

SUPPORTING STATEMENT - PART A

Qualitative Study of Factors that Influence Healthcare Seeking in Pilots – 0701-TPHB

1. Need for the Information Collection

Aircraft pilots are required to meet certain medical standards in order to function as a required aircrew member. If a pilot develops a new symptom or condition and discloses it during aeromedical screening, the pilot runs the risk of temporary or permanent loss of their flying status. This can result in negative occupational, social, and financial repercussions for the pilot. For this reason, it has been hypothesized that a subset of pilots participates in healthcare avoidance or does not fully disclose during aeromedical screening due to fear for aeromedical certificate loss. Evolving data is beginning to clarify the vast scope of this issue. A recent publication of over 3,500 US pilots showed that 56.1% of pilots reported a history of healthcare avoidance behavior due to fear for loss of aeromedical certification. More concerning, 60.1% of another sample of US pilots reported delaying or forgoing medical care due to fear for loss of flying status. Healthcare avoidance in aircraft pilots due to fear for loss of flying status may be prevalent, but many unanswered questions remain about factors that influence healthcare utilization and medical disclosure during aeromedical screening.

The purpose of the proposed study is to conduct a qualitative study of US Air Force active duty pilots, US Air Force trainee pilots, civilian collegiate aviation students, and commercial airline pilots. Data collection will focus on the following: (1) factors that negatively influence healthcare utilization and aeromedical disclosure during screening, (2) factors that support healthcare utilization and aeromedical disclosure during screening, and (3) factors that can be modified to address pilot healthcare avoidance from a pilot's perspective to inform future prospective research.

Research on pilot healthcare avoidance is critical to maintain military readiness for the following reasons: (1) optimizing existing medical assets increases the efficiency and effectiveness of warfighting capability without increased investment; (2) early presentation to medical care can increase the operational career and medical readiness of pilots, resulting in increased readiness efficacy and cost savings; and (3) research on pilots can inform how the aeromedical system supports this generation of pilots in the future (this population of pilots is hypothesized to have different healthcare preferences and behaviors from previous generations of pilots).

Authority: AIR FORCE INSTRUCTION 61-101, "Management of Science and Technology"

Approved as part of the FY22 Studies and Analysis (S&A) Portfolio by the Commander of the United States School of Aerospace Medicine (USAFSAM). The Air Force Aerospace and Operational Medicine (AO) Panel (lead by the AFMRA/SG3P) provides baseline S&A funds to USAFSAM to address urgent and near-term needs, issues and consultative questions that arise from installations, the Aerospace Medicine Community (Team-SGP) and Line of the

Air Force senior leadership and commanders that are appropriate for one-year, short term investigative work.

2. Use of the Information

Up to 50 civilian collegiate aviation students currently enrolled in a collegiate aviation training program, up to 50 USAF active-duty military pilot trainees, up to 50 US civilian airline pilots, and up to 50 USAF pilot trainees will be recruited to participate in the study. Researchers from the University of North Dakota will conduct the study portion for the trainee pilot populations. Prospective participants will receive a study invitation via an email that includes an electronic link to an online forum (using Qualtrics Software) where they can indicate their willingness to be contacted for a semi-structured interview (see study invitation email included in the ICR package). The forum will be the method that pilots interested in participating can provide their contact information to be used for scheduling and interview purposes (see attached). Informed consent will also occur when participants complete the initial contact forum to arrange for the subsequent interview. They will read an electronic copy of the consent form, then provide their written consent by typing their name on the form, prior to providing their contact information for interview scheduling. No identifying information will be collected. Only opinions and perspectives will be collected (no personal health history or information). Enrollment forums will be assigned a random study number to protect anonymity.

The researchers will then contact interested participants to schedule individual interviews to be conducted by virtual meeting. Informed consent will take place both in the enrollment electronic link and before the interview (see consent form). All questions regarding the informed consent will be addressed prior to the start of the interview. A semi-structured interview will then be conducted that will be one-on-one, semi-structured, and audio-recorded, lasting approximately 45 minutes. Interviews will be transcribed and stored with the participant's random study number. No identifying information will be collected during the interview. If a pilot begins to share personal health or identifying information, the researcher will stop the participant and remind them of the rules (put in place to protect the participant).

Initial online forum for interview scheduling purposes will be conducted via Qualtrics software; virtual interviews will be conducted using a video conferencing software, audio recordings of interviews will be transcribed and entered into Excel files; and qualitative analyses will be conducted using NVivo Version 12. Once all interviews are complete, the qualitative data will be organized into a code book using an iterative process and analyzed to assess the research themes.

3. Use of Information Technology

100% of responses will be collected electronically (enrollment takes place through the anonymous enrollment link). The enrollment link will be distributed electronically through online university and USAF listservs as approved by the local commander/authority. There will be no paper responses accepted.

4. Non-duplication

The information obtained through this collection is unique and is not already available for use or adaptation from another cleared source.

5. Burden on Small Businesses

This information collection does not impose a significant economic impact on a substantial number of small businesses or entities.

6. Less Frequent Collection

Data for this study is only collected at one time, there will be no additional follow-up or data collection necessary.

7. Paperwork Reduction Act Guidelines

This collection of information does not require collection to be conducted in a manner inconsistent with the guidelines delineated in 5 CFR 1320.5(d)(2).

8. Consultation and Public Comments

Part A: PUBLIC NOTICE

A 60-Day Federal Register Notice (FRN) for the collection published on Monday, April 24, 2023. The 60-Day FRN citation is 88 FR 24759.

No comments were received during the 60-Day Comment Period.

A 30-Day Federal Register Notice (FRN) for the collection published on Wednesday, November 1, 2023. The 60-Day FRN citation is 88 FR 74983.

Part B: CONSULTATION

No additional consultation apart from soliciting public comments through the Federal Register was conducted for this submission.

9. Gifts or Payment

No payments or gifts are being offered to respondents as an incentive to participate in the collection.

10. Confidentiality

A Privacy Act Statement is not required for this collection because we are not requesting individuals to furnish personal information for a system of records.

A System of Record Notice (SORN) is not required for this collection because records are not retrievable by PII. No personally identifying information will be collected during the study.

A Privacy Impact Assessment (PIA) is not required for this collection because PII is not being collected electronically. No personally identifying information will be collected during the study.

Records will follow Department of the Air Force Records Disposition Schedule (DAF RDS) T 44 - 01 R 01.00.

11. Sensitive Questions

No questions considered sensitive are being asked in this collection.

12. Respondent Burden and its Labor Costs

Part A: ESTIMATION OF RESPONDENT BURDEN

1) Collection Instruments

Study Enrollment Link

- a) Number of Respondents: 100
- b) Number of Responses Per Respondent: 1
- c) Number of Total Annual Responses: 100
- d) Response Time: 3 minutes
- e) Respondent Burden Hours: 5 hours

Semi-Structured Interview Guide of Self-Reported Qualitative Factors that Influence Healthcare Utilization in Pilots

- a) Number of Respondents: 100
- b) Number of Responses Per Respondent: 1
- c) Number of Total Annual Responses: 100
- d) Response Time: 45 minutes
- e) Respondent Burden Hours: 75 hours

2) Total Submission Burden

- a) Total Number of Respondents: 100
- b) Total Number of Annual Responses: 100 (enrollment and interview counted as one response)
- c) Total Respondent Burden Hours: 80 hours

Part B: LABOR COST OF RESPONDENT BURDEN

1) Collection Instruments

Study Enrollment Link

- a) Number of Total Annual Responses: 100
- b) Response Time: 3 minutes
- c) Respondent Hourly Wage: \$50.00
- d) Labor Burden per Response: \$2.50
- e) Total Labor Burden: \$250.00

Semi-Structured Interview Guide of Self-Reported Qualitative Factors that Influence Healthcare Utilization in Pilots

- a) Number of Total Annual Responses: 100
- b) Response Time: 45 minutes
- c) Respondent Hourly Wage: \$50.00
- d) Labor Burden per Response: \$37.50
- e) Total Labor Burden: \$3,750

2) Overall Labor Burden

- a) Total Number of Annual Responses: 100
- b) Total Labor Burden: \$4,000

The respondent hourly wage was determined by using the DFAS USAF Pay Table and applied to both the civilian collegiate population and the USAF active duty UPT pilot populations. This application was to be as conservative as possible when calculating the burden. Sourced at: <https://www.dfas.mil/MilitaryMembers/payentitlements/Pay-Tables/Basic-Pay/CO/>

13. Respondent Costs Other Than Burden Hour Costs

There are no annualized costs to respondents other than the labor burden costs addressed in Section 12 of this document to complete this collection.

14. Cost to the Federal Government

Part A: LABOR COST TO THE FEDERAL GOVERNMENT

1) Collection Instruments

Study Enrollment Link

- a) Number of Total Annual Responses: 100
- b) Processing Time per Response: 5 minutes
- c) Hourly Wage of Worker(s) Processing Responses: \$25.00
- d) Cost to Process Each Response: \$2.08

- e) Total Cost to Process Responses: \$208.33

Semi-Structured Interview Guide of Self-Reported Qualitative Factors that Influence Healthcare Utilization in Pilots

- a) Number of Total Annual Responses: 100
 - b) Processing Time per Response: 4 hours
 - c) Hourly Wage of Worker(s) Processing Responses: \$25.00
 - d) Cost to Process Each Response: \$100
 - e) Total Cost to Process Responses: \$10,000
- 2) Overall Labor Burden to the Federal Government
 - a) Total Number of Annual Responses: 100
 - b) Total Labor Burden: \$10,208

Part B: OPERATIONAL AND MAINTENANCE COSTS

- 1) Cost Categories
 - a) Equipment: \$500.00
 - b) Printing: \$150.00
 - c) Postage: \$0
 - d) Software Purchases: \$2,000
 - e) Licensing Costs: \$0
 - f) Other: \$5,000
- 2) Total Operational and Maintenance Cost: \$7,650

Part C: TOTAL COST TO THE FEDERAL GOVERNMENT

- 1) Total Labor Cost to the Federal Government: \$10,208
- 2) Total Operational and Maintenance Costs: \$7,650
- 3) Total Cost to the Federal Government: \$17,858

15. Reasons for Change in Burden

This is a new collection with a new associated burden.

16. Publication of Results

The results of this study will be published in an academic medical journal for use by military and civilian aerospace stakeholders. The intended publication is the *Journal of Aerospace Medicine* or the *Journal of Occupational and Environmental Medicine*.

17. Non-Display of OMB Expiration Date

We are not seeking approval to omit the display of the expiration date of the OMB approval on the collection instrument.

18. Exceptions to “Certification for Paperwork Reduction Submissions”

We are not requesting any exemptions to the provisions stated in 5 CFR 1320.9.