

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB#: 0925-0648 Exp., date: 05/2021)

TITLE OF INFORMATION COLLECTION: Brother Your On My Mind (BYOMM) Knowledge Attitudes and Belief Form

PURPOSE:

The National Institute on Minority Health and Health Disparities (NIMHD) works to expand the knowledge-base of research on minority health and health disparities through several mechanisms, such as research and education collaborations, training programs, and outreach initiatives. These efforts help to further NIMHD’s goals for disseminating health information to minority health/health disparities stakeholders.

NIMHD and Omega Psi Phi Fraternity, Inc. (OPPF) and have launched an initiative to help start conversations about mental health entitled Brother, You’re on My Mind (BYOMM): Changing the National Dialogue Regarding Mental Health Among African American Men. The BYOMM program is one of the major public outreach efforts for NIMHD. NIMHD has created the BYOMM materials about depression and stress that are based in the science of mental health. OPPF disseminates the materials through national, regional, and local meetings, events and conferences.

To determine how the BYOMM program is doing, NIMHD created the Knowledge, Attitudes and Beliefs (KAB) Participant Assessment. A well-designed and rigorously conducted KAB Participant Assessment will produce qualitative data that is informative, insightful and useful in the planning and/or refining of the initiative. Participants will be able to complete the KAB Participant Assessment electronically from their personal cell phones or other electronic devices provided by the event coordinators. There is also a PDF version of the KAB form for participants that do not have access to an electronic device.

Collecting the KAB Participant Assessment data will be critical in determining future directions for this important outreach initiative.

DESCRIPTION OF RESPONDENTS: Respondents will be participants who attend BYOMM events.

TYPE OF COLLECTION: (Check one)

- ☐ Customer Comment Card/Complaint Form ☒ Customer Satisfaction Survey
☐ Usability Testing (e.g., Website or Software) ☐ Small Discussion Group
☐ Focus Group ☐ Other:

CERTIFICATION:

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.

5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
6. The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.
- 7.

Name: Shelly Pollard

To assist review, please provide answers to the following question:

Personally Identifiable Information:

1. Is personally identifiable information (PII) collected? ☐ Yes ☒ No
2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? ☐ Yes ☒ No
3. If Applicable, has a System or Records Notice been published? ☐ Yes ☒ No

Gifts or Payments:

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? ☐ Yes ☒ No

ESTIMATED BURDEN HOURS and COSTS

Category of Respondent	No. of Respondents	No. of Responses per Respondent	Time per Response (in hours)	Total Burden Hours
Individuals or Households	600	1	5/60	50
Totals		600		50

COST TO RESPONDENT

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individuals and Households	50	23.86	\$ 1,193.00
Totals			\$1,193.00

*Cite source per bls.gov if applicable

https://www.bls.gov/oes/current/oes_nat.htm#00-0000

FEDERAL COST: The estimated annual cost to the Federal government is \$620.00

Staff	Grade/Step	Salary	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					

Communications Specialist/Outreach Coordinator	GS-13	110,000	0.2%		\$220.00
Contractor Cost					
Palladian Partners, Inc.		200,000	0.2%		\$400.00
Travel					
Other Cost					
Total					\$620.00

*the Salary in table above is cited from <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/18Tables/html/DCB.aspx>

If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:

The selection of your targeted respondents

1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe?

☒ Yes ☐ No

If the answer is yes, please provide a description of both below (or attach the sampling plan)? If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?

The targeted respondents will be Omega members, their families, and related communities who have participated in a BYOMM event/activity. The KAB Participant Assessment will be distributed at all future BYOMM events across the country for the next two years. Participants will be able to complete the KAB assessment electronic devices. There is also a PDF version of the KAB form for participants that do not have access to an electronic device.

Administration of the Instrument

1. How will you collect the information? (Check all that apply)

☒ Web-based or other forms of Social Media

☐ Telephone

☒ In-person

☐ Mail

☐ Other, Explain

2. Will interviewers or facilitators be used? ☐ Yes ☒ No