

# Supporting Statement A

## *Poison Help* Campaign General Population Survey

### OMB Control No. 0915-0343 - Reinstatement

Highlighted text is the information changed from the original request.

Terms of Clearance: None.

#### A. Justification

##### 1. Circumstances Making the Collection of Information Necessary

The Health Resources and Services Administration's (HRSA) Healthcare Systems Bureau (HSB) requests to reinstate the *Poison Help* General Population Survey, OMB Number 0915-0343. The survey was intended to be conducted every five years, and it was last administered in 2011. Before re-administering the survey, HSB reviewed the survey and updated several of the questions; however, a majority of the survey questions remained unchanged. Therefore, HSB would like to reinstate the previous information collection request instead of creating a new request.

In January 2008, Congress passed the Poison Center Support, Enhancement, and Awareness Act of 2008 (Public Law 110-377) (Appendix A), to amend the Public Health Service Act to reauthorize the poison center national toll-free telephone number, national media campaign, and grant program to provide support for poison centers' triage and treatment efforts. Specifically, the act called for:

- Reauthorization and maintenance of the *Poison Help* line to access regional poison centers;
- Reauthorization of a nationwide media campaign about poison prevention and the availability of poison control resources in local communities; and,
- Reauthorization and maintenance of a grant program for certified regional poison centers for the purposes of preventing and providing treatment recommendations for poisonings and complying with the operational requirements needed to sustain certification.

The Health Resources and Services Administration's (HRSA) Poison Control Program supports the aims of the Poison Control Center Support, Enhancement and Awareness Act of 2008.

The toll-free telephone number (1-800-222-1222) automatically connects callers to the poison center that serves their geographical area. In this way, reaching a local poison center is simplified, thereby reducing confusion about how to quickly access help in potentially dangerous poisoning situations. The nationwide toll-free telephone number, which was publicly launched at a press conference in January 2002, is publicized through national media outreach (including public service announcements) and individual poison centers' community-level efforts. HRSA's public communication messages also address poisoning prevention and describe the role of poison centers and credentials of their staff.

The *Poison Help* campaign is the vehicle for introducing the national toll-free telephone number for use in poisoning emergencies and providing poison prevention information to all age groups and audience segments. The overarching goals for the campaign are to raise awareness of the national toll-free telephone number to levels on par with 911 and 411 and to increase awareness of the availability of poison center services. Campaign messages and activities promote awareness of the national toll-free telephone number, the role poison centers play and the services they provide in disseminating poison information and treatment advice in poisoning emergencies. Campaign activities include national and regional media exposure and national and community partnerships.

The prospective audience for the *Poison Help* campaign is very broad—any person at any time is a potential user of poison center services. Severe and even fatal unintentional poisonings can occur from common products found in most households such as medications, cleaning products, windshield washer solution, lighter fluid, and paint thinner. Poisons can also be encountered outside from insects, berries, and some varieties of plants. People who have taken the wrong amount or the wrong medication, been stung or bitten by insects, or accidentally ingested a household cleaning product are all potential users of the national toll-free telephone number to access poison control services. Important target audiences include special populations who are traditionally underserved, such as African American and Latino populations, and those needing specialized services from their poison centers, such as non-English speakers and senior citizens.

In 2003, HRSA provided the Centers for Disease Control and Prevention (CDC) with funding to contract for the design and implementation of a survey to gauge the *Poison Help* campaign's effectiveness in promoting the national toll-free telephone number, poison center access, and poison prevention. The CDC contracted with the market research firm Westat to conduct a national survey from February to April 2006. HRSA commissioned a second national survey by StrategyOne, a full-service research firm owned by Daniel J. Edelman Companies that was conducted in the 2011 calendar year.

HRSA intends to conduct an updated tracking survey by September 2017 in parallel with this year's campaign activities.

Under the 2008 reauthorization legislation, HRSA is mandated to “establish baseline measures and benchmarks to quantitatively evaluate the impact of the nationwide media campaign... and prepare and submit to the appropriate congressional committees an evaluation of the nationwide media campaign on an annual basis.” The Poison Control Program routinely uses a number of process measures to monitor the effectiveness of the *Poison Help* campaign on an annual basis. Process measures include, but are not limited to:

- Number of radio jingle broadcasts and estimated audience;
- Number of unique visitors to the *Poison Help* website;
- Number of news articles generated from mat news releases and estimated readership;
- Number of downloads of various *Poison Help* resources including radio jingle PSAs, digital ads, brochures, ringtones; and
- Number of *Poison Help* materials requested and distributed on a monthly basis.

The program also uses program measures to monitor campaign effectiveness. These measures include:

- Percent of inbound volume on the toll-free telephone number (1-800-222-1222); and
- Percent of human poison exposure calls managed by poison centers outside of a healthcare facility.

These process and program measures are used in concert with the results of the national population survey to assess overall awareness, utilization, and campaign impact.

Thus, the goal of the *Poison Help* General Population Survey (Appendix B) is to measure the campaign's current performance. Assessment information will include awareness and use of the national toll-free telephone number to access poison exposure or information services and awareness and knowledge of poison centers and the services they provide. The survey will allow for some comparisons with previous data, as well as comparisons with follow-up evaluation activities to be conducted in future years, and provide direction for future campaign initiatives. The survey will also seek to gain valuable information into the role of poison centers related to a HRSA priority, opioid drug abuse—one of the Secretary of HHS's priorities.

An estimated 2,600 households will be randomly sampled and screened using the *Poison Help* General Population Survey Screener (Appendix C). The *Poison Help* General Population Survey will be conducted with 2,000 households in the United States. HRSA is authorized to collect this data under section 301 of the Public Health Service Act (42 USC 241).

## **2. Purpose and Use of Information Collection**

The *Poison Help* campaign is the only national and regional media effort to promote awareness and use of the national toll-free telephone number. The *Poison Help* General Population Survey supplies unique and essential information that provides HRSA with data on variations in awareness and use of the national toll-free telephone number. These data will also suggest which campaign messages about the *Poison Help* line or other available poison center services have resonated most strongly with various audiences. Results will be used to make comparisons with past and future evaluation activities, to make improvements to future campaign efforts including identification of new target audiences (e.g. certain age groups or at-risk populations), development of strategic partnerships with other Federal agencies and external stakeholder organizations, and reassessment of mediums used to deliver messaging.

The *Poison Help* General Population Survey is designed to assess the campaign's effects based on a national sample of 2,000 households in the United States. This 10-minute telephone survey will be conducted with an adult household member and will address topics related to the types of individuals or organizations they would contact (e.g., poison center, 911, family member) to seek treatment advice for a possible or definite poisoning or to obtain poison prevention information.

The *Poison Help* General Population Survey will provide HRSA with necessary feedback to gauge the campaign's efforts to promote widespread adoption of the toll-free telephone number, and awareness and knowledge of poison centers and the services they provide. Survey results will indicate whether campaign messages are salient among target audiences and how media and community education outreach efforts should be tailored for future campaign activities. Data will also be shared with the Nation's poison control centers to ensure consistent messaging.

In order to compare 2011 survey data to the 2017 survey data, the 2017 survey instrument is consistent with the 2011 survey instrument, in both question order and question content. Minimal modifications and additions to the instrument were made to address current campaign priorities, without increasing the survey length or burden. In the 2017 survey instrument, we removed questions deemed unnecessary (because information can be gleaned from other questions), and included questions related to the new additional campaign priorities (opioid, that is, prescription pain medication and heroin, overdose). In light of the current need to use of dual-frame landline and mobile phone, sampling methodologies to maintain high quality nationally representative survey sampling, standard questions related to landline vs. cell phone utilization were added for weighting and quality control purposes.

Between the previously approved and conducted study in 2011 and this current initiative, there is minimal change in burden, from 370 to 374 hours.

## **3. Use of Improved Information Technology and Burden Reduction**

The *Poison Help* General Population Survey is planned as a full dual frame sample design, which combines cell phone and random digit dial (RDD) sample design methodologies (see section B.1). This survey will use state-of-the-art computer-assisted telephone interviewing (CATI) technology. This methodology permits the instrument designer to incorporate more complex routings and skip patterns into the questionnaire while reducing error, because the computer can be programmed to implement complex skip patterns and fill specific wordings based on answers previously provided by the respondent. In addition, CATI technology allows for tailoring of subgroups of respondents as needed. Errors made by interviewers and respondents because of faulty implementation of skip patterns are virtually eliminated. A second advantage relates to the consistency of data. The computer can be programmed to prevent out-of-range responses and identify inconsistent responses. An interviewer can then attempt to resolve these problems through respondent prompts. This mechanism reduces the need for most manual and machine-editing, thus saving both time and money. In addition, it is likely that the inconsistencies resolved by respondents will be more accurate than inconsistencies resolved by using editing rules. Finally, CATI technology uses a computerized tracking system that includes a scheduling component and a sophisticated case delivery system, thus reducing staff hours.

CATI permits greater expediency with respect to data processing and analysis because a number of back-end processing steps, including editing, coding, and data entry, become part of the data collection process. These efficiencies save time because of the speed of data transmission. Tasks formerly completed by clerical staff are accomplished by the CATI program. Only questions relevant to the campaign goals will be asked of respondents during the telephone survey.

#### **4. Efforts to Identify Duplication and Use of Similar Information**

As stated in Section 1, the purpose of the *Poison Help* campaign survey is to gauge awareness and use of the national toll-free telephone number; and awareness and knowledge about poison centers, and the services they provide. National research studies were previously conducted in both 2006 and 2011. No other data collection efforts exist that are designed to specifically assess awareness of the national toll-free telephone number, how respondents learned of the national toll-free telephone number, or how they obtained *Poison Help* campaign materials. No other studies assess intentions to contact a poison center or other emergency service for assistance related to a potential poisoning. As a result, this survey involves the collection of unique data that builds upon previous efforts identified in the literature or conducted by other organizations.

#### **5. Impact on Small Businesses or Other Small Entities**

No small businesses or other small entities will be involved or impacted in this study.

#### **6. Consequences of Collecting the Information Less Frequently**

This request for clearance applies only to the *Poison Help* General Population Survey, which will be conducted during the 2017 calendar year. HRSA plans to conduct additional national surveys every 5 years. There are no legal obstacles to reduce the burden.

#### **7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5**

The request fully complies with the regulation.

#### **8. Comments in Response to the Federal Register Notice/Outside Consultation**

##### **Section 8A:**

The notice in the 60-Day Federal Register (Vol. 82, No. 129, Pg. 31611-31612) soliciting comments was published on Friday, July 7, 2017 (see Appendix D). There were no public comments.

##### **Section 8B:**

The agency has made outside consultations with key individuals familiar with the subject matter in order to confirm the direction and content of the survey as well as to identify any areas of duplicative questioning (none were identified). These individuals were contacted in December 2016: Julie Weber (Director, Missouri Poison Control Center; 314-612-5715; Julie\_weber@ssmhc.com) and Michael Wahl (Medical Director, Illinois Poison Control Center; 312-906-6176; mwahl@team-iha.org).

#### **9. Explanation of any Payment/Gift to Respondents**

Respondents will not receive any payments or gifts.

#### **10. Assurance of Confidentiality Provided to Respondents**

The contractor will have only limited personal identifying information (e.g., self-reported first name, sex, and race/ethnicity), for statistical weighting and quality control purposes. Respondents will be identified only by a unique study ID number on the interview data file. As a further measure to maintain privacy, all presentations of data in reports will be in aggregate form, with no links to individuals responses. All KRC Research staff and subcontractors working on the project and having access to the data (including monitoring of interviews) are required to sign a privacy statement (Appendix E). Because no sensitive data will be collected, and no HRSA employees will have access to identifiable records, the project does not meet the definition of a Privacy Act System of Records. The project requires IRB review. It was submitted for IRB review and approval was obtained.

#### **11. Justification for Sensitive Questions**

Introduced this year, there are two potentially sensitive questions asking whether the respondent or someone in the respondent's household has ever had an emergency situation related to prescription drugs or other opioids (heroin, specifically). These questions and the related follow-up questions about treatment have been deemed vital

in informing key HHS/HRSA priorities surrounding opioid poisoning and help. Addressing opioids is one of the key priorities of the Secretary of HHS.

Additionally, race and ethnicity questions are asked in the survey both to assure nationally representative sampling as well as to be able to understand campaign effectiveness among various demographic groups, as mentioned in Section 2. Race and ethnicity are one part of a larger set of demographic questions necessary to assure high-quality survey sampling for nationally representative survey research.

The proposed survey, including the potentially sensitive questions described above, are voluntary and no persons are required to participate in the survey, or to respond to any questions they feel uncomfortable answering. Response categories are provided for those who wish not to answer. This voluntary aspect of the survey is clearly stated in the introduction and will be stressed in interviewer training.

**12. Estimates of Annualized Hour and Cost Burden**

This section summarizes the total burden hours for this information collection in addition to the cost associated with those hours.

**12A. Estimated Annualized Burden Hours**

The annual estimate of burden for this request is 374 hours. Estimates are calculated based on industry standard knowledge about studies conducted among identical audiences over several years. Timing is estimated based on number and complexity of questions as well as factoring in dual-frame phone methodology.

Type of Respondent	Form Name	Number of Respondents	No. Responses per Respondent	Total Responses	Burden per Response (in hours)	Total Burden Hours
Individuals/ Households	Poison Help General population Survey	2,000	1	2,000	0.166	332
Individuals/ Households	Poison Help General Population Survey Screener	2,600	1	2,600	0.016	41.6
Total		4,600		4,600		374

**12B. Estimated Annualized Burden Costs**

The annualized cost burden is shown in the table below. The hourly wage rate is based on the average hourly wage rate from the 2017 National Compensation Survey

conducted by the Bureau of Labor Statistics, U.S. Department of Labor (<https://www.bls.gov/news.release/pdf/ecec.pdf>). HRSA plans to conduct this survey every 5 years. This reflects a cost burden estimate for one survey, to be conducted in 2017. There are no respondent recordkeeping requirements associated with the surveys.

Type of Respondent	Instrument	Total Burden Hours	Hourly Wage Rate	Respondent Cost
Individuals/ Households	General Population Survey	332	\$35.28	\$11,712.96
Individuals/ Households	General Population Survey Screener	41.6	\$35.28	\$1,467.65
	<b>Total</b>			<b>\$13,180.61</b>

**13. Estimates of other Total Annual Cost Burden to Respondents or Recordkeepers/Capital Costs**

Other than time, voluntarily provided, there is no cost to respondents.

**14. Annualized Cost to Federal Government**

The total contracted cost of the *Poison Help* General Population Survey to the Federal Government is approximately \$100,000 over a period of 9 months per data collection cycle. This includes all direct and indirect costs of the design, data collection, analysis, and the reporting of the study. In addition, 10 percent of a full-time HRSA staff member’s time at the GS-13 level, estimated to be \$9,200, will be required to oversee the completion of these data collections during the calendar years in which the survey is conducted. **The total annualized costs to the federal government is \$109,200.**

**15. Explanation for Program Changes or Adjustments**

This program requests to reinstate the *Poison Help* General Population Survey, OMB Number 0915-0343.

**This survey is consistent with the scope, audience, and questions from the previously-conducted survey in 2011. Minimal modifications and additions to the instrument were made to address current campaign priorities, without increasing the survey length or burden.**

**In the 2017 survey instrument, we removed questions deemed unnecessary (because information can be gleaned from other questions), and included questions related to the new additional campaign priorities (opioid, that is, prescription pain medication and heroin, overdose). In light of the current need to use of dual-frame landline and mobile**



phone, sampling methodologies to maintain high quality nationally representative survey sampling, standard questions related to landline vs. cell phone utilization were added for weighting and quality control purposes. Between the previously approved and conducted study in 2011 and this current initiative, there is a minimal increase in burden, from 370 to 374.

**16. Plans for Tabulation, Publication, and Project Time Schedule**

Data collection for the *Poison Help* General Population Survey is scheduled to begin immediately following OMB approval. The data collection period for the *Poison Help* General Population Survey is estimated to be 6-8 weeks. Data analysis for the 2017 survey will be performed by KRC Research and summarized in a report with tables. The reports will be descriptive in nature and will indicate awareness and understanding of campaign goals and messages. The table below displays the project time schedule for the data collection period.

Survey Tasks	Schedule
Collect data.....	1.5-2 months following OMB approval
Analyze data.....	2-3 months following data collection
Write summary report.....	2-4 months following data analysis

See Supporting Statement B for information on statistical methods.

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

The OMB number and Expiration date will be displayed on every page of every form/instrument.

**18. Exceptions to Certification for Paperwork Reduction Act Submissions**

There are no exceptions to the certification.