

Attachment 4a. Program Overview

ATSDR Biomonitoring of Great Lakes Populations Program III (N=500 respondents) Milwaukee Estuary Area of Concern, Wisconsin	
Licensed Anglers N=400	Burmese Immigrants and their Descendants N=100
Outreach, Sampling, and Recruitment See summary of the sampling and recruitment process in Section A.2. Purpose and Use of the Information Collection For detailed justification of sampling methods, see Section B.1. For IC forms (Attachment 5b-d; 7a-e; 8a-b; 9a-b).	
Random Selection within a geographic boundary License holders in the sampling frame will be selected as a random sex-age stratified sample reflective of the target population of fishing license holders (N=400)	Respondent-Driven Sampling (RDS) Select seeds who are leaders in the community with knowledge of community members fish eating habits, subsequent sampling, screening, and recruitment is based on respondent contacts per study criteria (N=100)
Response Rates For justification of proposed methods to maximize response rates in relation to payment or gift, see Sections B.3 and A.9. For justification for estimated response rates, see Section B.1.	
Response Rate: Estimated 20% eligibility rate in the anglers' in the study area, a 30% response rate among those eligible, a 80% contact rate among those responded to screening survey (complete study questionnaire), and a 90% completion rate among those who complete study questionnaire (attend clinic visit and provide blood/urine samples). Among the licensed angler participants, estimated 60% would complete the follow-up survey at the end of the project.	Response Rate: Estimated 68% of respondents to RDS recruitment will be eligible. Based on previous programs, WIDHS estimates that 80% of those eligible will enroll and complete the study questionnaire and provide blood/urine samples. Among the Burmese participants, estimated 30% would complete the follow-up survey at the end of the project.
Enrollment, Interview, Clinical Assessments, and Specimen Collection For detailed information collection procedures, see Section B.2. For related burdens to the respondent, see Section A.12. Each line in the A.12. Burden Table is indexed to a specific IC form as noted in in Section B.2. Procedures for the Collection of Information.	
Interview Setting: Option to complete questionnaire online before in-person specimen collection (Attachment 7b). Interviews with Informed Consent (N=400; Attachment 7a, 6a); Specimen collection (N=400, Attachment 8a).	Interview Setting: Collection locations with Informed Consent (N=100; Attachment 6b) and Interviews (N=100; Attachment 7c); Specimen collection and clinical assessments (N=100; Attachment 8b). Answer Network Size Questions for RDS (N=100; Attachment 7e).
Distribution of Tokens of Appreciation Justification is provided for proposed schedule and amount in gift cards in Section A.9.	
Incremental Distribution: Complete study questionnaire - \$20; blood and urine sample collection and clinical assessments - \$20. In a priority effort to maximize information collected, another \$20 will be given as a token of thanks for those respondents who complete both IC phases.	Incremental Distribution: Complete study questionnaire - \$20; blood and urine sample collection and clinical assessments - \$20. In a priority effort to maximize information collected, another \$20 will be given as a token of thanks for those respondents who complete both IC phases. For RDS, respondents will be given an

additional \$15 for each of up to three eligible recruits (\$45 maximum).

Program Laboratory Policies and Procedures - Attachment 9

Performing Laboratory is Centers for Disease Control and Prevention, Division of Laboratory Sciences

Attachment 11 is dedicated to program laboratory procedures and policies.

This attachment is referenced in the narrative in Section A.2. Purpose and Use of the Information Collection.

Results Reporting and Communications - Attachment 10

This attachment is referenced in Section A.2. Purpose and Use of Information Collection and B.2. Procedures for the Collection of Information

Attachment 10a is the template for the Results Letter for early reporting of elevated blood lead levels by the Adult Blood Lead Epidemiology and Surveillance (ABLES) Program at the Wisconsin Department of Health Services. Attachment 10b is the example full result package. After result reporting, a follow-up survey will be sent to all participants to get feedback on this study (Attachments 9a and 9b).