

**Change Request**  
**Assessment of a Preventive Service Program in the Context of a Zika Virus Outbreak in Puerto Rico**

(OMB Control No. 0920-1241; Exp. date 08/31/2020)  
February 15, 2019

**Summary**

OMB approval is requested to increase the value of the gift card given to women who participate in the 18- and 30-month follow-up surveys as a token of appreciation from \$5 to \$10 as means to improve participation.

**Background and Justification**

CDC is approved to collect information to assess the implementation and associated outcomes of the Zika Contraception Access Network (Z-CAN), an initiative that provided patient-centered services to reproductive-aged women in Puerto Rico who chose to delay or avoid pregnancy while local Zika virus transmission was ongoing. Online surveys of women aged 18 years or older who received Z-CAN services are being used to assess: (1) prevention strategy adherence among Z-CAN patients approximately 18 months after receipt of program services; and (2) prevention strategy adherence, patient satisfaction, and unmet need for services among Z-CAN patients approximately 30 months after receipt of program services. This data collection effort (OMB Control No. 0920-1241, Exp. 08/31/2020) supplements an emergency collection previously approved by OMB in February 2017 (OMB Control No. 0920-1164) that collected information among Z-CAN patients approximately 6 months after receipt of program services. Together, the intended use of the resulting data is to monitor program outcomes and determine the program's potential for replication/adaptation during other emergency responses. The information will also be useful to the Puerto Rico Department of Health and others working to improve services for women to understand ongoing unmet needs for services experienced by women in Puerto Rico.

Currently, Z-CAN patients participating in the 18-month survey are provided with a gift card valued at \$5 as a token of appreciation. Although not launched yet, Z-CAN patients who participate in the 30-month survey will also receive a gift card valued at \$5 as a token of appreciation. Women received this same amount for completing the 6-month survey. However, response rates to the 18-month survey are much lower than response rates to the 6-month survey. For example, overall, the response rate for the 6-month survey was 54.9% (1800/3278). The current response rate for the 18-month survey among women who have received invitations to participate in the survey is 28.4% (396/1395). We believe the response rate to the 18-month survey is lower than the response rate to the 6-month survey due to the greater time lapse between the woman's initial Z-CAN visit and the 18-month survey (i.e., 18 months) than the time lapse between the woman's initial Z-CAN visit and the 6-month survey (i.e., 6 months). Attrition over time is an expected drawback of longitudinal research, and the longer the follow-up period, the higher the chances are for study participant dropout. It is also possible that women may choose not to participate in the 18-month survey due to competing demands, loss of motivation since the end of the Zika virus outbreak in Puerto Rico, or loss of interest since the end of the Z-CAN program. A response rate of less than 50% results in participation bias and compromises our ability to use the information collected from respondents. If the sample of women who participate in the 18-month survey no longer represents the original sample of women, this threatens the validity and generalizability of the findings. Therefore, we request to increase the value of the gift card given to women who participate in

the 18- and 30-month follow-up surveys to \$10 as a token of appreciation as a means to improve participation. Use of monetary incentives has been shown to increase response rates and reduce attrition in longitudinal studies.[1-4] More specifically, a recent study that examined the effectiveness of monetary incentives on survey response rates across four waves of data collection spanning years found that a \$10 monetary incentive was effective at increasing response rates at later data collection time points.[2] Other ongoing and recent federal data collections have offered incentives valued at  $\geq$ \$10 as tokens of appreciation for completion of surveys (OMB Control Nos. 0920-0314 0920-1083, and 0920-1123; and Pregnancy Risk Assessment Monitoring System [existing collection in use without an OMB control number]).

### *Examination of the Effect of the Change in Monetary Value*

Women receive invitations to participate in the surveys on an ongoing basis, based on the date of their initial Z-CAN visit. If approved, we plan to examine how changing the value of the token of appreciation amount affected response rates by conducting intra-group and between-group comparisons to further inform methodology in this area. Group 1 will consist of women who have received an invitation to participate in the survey before the monetary change (i.e., \$5 token of appreciation value). Among women in Group 1, some will have already responded to the survey (Group 1A) and some will not have already responded to the survey (Group 1B). Women in Group 1B will receive another invitation to participate in the survey after the monetary change and will be offered a gift card valued at \$10 as a token of appreciation. Group 2 will consist of women who have not received an invitation to participate in the survey before the monetary change and will be offered a gift card valued at \$10 as a token of appreciation. To understand the effect of the change in monetary value of the gift card on response rates, we will compare response rates from Group 1A versus Group 1B and Group 1A versus Group 2.

### **Burden Estimate**

No change to the burden estimate is requested.

### **Effect of Proposed Changes on Currently Approved Instruments and Attachments**

None. The requested change does not affect any other component of the information collection.

## References

1. David, M.C. and R.S. Ware, Meta-analysis of randomized controlled trials supports the use of incentives for inducing response to electronic health surveys. *J Clin Epidemiol*, 2014. **67**(11): p. 1210-21.
2. Yu, S., et al., The effectiveness of a monetary incentive offer on survey response rates and response completeness in a longitudinal study. *BMC Med Res Methodol*, 2017. **17**(1): p. 77.
3. Abreu, D.A. and F. Winters. Using monetary incentives to reduce attrition in the survey i foncime and program participation. in *Proceedings of the Survey Research Methods Section of the American Statistical Association*. 1999.
4. Singer, E. and C. Ye, The use and effects of incentives in surveys. *Annals of the American Academy of Political and Social Science*, 2012. **645**(1): p. 112-141.