Information Collection for Evaluation of Education, Communication, and Training Activities for Mobile Populations

OMB Control No. 0920-0932

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Request for OMB approval of a Revision Information Collection

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Supporting Statement A

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Table of Contents

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Request for Revision of a "Generic Clearance" Data Collection

- The goal of the generic information collection request is to improve the effectiveness of CDC's communication, training, and education materials that are focused on mobile populations and stakeholders who work with these populations.
- Intended use of the resulting information is to identify ways to improve planning, implementation, refinements, and demonstrate outcome and impact of health communication, education, and training activities focused on mobile populations.
- The methods of information collection will include focus groups, interviews, surveys, and pre/post-tests. Both purposive and probabilistic samples will be employed for these information collections.
- The populations covered under this generic include refugees, immigrants, migrants, expatriates, international travelers, travel industry partners, emergency responders, healthcare providers, non-profit agencies, importers, school officials and staff, business owners and employers, customs brokers and forwarders, childcare providers, state and local health department staff, and the general public. Due to the broad populations, two respondent classes are outlined in the burden tables: general public and health care providers. This was done to provide a range of respondent monetary costs we believe will be present in the projects conducted under this generic.
- Data will be analyzed depending on the method and purpose of collection. For example, qualitative analysis of focus groups or interviews, software such as NVivo, AtlasTi, MaxQDA may be used to look at trends in terminology or content elicited during information collection.

CDC is requesting a three-year revision of this generic information collection. The total burden requested for this generic information collection is 7,982 hours from 17,500 respondents.

There is a proposed change in the title of this generic: from "Information Collection for Evaluation of Education, Communication, and Training Activities for the Division of Global Migration and Quarantine" to "Information Collection for Evaluation of Education, Communication, and Training Activities for Mobile Populations." In the past three years, two of the three approved Gen-ICs have been collaborations between multiple divisions within the National Center for Emerging and Zoonotic Infectious Diseases (NCEZID): the Division of Global Migration and Quarantine and the Division of Vector-borne Disease. Because multiple divisions across NCEZID frequently collaborate on these sorts of activities, the title change is meant to be less exclusive. No other changes are proposed in this request for a revision. There is no change in scope or purpose.

For this submission, requested burden has been reduced from 37,500 respondents and 17,835 burden hours to 17,500 respondents and 7,982 burden hours due to a reduction in the number of

estimated number of collections per year from ten to five and a two thirds reduction in pre- and post-tests requested for both types of respondents.

A reduction in the estimated number of annual collections is the only revision being requested.

A.1. Circumstances Making the Collection of Information Necessary

The Centers for Disease Control and Prevention (CDC), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Division of Global Migration and Quarantine (DGMQ), requests a revision of a "generic clearance" to conduct evaluation research in order to plan, implement, and demonstrate outcome and impact of health communication, education, and training activities. These activities may include communicating with international travelers and other mobile populations, training healthcare providers and educating public health departments.

The information collection for which approval is sought is in accordance with DGMQ's mission to reduce morbidity and mortality among immigrants, refugees, travelers, expatriates, and other globally mobile populations, and to prevent the introduction, transmission, or spread of communicable diseases from foreign countries into the United States. This mission is supported by delegated legal authorities.

This information collection authorized under Section 301 of the Public Health Service Act (42 U.S.C. 241) (Attachment A1). Additionally, Section 361 of the Public Health Service (PHS) Act (42 USC 264) (Attachment A2) authorizes the Secretary of Health and Human Services (HHS) to make and enforce regulations necessary to prevent the introduction, transmission, or spread of communicable diseases from foreign countries or possessions into the United States and from one state or possession into any other state or possession. These regulations are codified in 42 Code of Federal Regulations (CFR) Parts 70 and 71 (Attachment A3 and A4).

The Secretary of Health and Human Services also has the legal authority to establish regulations outlining the requirements for the medical examination of aliens before they may be admitted into the United States. This authority is provided under Section 212(a)(1)(A) of the Immigration and Nationality Act (8 U.S.C. § 1182(a)(1)(A)) (Attachment A5) and Section 325 of the Public Health Service Act (Attachment A6). These regulations are codified in 42 CFR Part 34 (Attachment A7), which establish requirements that determine whether aliens can be admitted into the United States.

Successful implementation of DGMQ's regulatory authority and public health mission requires a variety of communication, training, and/or educational activities with staff, partners, mobile populations, and the general public. DGMQ conducts many communication and education activities to convey health information to key audiences. Data collection is needed to successfully plan, implement, and evaluate health communication, education, and training activities related to DGMQ's public health mission.

This generic OMB clearance allows DGMQ to quickly collect information about the knowledge, attitudes, and behaviors from key audiences (such as refugees, immigrants, migrants, international travelers, travel industry partners, healthcare providers, non-profit agencies, customs brokers and forwarders, schools, and state and local health departments) to help improve and inform these activities during routine and emergency public health events. This generic information clearance will also help DGMQ continue to refine these efforts in a timely manner, and will be especially valuable for communication activities that must occur quickly.

A.2. Purpose and Use of Information Collection

The purpose of this generic clearance request is to conduct timely evaluations of DGMQ's communication, education, and training activities. These evaluation activities will allow DGMQ to provide clear, effective, and appropriate training, education, and communication to key audiences. The information collected will be used by DGMQ staff to appropriately plan, implement, and demonstrate outcomes and impact of communication, education, and training activities. This generic OMB clearance will support conducting evaluation for communication, education, and training activities.

Since receiving approval for this generic, DGMQ has conducted three GenICs:

1. Knowledge, Attitudes, and Practices about Dengue, Chikungunya, and Zika among Travel Consultants and Aid Agencies. (A previous, second GenIC, "Knowledge, Attitudes, and Practices about Dengue and Chikungunya among Travel Consultants and Aid Agencies" was approved in November 2015 but the collection was never started because the international Zika response (which began shortly after approval was received) took up most of the division's resources).
    - Summary: Determine the knowledge, attitudes, and practices of missionaries and humanitarian aid workers and their organizations (sending agencies) about travel health, including personal protection measures to avoid illness while traveling abroad, specifically mosquito-borne diseases (Dengue, chikungunya and Zika). Identify barriers and facilitating factors for pre-travel medical consultations and preferred routes for travel health and disease prevention information. Assess potential usefulness and content of CDC's travel health information.
    - Results: Mission and volunteer aid sending agencies have been contacted to begin the coordination of focus groups. However, data has not been collected yet as all resources were directed to the Zika outbreak response and because sending agencies and missionaries travel to their missions mostly during the summer when the Zika outbreak was declared finished. Therefore, no results have been reported.
    - Lessons learned: Results from this data collection will be used to develop tailor-made educational materials for missionaries and humanitarian volunteers and will be uploaded to the CDC's Travelers' Health and Dengue, Chikungunya, and Zika websites. Recommendations will be used to develop a mechanism for reporting

Dengue, chikungunya, and Zika cases in missionaries and humanitarian service travelers.

2. Evaluation of Travelers' Health Zika Prevention Communication Campaign for Hispanics/Latinos Visiting Friends and Family: Word of Mouth Survey (Currently underway)
    - Summary: The overall goal of Travelers' Health (TH) Zika visiting friends and relatives (VFR) campaign is to increase the awareness of Zika risks and prevention methods among Hispanics/Latinos residing in the United States who visit friends and relatives in Latin America and the Caribbean through a communications campaign conducted in New York City, Orlando, and Los Angeles. The campaign will use both traditional and social media and will engage partners that are currently working with the campaign's target audiences. A component of the campaign includes a word-of-mouth (WOM) approach, an interpersonal communications method that will include local community health workers. CDC TH will employ the WOM approach to assist in achieving greater awareness of Hispanic/Latino VFRs living in the New York City area, and using partners' resources and connections to a local organization that provides community health services and education.
    - Intended use of the resulting data: Results from the evaluation will be used to inform future development of Zika materials and communications for this population (Hispanics/Latinos). Travelers' Health experience using the WOM approach may yield lessons and best practices that could influence future communication campaigns to high-risk travelers.

3. Educational Materials for Applicants for U.S. Immigration with a TB classification (Currently underway)
    - Summary: The goal is to reach Mexican immigrant populations, who have been classified with a tuberculosis (TB) condition, to evaluate culturally and linguistically appropriate health education materials.
    - Intended use of the resulting data: Results will be used to provide recommendations for improving and finalizing the materials, which will ultimately improve immigrant knowledge and U.S.-based follow-up.

DGMQ was limited to three projects in the last three years for several reasons. Since 2015, DGMQ has been a key component of CDC's high profile emergency responses that pulled staff away from long-term evaluation projects to focus on the immediate needs of these responses, ultimately delaying the timeline for the evaluation projects. These responses included Ebola and Zika. The timeline and resources for these responses did not allow for evaluation activities while addressing immediate public health needs. Another contributing factor was the need to redirect evaluation funds for additional material/project development. Complications with funding and staffing resources also prevented DGMQ from submitting additional projects as part of this Generic Information Collection.

The following ideas have been proposed for evaluation projects for the next three years:

- Electronic Disease Notification (EDN) system user training evaluation of communication and education activities available for EDN users in US state/local health departments and clinics. The investigators want to determine if the training information available to EDN users is being used and is helpful. We also seek to know if other forms of communication such as quick videos, tipsheets, etc. would be preferred to the current format.
- Testing educational materials for B1 and B2 immigrant and refugee applicants from Mexico to increase post-arrival follow-up examinations once they reach their destination in the United States. The intent is that improved materials will help improve the diagnosis and treatment of latent tuberculosis infection in new immigrants.
- Mobile Applications Evaluation: This project will evaluate mobile applications developed for travelers to assess how they are used, where and when they are used, and how they can be improved to help travelers follow travel recommendations.
- Data Visualization Evaluation: This project is an evaluation of visual communication methods by comparing data visualizations with other types of communication to determine which is more effective and likely for people to remember around messages that convey the value of work DGMQ does.
- VIP Packet and DGMQ Stories Evaluation: This evaluation will ask key target audience members (partners, public health leaders, etc.) to help make improvements and refine messaging to the materials about DGMQ.
- Quarantine and Isolation Airline Website Evaluation: This evaluation will include asking airline partners to help inform the redesign of the airline pages and possibly the Quarantine and Isolation website.
- Travelers' Health information collection work to include communication, education, and training campaign evaluation for specific audiences, e.g., visiting friends and relatives (VFRs), male travelers, stakeholder evaluations, emergency response activity evaluation, data visualization evaluation, and user-centered design ideation/prototype testing and evaluation.
- Evaluate the feasibility, acceptability, barriers, and facilitators of implementing six recently released non-pharmaceutical intervention (NPI) planning guides to help increase the awareness, understanding, and uptake of NPIs and the 2017 Guidelines. The evaluation will be conducted using camera-assisted, on-line focus groups to collect and aggregate data from representatives of various audiences and community settings.

DGMQ staff proposes the following data collection methods for this package: focus groups (Attachment C), interviews (Attachment D), surveys (Attachments E), and pre-posttests (Attachment F1 and F2). Depending on the information collected, data collection methods may be conducted either in-person, by telephone, on paper, or online. Data may be collected in quantitative and/or qualitative forms. Each proposed evaluation project will submit the tools used for data collection, including screenshots of web-based surveys, in the statement provided to OMB.

Numerous audience variables will be assessed under the auspices of this generic OMB clearance. These include, but are not limited to, knowledge, attitudes, beliefs, behavioral intentions, practices, behaviors, skills, self-efficacy, and information needs and sources. Insights gained from evaluation research will assist in the development, refinement, implementation, and evaluation of communication, education, and training activities.

Any information shared as a result of this collection will be shared in aggregate with personal identifiers removed. Sharing of any information in this way is intended to help improve program activities, help CDC and partners learn about the audiences and their communication, education, and training needs, and guide future efforts in reaching these populations. Some information may be submitted to peer-reviewed journals to help expand knowledge and understanding. All information provided by respondents will be treated in a secure manner and will not be disclosed unless otherwise compelled by law. Respondents will be informed prior to participation that their responses will be treated in a secure manner.

A.3. Use of Improved Information Technology and Burden Reduction

Whenever possible, DGMQ staff will employ electronic technology to collect and process data in order to reduce respondent burden and aid in data processing and reporting efficiency. Particular emphasis will be placed on compliance with the Government Paperwork Elimination Act (GPEA), Public Law 105-277, title XVII.

Data collection will be conducted using the most current modes, including computer-assisted methods, web-based surveys, web-based focus groups, or other modes as necessary to reach the intended audience. Though these technologies will be used by many of the individual projects in this data collection, the nature of many of these proposed activities typically requires direct interaction between respondents and project staff, especially in the case of qualitative focus group discussions. Also, in cases when respondents do not have access to electronic means of communication, a paper-based data collection will be implemented on a limited basis. Each proposed evaluation project will submit the tools used for data collection, including screenshots of web-based surveys, in the statement provided to OMB.

In all information collections, the number of questions posed will be held to the minimum required in order to elicit the necessary data.

A.4. Efforts to Identify Duplication and Use of Similar Information

Because DGMQ's public heath mission is supported by regulatory responsibilities, as outlined in Section A1, it is not expected that any of the information collected under this proposed generic clearance is duplicative or is already in the possession of the federal government. The proposed generic clearance will allow DGMQ to significantly improve its ability to develop, refine and evaluate communication, education, and training activities. The results and final products from these activities may be used by multiple government and non-profit agencies.

A.5. Impact on Small Businesses or Other Small Entities

Communication, training, and educational activities frequently include healthcare providers in the target population. When research with this audience is required, CDC works through established medical and professional societies and research contractors to gain access and obtain the necessary participants. Evaluation research efforts will be carefully planned to minimize the burden on healthcare provider practices and other small entities.

A.6. Consequences of Collecting the Information Less Frequently

If this information is not collected, DGMQ's ability to effectively communicate messages to mobile populations who may be at increased public health risk will be compromised. According to the CDC's Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide (1), evaluation is critical for engaging in scientifically sound communication, training, and educational efforts. Communications evaluation, often encompassing concept, message, and materials testing activities, is essential in pre-testing materials to evaluate a wide variety of dimensions that include, but are not limited to, appeal, saliency, clarity, cultural appropriateness, and readability/understandability. If a concept and/or a message is not tested, then resources could be expended without evidence that the activity is appropriate or effective. For example, without the use of this generic information collection approval, CDC wouldn't have been able to get timely evaluations of CDC's CARE Ambassador program. This baseline evaluation resulted in the recognition that the program needed to provide increased clarity surrounding CDC messages concerned with travelers making contact with public health authorities after coming back to the United States from the Ebola affected countries. This is a critical piece of the follow-up program to ensure that if people become ill during their 21-day active monitoring period, they are connected with the appropriate public health authorities.

There are no legal obstacles to reducing the burden.

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

This request fully complies with the regulation 5 CFR 1320.5.

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

A. A 60-day Federal Register Notice was published in the *Federal Register* on October 30, 2017, vol. 82, No. 208, pp. 50131 (Attachment 2). CDC received four non-substantive public comments on this notice (Attachments B2, B3, and B4). CDC's standard response was sent.

B. Efforts to Consult Outside the Agency

DGMQ routinely works with a variety of government and non-governmental agencies and partners to inform our work with globally mobile populations. Our pandemic flu preparedness outreach is coordinated with National Association of County and City Health Officials (NACCHO), Association of State and Territorial Health Officials (ASTHO), and Council of State and Territorial Epidemiologists (CSTE). The Division works with Ventanillas de Salud, Binational Technical Work Group, the Border Health Commission, and local health departments in U.S. states along the southwest border on issues affecting US/Mexico border populations. In addition, since travelers comprise a variety of audiences, we have partners in many sectors including federal government (Departments of State and Homeland Security), state and local health departments (e.g., New York City, Los Angeles, and Florida) and professional groups (International Society of Tropical Medicine, American Society of Tropical Medicine and Hygiene).

A.9. Explanation of Any Payment or Gift to Respondents

A cash stipend or other gift may be offered to the evaluation research participants as a token of appreciation for a respondent's time and interest in the project, but the use of incentives will not be the default practice. Amounts and justifications for any token of appreciation will be determined on an individual project basis and will be supported by research indicating that incentives are useful for the particular population participating in the information collection. This information will be included in the statement provided to OMB for each information collection to be conducted by DGMQ.

The Need for Incentives

Incorporating modest incentives to aid in recruitment for evaluation research is standard practice among commercial market researchers. For a number of reasons, this practice is also appropriate for information collections covered by this generic package.

The most important aspect of an incentive plan may be its potential for reducing response bias, underreporting bias, and similar sources of error. Findings from the National Survey of Family Growth (a study in which childbearing and family planning patterns are collected from young women) demonstrated that incentives not only had positive effects on response rates, but they also increased the accuracy of reporting (2). Incentives are necessary for testing in order to ensure that those who are willing to participate are as representative as possible of the wider public. Failure to provide a basic incentive is likely to bias samples in the direction of well-educated individuals who are generally predisposed to be helpful.

In the National Adult Literacy Survey by Berlin and colleagues (3), a $20 incentive resulted in not only higher response rates from the sample cohort, but also lower costs per completed case than the comparison group. Importantly, the incentives provided higher response rates from adults with lower-than-average levels of education and basic literacy and numeracy skills.

Empirical evidence suggests that motivation is increased when an incentive is present for research. Krueger (4) cautions that without providing minimal levels of monetary compensation, insufficient numbers of participants will attend and results will not be useful. In addition, there is substantial evidence that monetary incentives increase response rates to surveys. In a meta-analysis of 38 experiments and quasi-experiments, Church (5) found that nonmonetary gifts were significantly less effective than cash in generating survey responses, and noted that offering pre-paid monetary incentives yielded an average increase of 19.1 percentage points over comparison groups.

Level of Incentive Payment

Under the terms of the subject information collection, DGMQ will not directly provide incentives or gifts to respondents. However, some respondents may receive a token of appreciation through recruitment companies contracted to obtain participants. DGMQ may use these recruitment companies to find participants for larger surveys or when it is difficult to find specific types of audiences willing to participate, e.g., healthcare providers or hard to reach or marginalized populations. It is typical for recruitment companies to provide incentives to users as part of their practices. The amount of incentive will be based on guidance from OMB, and the type of gift may also be based on the age demographic participating in the information collection.

A.10. Protection of the Privacy and Confidentiality of Information Provided by Respondents

NCEZID has reviewed and stated that the Privacy Act may apply depending on the information collection. DGMQ and contractors will follow procedures for assuring and maintaining security during all stages of data collection. Respondents will be recruited using established record systems such as proprietary databases of professional organizations (e.g., the American Medical Association), commercial focus group companies, and other sources.

Respondents will be informed that information collected may be recorded and transcribed, and that any multimedia recordings will be destroyed after completion of each report on findings. DGMQ staff, in conjunction with the contractor, will collect and evaluate the research data. All information provided by respondents will be treated in a secure manner and will not be disclosed unless otherwise compelled by law. Respondents will be informed prior to participation that their responses will be treated in a secure manner. An application for IRB review and approval will be submitted for each proposed evaluation project, which will outline their procedure for participant consent.

The proposed data collection will have little or no effect on the respondent’s privacy. DGMQ and contractors will follow procedures for assuring and maintaining security during all stages of data collection. Respondents will be recruited using established record systems such as proprietary databases of professional organizations (e.g., the American Medical Association), commercial focus group companies, and other sources. Each proposed evaluation project will

submit information about record systems, any demographic information retained for purposes of analysis, and will reference the appropriate Systems of Records Notice for the data as it applies to the project.

Only DGMQ staff and contractors will collect and evaluate the research data. Participants will be informed that evaluation research may be recorded and transcribed, and that multimedia recordings will be destroyed after completion of each report on findings.

All data will be stored in secured electronic files at CDC's and/or a contractor's office and will be accessible only to staff directly involved in the project. All members of the project will be required to sign a statement pledging their personal commitment to guard the privacy of data. Data files will be retained for a period of no more than three years and then destroyed. After the three years, the documents and multimedia recordings will be deleted.

Online data collections will conform totally to federal regulations [the Hawkins-Stafford Amendments of 1988 (P.L. 100-297) and the Computer Security Act of 1987] and will be required to have comprehensive, written plans to maintain security of personal information. This plan will include having all personnel with access to individual identifiers sign confidentiality agreements. They will also be trained in the meaning of maintaining the security of personal information, particularly as it relates to handling requests for information from respondents, and in providing assurance to respondents about the protection of their responses.

Each information collection submitted under this generic will be evaluated to determine if a system of records is being created. CDC does not anticipate that the collection of PII will be commonly needed in the information collections submitted under this generic. Any PII collected will only be retained for potential follow-up questions, and will be destroyed in a manner specified in each information collection.

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

Institutional Review Board (IRB)

Each proposed activity will submit an application for IRB review and approval, which will outline the procedure for consent. However, prior to participating in the information collection, most prospective respondents will receive information such as the sponsorship of the evaluation project, their rights as participants, risks and benefits in participating, and contacts for more information about the evaluation project. Prior to the beginning of the information collection, a staff member will address any questions the participants have about the evaluation project.

Respondents will be advised of the nature of the information collection activity, the length of time it will require, and that participation is purely voluntary. Respondents will be assured that no penalties will occur if they wish not to respond to the information collection as a whole or to any specific questions. These procedures conform to ethical practices for collecting data from human participants.

Justification for Sensitive Questions

The majority of questions asked will not be of a sensitive nature. However, some respondents (namely the general public) may find thinking about and discussing a disease unpleasant. A portion of respondents could consider questions about race, ethnicity, or other demographic characteristics to be sensitive, although such questions are unlikely to be highly sensitive. Where relevant to the information collection, race and ethnicity data will be collected consistent with HHS policy and standard OMB classifications.

Additionally, some respondents may feel uncomfortable answering particular questions about their individual experiences, level of disease awareness, and/or adopted preventative behaviors (or lack thereof) associated with various diseases. Such questions, if asked, would be necessary for the purposes of a targeted communication, training or education activity and thus to the information collection. To minimize psychological distress, the moderator or data collection instrument instructions will inform participants that they do not have to respond to any questions they do not want to answer and they may stop participating at any time. In addition, a subject matter expert from DGMQ or delegated organization will be present during the information collection to answer questions from participants at the end of the information collection activity.

A.12. Estimates of Annualized Burden Hours and Costs

The focus group and interview guides, surveys tools, and tests for each information collection activity will be submitted for OMB review. The average burden for each respondent depending on the specific data collection will range from 45-90 minutes. CDC is proposing to collect information from two types of respondents: the general public and healthcare practitioners. CDC estimates that approximately 70% of respondents contacted over the course of the requested three years will be general public, with the remaining 30% comprised of healthcare practitioners.

Similarly, potential respondents may be screened for interest and eligibility using a customizable screening form (Attachment G) designed for focus groups, interviews, and surveys. No screening forms will be used for pre/posttests. These screening forms will request an estimated 10 minutes per respondent. Screening forms for each information collection will be submitted for OMB review. Based on experience recruiting participants from master lists of eligible or interested persons, it is estimated that twice the number of respondents needed must be screened in order to yield the desired number of respondents.

Information collections will be requested over a three year time period. There are no costs to respondents except their time to participate in the research activities. The total annualized burden to respondents is 7,982 hours. Hours in Total Burden column are rounded to the nearest hour.

For this submission, requested burden has been reduced from 37,500 respondents and 17,835 burden hours to 17,500 respondents and 7,982 burden hours due to a reduction in the number of

estimated number of collections per year from ten to five and a two thirds reduction in pre- and post-tests requested for both types of respondents.

Table A.12-A: Estimated Annualized Burden to Respondents

Type of Respondents	**Form Name**	**Number of Respondents**	**Number of Responses per Respondent**	**Average Burden per Response (in hours)**	**Total Burden (in hours)**
General Public	Focus Groups Screening form	1050	1	10/60	175
Healthcare Professionals	Focus Groups Screening form	450	1	10/60	75
General Public	Focus Groups	525	1	90/60	788
Healthcare Professionals	Focus Groups	225	1	90/60	338
General Public	Interview Screening Form	700	1	10/60	117
Healthcare Professionals	Interview Screening Form	300	1	10/60	50
General Public	Interviews	350	1	1	350
Healthcare Professionals Interviews	Interviews	150	1	1	150
General Public	Survey Screening Forms	5250	1	10/60	875
Healthcare Professionals	Survey Screening Forms	2250	1	10/60	375
General Public	Surveys	2625	1	45/60	1,969
Healthcare Professionals	Surveys	1125	1	45/60	844
General Public	Pre/Post Tests	1750	1	45/60	1,313

Healthcare Professionals	Pre/Post Tests	750	1	45/60	563
TOTAL		17500			7,982

Table A.12-B presents the calculations for cost of respondents' time using two categories of mean hourly wages, one for the general public (https://www.bls.gov/oes/current/oes_nat.htm#00-0000: $23.86) and one for Healthcare Professionals (https://www.bls.gov/oes/current/oes290000.htm: $38.06). Hourly mean wage information is from the U.S. Department of Labor's Bureau of Labor Statistics website for 2016 wages. The total annualized respondent cost (including the screening forms) is $224,462. Total costs are rounded to the nearest dollar.

These respondent categories are broad and intended to provide an estimate of the total cost. To the extent possible, more specific BLS wages will be used when more precise occupations are selected for the GenICs.

For this submission, requested cost burden has been reduced from $760,358 to $224,462 due to a reduction in the number of anticipated information collections per year, as well as a two thirds reduction in pre- and post-tests requested from both types of respondents.

Table A.12-B: Estimated Annualized Cost to Respondents

Type of Respondents	Form Name	Total Burden (in hours)	Average Hourly Wage	Total Cost
General Public	Focus Groups Screening form	175	$23.86	$4,176
Healthcare Professionals	Focus Groups Screening form	75	$38.06	$2,855
General Public	Focus Group Guide	788	$23.86	$18,802
Healthcare Professionals	Focus Group Guide	338	$38.06	$12,864
General Public	Interview Screening Form	117	$23.86	$2,792
Healthcare Professionals	Interview Screening Form	50	$38.06	$1,903

General Public	Interview Guide	350	$23.86	$8,351
Healthcare Professionals Interviews	Interview Guide	150	$38.06	$5,709
General Public	Survey Screening Forms	875	$23.86	$20,878
Healthcare Professionals	Survey Screening Forms	375	$38.06	$14,273
General Public	Surveys	1,969	$23.86	$46,980
Healthcare Professionals	Surveys	844	$38.06	$32,123
General Public	Pre/Post Tests	1,313	$23.86	$31,328
Healthcare Professionals	Pre/Post Tests	563	$38.06	$21,428
TOTAL		7,982		$224,462

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

None.

A.14. Annualized Cost to the Government

The estimated average annual cost to the federal government for the proposed information collection activities is $1,488,155 for an anticipated five collections per year. This figure encompasses 50% FTE of two GS-13 employees and information collection contract costs. The average annual rate was obtained from the Office of Personnel Management's website (https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/18Tables/html/ATL.aspx). The annual rate for a GS-13 in metro Atlanta is $91,631 per year. The contractual cost for an information collection (e.g. the development of a screener and instrument, participant recruitment, incentive payments, facility rental (when applicable), transcriptions, and final reports) is estimated at $200,000.

Table A.14-A: Estimated Annualized Cost to the Government per Activity and Total

Estimated Annualized Cost to the Government per Activity and Total

Cost Category	Estimated Annualized Cost
Federal employee costs, per information collection (50% FTE of two GS-13 at $91,631/year)	$91,631
Contractual costs for an information collection (e.g. facility rental, moderator/interviewer, participant recruitment, transcriptions and report on findings)	$200,000
Cost per information collection	$291,631
Total cost of five information collections	$1,488,155

A.15. Explanation for Program Changes or Adjustments

For this submission, requested burden has been reduced from 37,500 respondents and 17,835 burden hours to 17500 respondents and 7,982 burden hours due to a reduction in the number of estimated number of collections per year from ten to five and a two thirds reduction in pre- and post-tests requested for both types of respondents.

A.16. Plans for Tabulation and Publication and Project Time Schedule

In some cases, the results of information collection will not be published; instead, the information will be used to inform communication, training and/or education activities across DGMQ. In other cases, results will be presented at professional conferences and in peer-reviewed journals. Project timelines will vary, depending on the program requirements and the activity itself. The project timeline will be dependent on the nature of the data collection.

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

The display of the OMB expiration date is not inappropriate.

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

There are no exceptions to the certification.

REFERENCES

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ATTACHMENTS

Attachment A1 – Section 301 of the Public Health Service Act (42 USC 241)

Attachment A2 - Section 361 of the Public Health Service (PHS) Act (42 USC 264).

Attachment A3 - 42 Code of Federal Regulations part 70

Attachment A4 - 42 Code of Federal Regulations part 71.

Attachment A5 - Section 212(a)(1)(A) of the Immigration and Nationality Act

Attachment A6 - Section 325 of the Public Health Service Act.

Attachment A7 - 42 Code of Federal Regulations part 34

Attachment B - 60 Day Federal Register Notice

Attachment B2 – Comment on Federal Register Notice

Attachment B3 – Comment on Federal Register Notice

Attachment B4 – Comment on Federal Register Notice

Attachment B5 – Comment on Federal Register Notice

Attachment C - Sample of a Focus Group Guide

Attachment D - Sample of an Interview Guide

Attachment E - Sample of a Survey

Attachment F1 – Sample of a Pre-Test

Attachment F2 – Sample of Post-Test

Attachment G - Sample of a Screening Tool