.

Table 2. Estimated annualized burden hours

Type of Respondents	Form Name	No. of Respondents	No. of Responses per Respondent	Avg. Burden per Response (in hrs)	Total Burden (in hrs)
Women aged 30-62 who previously received services in the NBCCEDP	Screener ¹⁰	3,228	1	2/60	108
Women aged 30-62 who previously received services in the NBCCEDP	Survey	2,338	1	25/60	974
				Total	1,082

Table 3. Estimated annualized burden costs

¹⁰ The screener is a short series of questions that will screen for eligibility into the full survey. This will only be administered in Year 1 during the recruitment and enrollment phase.

Type of Respondents	Form Name	No. of Respondents	Total Burden (in hrs.)	Hourly Wage Rate	Total Cost
Women aged 30-62 who previously received services in the NBCCEDP	Screening	3,228	108	\$22.21	\$2,398.68
Women aged 30-62 who previously received services in the NBCCEDP	Survey	2,338	974	\$22.21	\$21,632.54
				Total	\$24,031.22

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

There are no capital or start-up costs to respondents associated with this data collection.

14. Annualized Cost to the Government

There are no equipment or overhead costs. The only cost to the federal government will be the salary of CDC staff and funding for the contractor, NORC, to support wages and hours for all staff, all web survey costs, production and mailing costs, telephone interviewing costs, and associated costs. The total years of the project is 4 years to include 3 years of data collection.

Table 4. Annualized Costs to the Federal Government: CDC

Task	Total Hours per Staff	Number of Staff	Total Hours	Total Cost	Cost Description
Review survey questions, research, sample analysis plans, and	48	4	240	\$9,919.68	GS-13 staff: 48 hrs x 2 x \$47.36 ¹¹ GS-14 staff:

¹¹ Used the Federal Pay Table for Atlanta and used Grade 13, step 5 salary amounts effective January 2015.

monitor data collection					48 hrs x 2 x \$55.97 ¹²
Discuss analytic approach, review findings, and dissemination reports	18	4	72	\$3,719.88	GS-13staff: 18 hrs x 2 x 47.36 ⁸ GS-14 staff: 18 hrs x 2 x \$55.97 ⁹
Total Costs	66	4	312	\$13,639.56	

Table 5. Annualized Costs to the Federal Government: Contractor

Agency	Task	Total Cost Amount
Contractor	Develop sampling methodology, survey tool formatting and web design; participant recruitment; data collection; data analysis; development of report and dissemination of findings	\$434,604.75

The total annualized cost to the government is \$448,244.31.

15. Explanation for Program Changes or Adjustments

This is a new data collection effort.

16. Plans for Tabulation and Publication and Project Time Schedule

16.1 Time schedule

OMB approval is requested for three years. Table 6 below shows the timeline after OMB approval. The project is broken up into a 12-month enrollment and baseline data collection period, two year annual follow-up data collection periods, and a six-month analysis and reporting period.

Table 6. Project Timeline

¹² Used the Federal Pay Table for Atlanta and used Grade 14, step 5 salary amounts effective January 2015.

Activity	Schedule
Recruitment Period/Data Collection 1	1 – 12 months after OMB approval
Data Collection 2	12 – 24 months after OMB approval
Data Collection 3	24 – 36 months after OMB approval
Analysis and reporting	36 – 42 months after OMB approval

Analysis Plan

Data analysis will focus on identifying results of the key research questions. NORC will use both descriptive and inferential statistics such as standard t-test, chi-square test, and multiple comparison procedures using SAS. Since the study will span three data collection years, NORC will use simple statistical models to determine what trends can be found across the three rounds. In addition to estimates and comparisons between subgroups, regression models (either linear or logistic, depending on the data structure) may be applied to determine explanatory variables when deemed suitable.

Tabulation Plan

NORC will prepare draft table shells, working with CDC to revise the tables and ensure they will address the program needs. The tables will allow for estimates of the primary research questions overall, as well as by important socio-demographics including the subgroups of interest (i.e. race/ethnicity, rural/non-rural settings). The subgroup estimates can be tested for any statistically significant differences, using either t-tests or chi-square tests where appropriate.

Publication Plan

NORC will work with CDC to prepare a draft manuscript of studying findings to be submitted for review in a peer-reviewed journal. NORC will also submit to CDC a final report that will fully describe all methodology and operations employed for each component of the study and document all facets of the contract. In the report, NORC will fully describe all methods and operations employed for the study including sample design, materials development, cognitive testing conduct and recommendations, the implementation of the survey, and the post collection processing and preparation of the dataset.

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

The display of the OMB expiration date is not inappropriate.

18. Exceptions to Certification for Paperwork Reduction Act Submission

There are no exceptions to the certification statement.