Request for Approval under the "FNS Fast Track Clearance for the Collection of Routine Customer Feedback" (OMB Control Number: 0584-0611)

TITLE OF INFORMATION COLLECTION: WIC National Outreach Campaign – In-depth Interviews (IDIs) among Healthcare Professionals

PURPOSE:

The U.S. Department of Agriculture's (USDA) Food and Nutrition Service mission is to increase food security and reduce hunger by providing children and low-income people access to food, a healthful diet and nutrition education in a way that supports American agriculture and inspires public confidence. To this end, the Food and Nutrition Service (FNS) is developing the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) National Outreach Campaign to increase awareness of the health and nutrition benefits associated with WIC participation, with the primary goal of increasing enrollment and participant/client retention, while reducing disparities in program access and delivery.

The OMB-approved formative focus groups conducted earlier this year for this campaign revealed that healthcare professionals could potentially play a significant role in disseminating information about WIC and encouraging participation among our clients/eligible individuals who are not current participants. For example, some clients/participants noted hearing about WIC after giving birth (while in the hospital) and/or from their OB/Gyns. In contrast, many of those who are eligible but are not enrolled (i.e., "WIC eligibles") had not received such guidance but indicated they would accept WIC-related information shared by their healthcare professionals.[1]

To date, WIC has not conducted research among healthcare professionals to understand their perspectives about WIC—what they know about the program, whether they have referred patients to WIC, what information they have shared, whom in their office or clinic would share/has shared this information, and what information would be most useful in order for them (or their offices/clinics) to be more likely to refer patients to WIC.

It is also important to have healthcare professionals share how they would prefer to receive information from WIC, from which sources (e.g., their professional associations, WIC itself), and what messaging would be most useful to increase the likelihood that they communicate about WIC to their patients.

To meet our client needs, FNS intends to conduct a series of virtual in-depth interviews (IDIs) with various healthcare professionals. Specifically, this qualitative research task includes 18 IDIs, split across the following audiences:

- 4 – OB/Gyns
- 4 – Community Health Workers
- 4 – Pediatricians
- 3 – Primary Care Physicians/Family Physicians/General Practitioners
- 3 – Nurse Practitioners/Physician Assistants/Registered Nurses

[1] "WIC Focus Group Research: Findings from focus groups among WIC Participants and WIC-eligible audiences," May 2023.

All interviews will be 45 minutes in length.[2] These sessions allow for gleaning perspectives from a variety of healthcare professionals who interact with our clients/WIC-eligible participants. In addition, these IDIs will serve as a primary data collection method to inform the campaign approach and messaging associated with this professional audience.

As previously noted, this represents FNS' first foray into answering questions specific to healthcare professionals and how they may be utilized to augment campaign outreach efforts to our WIC customers/clients.

DESCRIPTION OF RESPONDENTS:

In total, we intend to conduct 18 IDIs. In addition to the previously-noted mix of types of healthcare professionals, respondents will be recruited to ensure a mix of geography, locality (e.g., urban, rural/small town), and work setting. Recruitment will also include criteria that ensure respondents' patient pools include lower income patients. Healthcare professionals who work with adults (i.e., not pediatricians) must currently work with pregnant patients or those who have recently been pregnant to be recruited for IDIs/participate in IDIs. Interviewees will also include a mix of years of experience in healthcare and across key demographics such as gender, race, ethnicity, and age, to the extent possible. Individuals will be recruited via our professional recruitment partners, and all respondents will receive incentives for their time.

Recruitment
Individuals will be identified for potential participation utilizing a screener document (Attachment A-1) to identify the demographics and other key criteria of the potential participants. Professional recruiters will be used to identify potential participants using a database and will then follow up with the screener online and a short recruitment phone call. The use of the database does not impose an additional burden on the respondents.

Confirmation
After completing the screener, participants who qualify will be sent an interview confirmation form (Attachment B-1) that outlines the purpose of the research, the fact that it is voluntary research, Privacy Act information, a public burden statement, the date and time of the virtual in-depth interview, incentive information, and log-in instructions.

TYPE OF COLLECTION: (Check one)

[ ] Customer Comment Card/Complaint Form
[ ] Usability Testing (e.g., Website or Software)
[ ] Focus Group
[ ] Quick census or surveys
[ ] Customer Satisfaction Survey
[ ] Small Discussion Group
[X] Other: In-depth Interview (IDI)

CERTIFICATION:

[2] The 45 minutes does not include time for set-up and login, as explained later in this cover memo.

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.

Name: Lisa Southworth

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

Personally Identifiable Information:

1. Is personally identifiable information (PII) collected? [X] Yes [ ] No
2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974? [ ] Yes [X] No
3. If Yes, has an up-to-date System of Records Notice (SORN) been published? [ ] Yes [ ] No

Sensitive Information:

1. Will sensitive information, such as demographic characteristics, be collected from respondents?

[X] Yes [ ] No

2. If yes, explain the necessity of such information to the programmatic objective(s)?

Individuals will be identified for potential participation utilizing a screener document (Attachment A-1) to identify the demographics of the potential participants. Demographic information allows the research to ensure that it is reflective of a wide range of healthcare professionals. That being said, the demographic information is not calculated nor held as a quota for participation.

In addition, PII (respondents' contact information) will only be obtained by the recruiters in order to schedule the IDIs and contact participants to remind them of the research session. This information will not be shared with the government nor the research team conducting the data collection and analysis. Finally, all respondent information will be anonymous and confidential, and no PII will be recorded or included in reporting.

This project does not meet the regulatory definition of research as defined under the Department of Health and Human Services Code of Federal Regulations [45 CFR part 46.102(d)(f)]. Given the determination, further IRB review and approval of this project is not required (Attachment E-1).

Gifts or Payments:

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

FNS will provide an incentive of a $150 gift card for these professionals to participate in the in-depth interviews. Incentives have been considered a standard practice in conducting qualitative research (see, for instance, the CDC General Guidelines), helping to maximize participation, manage recruitment hours, and reduce no-show rates. Note, this incentive is for 1 hour of the respondent's time, including 15 minutes for logging into the virtual, online platform. For these interviews, recruiters ask potential participants to ensure they can participate in the discussions uninterrupted. Additionally, as participants will use either smartphones, tablets, or laptops to log in and participate, the incentive can be used to offset any expenses incurred by using these devices. Finally, and most notably for these audiences, incentives are more likely to secure the participation of working professionals who meet the screening requirements, especially given the more complex nature of this recruit. The study employs highly restrictive criteria for participation: First, all participants are current healthcare professionals. Also, they must currently interact with patients likely to be WIC-eligible across various professional settings. Additionally, the research encourages respondents with a mix of demographics to augment learning from the interviews. Recruiting professional audiences presents a much greater challenge than recruiting individuals from a "general population" audience. As such, utilizing this incentive rate will make recruitment more effective and thus save government money in overall research recruitment costs.

Finally, it is important to address equity as well. As noted in the January 20, 2006 Memorandum for the President's Management Council, if incentives are used, these should apply to all participants in research. Therefore, the recommended incentives must be applied to all healthcare professional audiences, regardless of the incidence, position, and research location. As a result, all participants will receive the same incentive rate.

BURDEN HOURS

Table 1. Burden Hours Calculations

Category of Respondent	**No. of Respondents**	**Participation Time**	**Burden Hours**
Screener (Attachment A-1)			
Healthcare Professionals (respondents)	500	.167 hrs	83.5 hrs*
Subtotal			83.5 hrs
In-depth Interviews			
Healthcare Professionals (confirmations) (Attachment B-1)	18	.05 hrs	.9 hrs
Healthcare Professionals (consent) (Attachment C-1)	18	.05 hrs	.9 hrs
Healthcare Professionals (interview respondents) (Attachment D-1)	18	1.0 hr**	18.0 hrs
Subtotal	18	1.10 hrs	19.8 hrs
Totals	**500**		**103.3 hrs**

* This calculation assumes that all individuals who are contacted for screening purposes review the full screening questionnaire (Attachment A-1).

** The data collection will take 45 minutes, but respondents will need an additional 15 minutes for the technology check and to ensure they can log into the online interface correctly.

A total of 500 individuals will be contacted to see if they meet the screening criteria noted on pages 1 and 2 and reflected in Attachment A-1. The screening process will select 18 healthcare professionals with whom the interviews will be conducted. These 18 individuals will receive Attachments B-1, C-1, and D-1.

The estimate of respondent cost is based on the burden estimates and utilizes the U.S. Department of Labor, Bureau of Labor Statistics, May 2021 National Occupational and Wage Statistics, All Occupations (00-0000) (http://www.bls.gov/oes/current/oes_nat.htm). The hourly mean wage for functions performed by respondents across the healthcare professional categories is listed in Table 2, with a weighted average (based on the number of interviews to be conducted among each category) calculated to be $84.47/hour.

Table 2. Mean Hourly Wage by Category

Professional Category	# of Interviews	Mean Hourly Wage[3]
OB/Gyns	4	$133.33
Community Health Workers	4	$23.99
Pediatricians	4	$97.71
Primary Care Physicians/Family Physicians/General Practitioners	3	$112.45
Nurse Practitioners/Physician Assistants/Registered Nurses	3	$54.32
Mean Hourly Wage – Weighted Average		$84.47

With a burden of 83.7 hours at $84.47 per hour, the base annual respondent cost is estimated at $7,070.14. An additional 33% of the estimated base annual respondent cost must be added to represent fully loaded wages, equaling $2,333.15. Thus, the total respondent cost is $9,403.29.

FEDERAL COST:

It is estimated that Federal employees will spend approximately 48 hours overseeing this collection in 2023 with an average of a GS-14, step 1 wage. Using the hourly wage rate of $63.43 for a GS-14, step 1, Federal employee from the 2023 Washington, DC, locality pay table, the estimated costs equal $3,044.64 plus $1,004.73 in fringe benefits for a total of $4,049.37.

Contractor costs to the Federal Government will total $50,920.00 over the course of this collection based on fully loaded rates. When combining the Federal employee and contractor costs, the total annual cost to the Federal Government for this information collection is estimated at $54,969.37.

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

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 [X] No

2. 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?

We will be working with professional recruiting partners who have proprietary "opt-in" databases of potential research participants. These databases contain general professional

[3] http://www.bls.gov/oes/current/oes_nat.htm

information for each individual in their database. Only individuals whose professional profiles fall within the project's general parameters will receive an online screener and a short recruitment phone call to determine if they meet all project criteria. All individuals must meet the criteria listed in the screening questionnaire (Attachment A-1) and provide consent (Attachment C-1) to participate before any research can take place.

Administration of the Instrument

1. How will you collect the information? (Check all that apply)
   [X] Web-based or other forms of Social Media
   [ ] Telephone
   [ ] In-person
   [ ] Mail
   [ ] Other, Explain
2. Will interviewers or facilitators be used? [X] Yes [ ] No

Trained interviewers will facilitate the discussions as described in the In-Depth Interview Guide (Attachment D-1).

Attachments:

A-1 Healthcare Professional IDI Screener
B-1 Confirmation Form
C-1 Consent Form
D-1 Healthcare Professional IDI Guide
E-1 IRB Determination Notice