

# Home-Based Child Care Practices and Experiences Study

OMB Information Collection Request  
0970 – New Collection

## Supporting Statement Part A

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Submitted By:  
Office of Planning, Research, and Evaluation  
Administration for Children and Families  
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**Alternative Supporting Statement for Information Collections Designed for  
Research, Public Health Surveillance, and Program Evaluation Purposes**

**Part A**

**Executive Summary**

**Type of Request:** This Information Collection Request is for a new request. We are requesting one year of approval.

**Description of Request:** This is a primary data collection request to examine the experiences, strengths, resources, and strategies used by home-based child care providers to serve and support equitable outcomes for children and families. The study will utilize qualitative interviews, photographs, and audio journals to explore how the experiences of home-based providers intersect with the culture, race, ethnicity, language, and geographic location of the providers. This study focuses on a particular group of home-based child care providers who are legally exempt from state licensing or other state regulations for child care providers that specify non-custodial care of children in the provider's own home; these providers are commonly referred to as family, friend, and neighbor (FFN) providers. The study's findings will shed light on the experiences of some FFN providers—those who are involved or might later become involved in child care and early education systems. However, we will not be able to conclude if any findings are representative of these subgroups of FFN providers, nor will the findings be representative of the experiences of all FFN providers.

We do not intend for this information to be used as the principal basis for public policy decisions.

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### **A1. Necessity for Collection**

Home-based child care (HBCC), or child care and early education (CCEE) offered in a provider's or child's home, is used by millions of families with children in the United States. However, the research on these settings is limited, especially compared to center-based CCEE, Head Start, and pre-kindergarten (Bromer et al. 2021a). Also, most of the existing descriptive research on features in HBCC have focused on regulated family child care (FCC) providers, with very limited empirical research describing family, friend, and neighbor (FFN) providers who are legally exempt from state licensing or other state regulations for child care. In launching the Home-Based Child Care Supply and Quality (HBCCSQ) project, the Office of Planning, Research, and Evaluation (OPRE) within the Administration for Children and Families (ACF) seeks to fill gaps in our understanding of HBCC supply and address challenges defining and measuring HBCC quality. Research involving FFN providers is especially important, because many more children are cared for by these providers than by licensed, regulated FCC providers. Moreover, some quality features—the aspects of care most likely to contribute to positive outcomes for children, families, and providers or to play a role in supporting these outcomes—may be implemented differently or are more likely to occur in FFN care than in FCC settings. For example, culturally congruent care that has the potential to support and be responsive to children's racial, ethnic, and linguistic backgrounds is common in FFN care (Bromer et al. 2021a). In addition, to ensure fair and equitable access to resources and opportunities, there is a need to focus on the experiences of FFN providers, a group that provides a critical service for families and the economy but who have historically been excluded and/or marginalized from CCEE systems and publicly funded supports. The information collected from the Home-Based Child Care Practices and Experiences Study, as part of the broader HBCCSQ project, aims to fill this research gap.

There are no legal or administrative requirements that necessitate this collection. ACF is undertaking the collection at the discretion of the agency.

### **A2. Purpose**

#### *Purpose and Use*

The purpose of this information collection is to inform future research, as well as federal efforts to support quality improvement in the CCEE services available to low-income families. This data collection would contribute to the HBCCSQ project's purpose of understanding HBCC supply and addressing challenges in defining and measuring HBCC quality. Specifically, the study will address gaps in the existing literature around "why" and "how" FFN providers care for children and support families, and it will provide the foundation for future research on HBCC (Del Grosso et al. 2021). Analysis of rich qualitative data on the experiences, strengths, resources, and strategies used by FFN providers will improve ACF's understanding of providers. The study will also explore how providers' experiences intersect with their culture, race, ethnicity, language, and geographic location in order to better understand disparities in access to publicly funded supports. Study findings can inform efforts to better align quality improvement efforts with the aspects of quality that providers and families find the most important in these settings. Findings can also help policymakers and program administrators build the supply of regulated child care and modify existing systems to make them more inviting for HBCC providers. The information collected is meant to contribute to the body of knowledge on ACF programs.

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It is not intended to be used as the principal basis for a decision by a federal decision-maker, and is not expected to meet the threshold of influential or highly influential scientific information.

### *Guiding Questions*

The study will address the following five guiding questions:

1. What are the features of quality for children and families that FFN providers prioritize, especially providers across different cultural, racial, ethnic, linguistic, and geographic groups? Why do they prioritize these features?
2. How do FFN providers implement features of quality, including the features they consider most important?
3. What are the resources, including sources of knowledge and individual, family, and community strengths, that FFN providers use or access?
  - a. How do providers acquire or access these resources?
  - b. Which resources do providers find most helpful? Why?
  - c. What challenges do FFN providers face in using or accessing resources?
4. What are the features of quality that families prioritize and experience in FFN care and why do they prioritize them?
5. How do the features of quality that providers consider most important and that families consider most important align?

### *Study Design*

The study will use semi-ethnographic, open-ended methods including semi-structured interviews, and photo and audio journals to generate rich information about the experiences of FFN providers. To complement data on providers' experiences, the study will collect data from interviews with families of the children who are cared for by the providers in this study. It will also reach out to individuals who are a source of knowledge, support, or other resources for providers in the study (referred to as "community members"). The use of provider-shared photo and audio journals enables the study team to see and hear providers' perspectives on their practices and experiences and what they find most important. This might differ from what is prioritized in research and policies focused on center-based care. These methods also reduce the intrusiveness of researcher-led observations (Wang and Burris 1997; Owens et al. 2019; Lantos et al. 2021). With audio journals, in particular, we may be able to reduce barriers (literacy, language, time) for some participants and increase their engagement in research (Bandini et al. 2021).

The study team will conduct the study in four sites across the United States. The study will involve one round of data collection to begin following OMB approval. Data collection will be conducted virtually. The team aims to conduct all data collection activities over a 6-month period. Each respondent will participate over approximately two months. The team will use trusted partners (community organizations that offer support and quality improvement opportunities to FFN providers) in each site to help the study team select and recruit providers to serve as study respondents. More information about how the team will identify sites and respondents is available in Section B2 of Part B, under Respondent Recruitment and Site Selection, and related documents are in Appendix A: Participant recruitment materials. The study focuses on collecting in-depth data from providers about their experiences; to

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accomplish this goal, the number of providers included in the study will be small. Therefore, the range of characteristics of providers, settings, and communities that will be included in the study will be limited. This limitation will be acknowledged when sharing findings from the study. More details about the rationale of our study design are available in Section B1 of Part B under Appropriateness of Study Design and Methods for Planned Uses.

Table A.1 summarizes the data collection instruments. Documents the study team will use for other contact with participants are in Appendix B: Participant scheduling scripts and supplemental contact materials.

**Table A.1. Summary of data collection activities**

<i>Instruments</i>	<i>Respondent, Content, Purpose of Collection</i>	<i>Mode and Duration</i>
1. Provider screener	<p><b>Respondents:</b> FFN providers</p> <p><b>Content:</b> The study team will gather information to determine provider's potential interest in formal CCEE engagement, subsidy or CACFP system participation, demographic characteristics, and characteristics of the care provided.</p> <p><b>Purpose:</b> To screen potential providers to learn about criteria the study team is using for participation and their characteristics of interest (to ensure the study team has providers who meet these criteria and who have a mix of these characteristics), and their interest in participating.</p>	<p><b>Mode:</b> Telephone</p> <p><b>Duration:</b> 20 minutes</p>
2. Provider interview #1	<p><b>Respondents:</b> FFN providers</p> <p><b>Content:</b> The study team will cover six main components in the first interview: (1) understand the characteristics of children that providers care for; (2) learn how providers came to offer FFN care and their motivations; (3) understand providers' sources of knowledge and support; (4) learn about providers' experiences with formal CCEE systems and policies; (5) obtain additional demographic characteristics about providers; and (6) provide an overview of the study activities, including the photo and audio journals and the family and community member interviews.</p> <p><b>Purpose:</b> To gain an initial understanding of the care providers offer and their background and experiences, begin answering our guiding questions, and prepare the study team and the provider for the remaining data collection activities. The interview will also be used to gather information about providers' sources of support and knowledge and the strengths of these supports.</p>	<p><b>Mode:</b> Telephone</p> <p><b>Duration:</b> 1 hour and 30 minutes</p>
3. Provider logistics call	<p><b>Respondents:</b> FFN providers</p> <p><b>Content:</b> The study team will provide guidance on taking photo journals and recording audio journals, give a logistical demonstration on using the software application on the study-provided smartphone to accomplish these tasks, and discuss parent consent for photos that could include children. The study team will also discuss with the</p>	<p><b>Mode:</b> Telephone</p> <p><b>Duration:</b> 1 hour</p>

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<i>Instruments</i>	<i>Respondent, Content, Purpose of Collection</i>	<i>Mode and Duration</i>
	<p>provider the process for sharing contact information for family members and community members who agree to be contacted by the study team. Before the call, the team will send a packet of materials to providers; these documents are in Appendix C: Instructions for providers to use study tools.</p> <p><b>Purpose:</b> To support providers' use of study smartphone and software application to submit photo and audio journals.</p>	
4. Provider photo journals	<p><b>Respondents:</b> FFN providers</p> <p><b>Content:</b> The study team will ask FFN providers in the study to take photographs of their home environments and routines related to caring for children. They will be asked to give a very short description of what the photo is.</p> <p><b>Purpose:</b> To understand provider experiences and home-based child care environments and aspects of care that are important to the provider.</p>	<p><b>Mode:</b> Study-provided software designed for ethnographic and diary studies, which FFN providers will use for this task</p> <p><b>Duration:</b> 8 photos per provider (2 photos per week during a 4-week period)</p>
5. Provider audio journals	<p><b>Respondents:</b> FFN providers</p> <p><b>Content:</b> The study team will ask providers to audio record their day-to-day experiences of offering HBCC and how they think about the care they offer children and families. It will also capture the aspects of care that they find fulfilling and important, as well as those aspects of care they may experience as challenging or frustrating.</p> <p><b>Purpose:</b> To understand the working conditions, provider-child interactions, and the features of quality in HBCC that providers prioritize.</p>	<p><b>Mode:</b> Study-provided software designed for ethnographic and diary studies, which FFN providers will use for this task</p> <p><b>Duration:</b> 8 entries per provider (2 entries per week during a 4-week period after interview #1)</p>
6. Provider interview #2	<p><b>Respondents:</b> FFN providers</p> <p><b>Content:</b> The study team will cover five main components in the second interview: (1) a discussion about the photo journals they have taken and shared; (2) questions about what is important to providers; (3) questions about cultural identity and practices; (4) questions about providers' relationships with children and families; and (5) questions about how community and neighborhood context influence practices with children.</p> <p><b>Purpose:</b> To learn about providers' photos well as central guiding questions that are more easily answered through an interview, such as those about provider-child interactions, supporting provider-family relationships, and how providers' racial, ethnic, and linguistic identity as well as their communities and neighborhoods might intersect with their views about caregiving.</p>	<p><b>Mode:</b> Video call, including displaying photos of interest via video</p> <p><b>Duration:</b> 1 hour and 30 minutes (will take place after completion of provider photo and audio journals)</p>
7. Family member interview	<p><b>Respondents:</b> Family members of children cared for by FFN providers</p>	<p><b>Mode:</b> Telephone</p> <p><b>Duration:</b> 1 hour</p>

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<i>Instruments</i>	<i>Respondent, Content, Purpose of Collection</i>	<i>Mode and Duration</i>
	<p><b>Content:</b> The study team will ask about the quality features of FFN care that families prioritize, why they prioritize them, and how they and their children experience quality features when in FFN care.</p> <p><b>Purpose:</b> To understand the features of quality in FFN care that families prioritize.</p>	
8. Community member interview	<p><b>Respondents:</b> Community members who are a source of knowledge, support, or resources for FFN providers</p> <p><b>Content:</b> The study team will ask about the supports and resources providers access to sustain their work caring for children.</p> <p><b>Purpose:</b> To understand the sources of knowledge and support that FFN providers rely upon. This interview will be meant for those who have a formal CCEE agency role and those that offer less formal, non-agency support.</p>	<p><b>Mode:</b> Telephone</p> <p><b>Duration:</b> 30 minutes</p>
9. Provider feedback focus group	<p><b>Respondents:</b> FFN providers (all will be invited, but not expected to participate unless they want to)</p> <p><b>Content:</b> The study team will share preliminary findings and themes with providers and ask for their feedback.</p> <p><b>Purpose:</b> To reduce researcher bias as well as validate preliminary analyses and help the study team use language that accurately describes providers' experiences by asking them to weigh in on how the team has described the themes.</p>	<p><b>Mode:</b> Video call</p> <p><b>Duration:</b> 1 hour</p>

*Other Data Sources and Uses of Information*

During data analysis, the study team will use data from the National Survey of Early Care and Education (NSECE), a nationally representative survey of child care and early education, to contextualize how providers in this study are, at an aggregate level, similar to or different from all FFN providers. The study team might use other administrative data sources, such as data on site characteristics—for example, unemployment rates—to provide context on where participants live. The team also might compile additional information on state policies related to FFN providers to provide context for providers' decisions and preferences. There is no burden to study participants or others associated with these planned or potential analyses of data and information for the study.

Findings from this information collection might be combined with other HBCCSQ project activities to inform broader findings about HBCC. The other project activities include completed reports such as a literature review, measures review, and research agenda; secondary analysis of NSECE data; and another information collection activity involving measures development—the Home-Based Child Care Toolkit for Nurturing School-Age Children Pilot Study (OMB # 0970-0356).

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### **A3. Use of Information Technology to Reduce Burden**

The data collection will use a variety of information technologies, including telephone/video interviews and participant photo and audio journaling, to reduce the burden of participation for respondents.

The study team will interview respondents by telephone or video. After the team obtains permission from each participant, they will record all interviews to ensure that the information is accurately captured at one time point. The team will include Zoom on study smartphones to facilitate the data collection planned in provider interview #2 (including reviewing photos and audio journals).

The team will lend providers smartphones loaded with an ethnographic observation software. Providers will use this software to record photo and audio journals of daily life in HBCC. The study selected the platform because it was designed specifically for ethnographic observations using photos and audio; its built-in functionalities will ease burden for providers by allowing them to complete a series of tasks aligning with the photo and audio prompts. The team will provide guidance during the provider logistics call on using the smartphone and the software, and members of the study team will be available to help providers with any logistical issues using the software.

### **A4. Use of Existing Data: Efforts to reduce duplication, minimize burden, and increase utility and government efficiency**

None of the study instruments ask for information that can be obtained from alternative data sources. The study will use trusted partners in each site to help select and recruit potential respondents, which will make this process of identifying and recruiting FFN providers more efficient. The design of the study instruments ensures minimal duplication of data collected across instruments and does so only in cases for which the study team requires the perspective of more than one type of respondent to answer specific research questions. The study team consulted other sources of data and information to design the information collection efficiently and minimize burden. First, the team compiled information on state policies related to FFN providers and asked potential (fewer than 9) trusted partners questions about state policies and about the providers they work with, which helped the team select sites with a range of characteristics without having to contact a large number of trusted partners. The study team also used existing reports from the HBCCSQ project—including a literature review, measures review, and research agenda—to prioritize which quality features and other topics to cover through study instruments, to limit how much time is needed to collect data for this study.

### **A5. Impact on Small Businesses**

It is unlikely that any of the providers, who are family, friends, and neighbors of the families whose children they care for, have registered as a business. However, all of them are performing similar work (caring for children), whether paid or unpaid, as other HBCC providers who are small business owners. Also, many community members identified by the HBCC providers will be members of small organizations, mostly community-based organizations and other nonprofits, but possibly small

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businesses. The team will minimize burden for respondents by conducting all activities involving each provider within about an 8-week period and scheduling interviews during hours that are convenient for providers and community members (e.g., when children nap during the day, in the evening, or if needed, on the weekend).

**A6. Consequences of Less Frequent Collection**

This is a one-time data collection.

**A7. Now subsumed under 2(b) above and 10 (below)**

**A8. Consultation**

*Federal Register Notice and Comments*

In accordance with the Paperwork Reduction Act of 1995 (Pub. L. 104-13) and Office of Management and Budget (OMB) regulations at 5 CFR Part 1320 (60 FR 44978, August 29, 1995), ACF published a notice in the Federal Register announcing the agency’s intention to request an OMB review of this information collection activity. This notice was published on January 17, 2023, Vol. 88, No. 10, page 2628 (Appendix E), and provided a sixty-day period for public comment. During the notice and comment period, one comment was received, which is attached (Appendix F). A response to the public comment is also attached (Appendix F).

*Consultation with Experts Outside of the Study*

The study team consulted with experts to complement the knowledge and experience of the team (Table A.2). Consultants include researchers with expertise in home-based child care quality, culturally responsive care, and qualitative research design and methods. The study team consulted with some of the experts listed below to review draft instruments and will consult with all listed experts on analysis and interpretation of findings.

**Table A.2. The HBCC Provider Practices and Experiences Study consultation with outside experts**

<b>Name</b>	<b>Affiliation</b>
Gina Adams	The Urban Institute
Rena Hallam	University of Delaware
Julia Henly	University of Chicago
Alison Hooper*	University of Alabama
Iheoma U. Iruka	Equity Research Action Coalition at FPG Child Development Institute
Aisha Ray*	BUILD Initiative and Erikson Institute
Susan Savage	The Child Care Resource Center

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Name	Affiliation
Eva Marie Shivers*	Indigo Cultural Center
Holli Tonyan*	California State University, Northridge

\* Expert reviewed draft instruments

*Consultation with Trusted Partner Organizations*

The study team also asked the trusted partner in each site to consult on key areas of the study (Table A.3). The four trusted partners reviewed the draft instruments and study protocols and provided feedback. Two partners assisted in pre-testing the study instruments and activities (see Supporting Statement Part B, *Pre-testing of Data Collection Instruments*, in section B3 for more information about pre-testing). After data collection, the study team will also ask the trusted partners to provide feedback on analysis and interpretation of findings.

**Table A.3. The HBCC Provider Practices and Experiences Study trusted partner organizations**

Trusted partner organization name	Provider service area
BANANAS	Bay Area, California
Candelen*	Arizona^
Family Guidance Center of Alabama	Alabama
Women’s Housing and Economic Development Corporation (WHEDco)*	New York City, New York (Bronx, Brooklyn, Queens)

\* Trusted partner assisted with pretest

^ Candelen also serves providers in Nevada. We will limit our sample in this site to providers from Arizona unless we need to recruit more providers; if so, we will include providers residing in Nevada.

**A9. Tokens of Appreciation**

Monetary tokens of appreciation for qualitative research participants is a commonly used method across studies to show appreciation to research participants as well as to facilitate recruitment and to meet sample size goals (Grady 2005; Permut-Wey and Borenstein 2009). The study’s semi-ethnographic design involves a significant burden to participating providers, as shown in Table A.4.

The study team will get a more complete picture of the experiences and practices of FFN providers if providers complete the entire set of activities. While interview data will not be representative of, or generalizable to, any specific population of providers, it is important that the study team secure participation from providers from a range of diverse and under-resourced communities, such as those with low incomes, living in rural areas, or providing care during nontraditional hours. Gaining cooperation from at least these numbers of respondents is needed for analyses to help the study team understand the experiences and perspectives of these providers. Furthermore, if the study team is not able to reach the providers with the most barriers to participation, the study might not fully understand the range of practices and experiences of these providers. If providers do not complete the interviews, photo- and audio-journals in the study at response rates indicated below, the team will not be able to answer the study’s research questions.

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Although the burden on family and community members is lower, because the team will interview those who are linked to participating providers, the study team will have a very limited number of potential respondents, making high response rates especially important. In addition, FFN providers and families living in under-resourced communities may be hesitant to participate in a government-funded research study due to the inequitable ways that research and policy have often been conducted in communities of color (Brown et al. 2019). If family and community members do not agree to participate in the study, the team will not be able to answer study research questions that rely on interviewing them.

Monetary tokens of appreciation can increase response rates and reduce nonresponse bias (Singer and Ye 2013), and could motivate respondents who are less likely to respond, such as those with increased barriers to participation (including financial barriers). Offering a token of appreciation may improve the response rates among the most overburdened providers, particularly those who do not receive any pay for the care that they provide. The tokens of appreciation planned for providers and families are intended to respectfully acknowledge respondents' involvement, particularly those who may be hesitant to participate in government-funded research.

It is also important that the providers secure participation from families. The study team will have a limited number of potential family respondents, making high response rates especially important to ensure different perspectives of families are represented in the study results.

Table A.4 lists the planned tokens of appreciation. These reflect amounts that are consistent with tokens of appreciation provided in recent studies with HBCC providers (Bromer et al. 2021b; EHS-CCP Sustainability 2021). They also reflect results from a nationally representative study on the effectiveness of tokens of appreciation for engaging participants in qualitative research, which found that any monetary token of appreciation was more likely to result in willingness to engage in a qualitative interview than a nonmonetary one or none (Kelly et al. 2017). In the same study, among those participants who reported some willingness to engage in a 90-minute qualitative interview, those who were offered \$50 or \$75 were more willing to engage than those who were offered \$25. No differences in engagement were found between those who were offered \$50 versus \$75. These results suggest that \$50 to \$75 for a qualitative interview is a reasonable token of appreciation that is likely to engage participants. The interviews involve different amounts of burden, and the team expects to need larger tokens to achieve high rates of participation for interviews with higher burden. Based on results of the study described above (Kelly et al. 2017), we plan to offer tokens of \$50 for a one-hour interview, with larger \$75 tokens for 90-minute interviews and smaller tokens of \$25 for 30-minute interviews. The provider photo and audio journals involve a one-hour logistics call and then submitting several entries over a 4-week period. The team expects a substantial token of \$100 is needed to encourage participation, given the overall burden and duration of this task.

The team plans to offer tokens for each data collection activity. Providers who complete all three activities would receive a total of \$250. The provider feedback focus group is optional (the team will

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invite all providers, but not expect them to participate unless they want to), so providers who choose to join one of the focus groups will receive another \$50, for a total of \$300.

Family and community members will participate in one activity (their interview), so the token they would receive is \$50 and \$25, respectively. Similar to the tokens offered to providers, the proposed amounts for participating families and community members are based on estimated burden and evidence from previous studies with similar respondents and types of data collection requests. For example, the Head Start Family and Child Experiences Survey (FACES) conducted an experiment for the parent survey in FACES 2014-2018 (OMB Number 0970-0151), lowering the \$35 token of appreciation used in FACES 2006 and FACES 2009 to \$15 as a base (with a bonus for responding early for a potential of \$25). FACES 2014-2018 achieved lower response rates compared to the earlier studies (78 percent versus 93 to 96 percent), and the nonresponse analysis found significant differences in the demographic characteristics between respondents and nonrespondents (FACES 2019). Respondents were more likely to have a child with a disability, be from non-English home language households, have limited cell phone minutes, and attend programs with a lower percentage of Black and higher percentage of white children compared to nonrespondents. Based on these results, the study team plans to offer families a \$50 token of appreciation to complete a 60-minute interview and community members a smaller token of \$25 for a 30-minute interview.

As outlined above, acquiring a sufficient number of responses from a diverse group of providers, the families they serve, and community members they rely on is critical for data analysis and being able to answer the pilot study’s research questions. In addition to the proposed tokens of appreciation, the team is taking other steps to encourage participation, such as working with a trusted partner in each site to recruit providers and working with providers to recruit families.

**Table A.4. Planned tokens of appreciation**

<b>Activity</b>	<b>Burden</b>	<b>Token of appreciation<sup>a</sup></b>
Provider interview #1	1 hour and 30 minutes	\$75
Provider logistics call and photo and audio journals	1 hour for provider logistics call; 8 audio journal entries and 8 photos over a 4-week period, with topic areas changing each week, totaling 2 hours	\$100 for completing journal entries over a 4-week period
Provider interview #2	1 hour and 30 minutes	\$75
Family member interview	1 hour	\$50
Community member interview	30 minutes	\$25
Provider feedback focus group	1 hour	\$50

<sup>a</sup>The team plans to provide gift cards because some participants might have difficulty cashing checks.

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### **A10. Privacy: Procedures to protect privacy of information, while maximizing data sharing**

#### *Personally Identifiable Information*

This collection requests personally identifiable information (PII) such as names and contact information. Trusted partners will be asked to use a secure website such as Box to share only provider names, contact information, and other characteristics to use to select providers. It's expected that some partners will need to ask providers for permission to share their contact information with our team, while other partners may already have permission to share provider contact information.

The team will be collecting individual contact information to schedule family and community member interviews. Providers will be asked to distribute forms to family members which they can fill out with contact information, sign, and give back to the provider if they agree to be contacted for an interview. Providers also will be asked to discuss the study with community members and obtain their permission to share their contact information with our study team, through a form the team will give to providers. Providers will submit the family and community forms (see Appendix D: Consent statements and interview contact forms) securely by taking pictures and uploading them through the journal software, and then later mailing the hard copies back with the study phone. If a provider prefers, the team will obtain family and community member contact information over the phone. The team will also ask providers for children's first names during the interviews to facilitate discussing topics related to the children; the team will not ask for children's last names or any other identifying information.

Information will not be maintained in a paper or electronic system from which data are actually or directly retrieved by an individuals' personal identifier.

#### *Assurances of Privacy*

Information collected will be kept private to the extent permitted by law. Respondents will be informed that their data will only be used for research purposes, that their participation is voluntary, and that their information will be kept private to the extent permitted by law. The study team will send providers, family members, and community members a consent statement (in advance by email if the participant has an email address, and later by mail if not) and then read it out loud at the start of each interview and record their verbal consent. The statement will include contact information so they can contact us or the IRB with any questions or concerns. The statement will also explain that the study team will not identify them or share any information that could identify them outside of the study. For these documents, see Appendix D: Consent statements and interview contact forms.

The study team will also follow up with a couple steps:

- Include a reminder statement at the beginning of the prompts and requests for photo and audio journals and note that by submitting those journal entries, the provider is consenting to including those in the study (although only as part of the overall study, not going beyond that by sharing their specific entries/photos or other information in any publication).
- At the beginning of provider interview #2, remind them of privacy and other consent-related statements and confirm they are still willing to participate in the study.

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- It is possible that some providers might want some of their information and identity to be shared. If there are any providers whose narratives the study team might want to showcase in future reports or publications, the team will follow up to ask the provider if they want their identity and narrative to be shared. If they agree, the team will ask them to sign an additional consent form.

In addition, the design of this study means that the team will interview people connected to each other (e.g., providers and family members of the children the provider cares for, and providers and community members). Some of our questions to one person will involve the other person, such as their relationship with each other or how one supports the other, and open-ended questions will likely elicit some comments about the other person. Because of this, the study team will ensure that the information each person gives us will be **kept private and not communicated to the other person**, and this will be explained clearly to each person at the start of our interview with them (or provider interview #1 for providers) through an informed consent process.

As specified in the contract, the study team will comply with all Federal and Departmental regulations for private information.

Due to the sensitive nature of this research (see A11 for more information), the evaluation will obtain a Certificate of Confidentiality. The study team is preparing to apply for this Certificate and will provide it to OMB once it is received. The Certificate of Confidentiality helps to assure participants that their information will be kept private to the fullest extent permitted by law. Further, all materials to be used with respondents as part of this information collection, including consent statements and instruments, will be submitted to the Health Media Lab Institutional Review Board (the study team's IRB) for approval.

### *Data Security and Monitoring*

As specified in the contract, the study team (referred to as the Contractor in this section) will protect respondent privacy to the extent permitted by law and will comply with all Federal and Departmental regulations for private information. The Contractor has developed a Data Security and Monitoring Plan that assesses all protections of respondents' PII. The Contractor will ensure that all of its employees, consultants, subcontractors (at all tiers), and employees of each subcontractor, who perform work under this contract/subcontract, are trained on data privacy and security issues and comply with the above requirements.

All electronic data will be stored on secure network drives at Contractor offices and never in possession of ACF; data will be backed up on Contractor's secure servers for 60 days for disaster recovery purposes. Sixty days after the primary data files are securely deleted, the backed-up data will be automatically and securely overwritten, as required by the contract (i.e., "The Contractor shall dispose of the primary data and files created during the course of the study in accordance with specifications provided by ACF"). These plans are described in more detail in the Data Security Plan. Systems will be accessible only by

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staff working on the project through individual passwords and logins. For staff working remotely, access is granted through a secure, two-factor authentication VPN connection.

As specified in the contract, the Contractor will use Federal Information Processing Standard compliant encryption (Security Requirements for Cryptographic Module, as amended) to protect all instances of sensitive information during storage and transmission. The Contractor will securely generate and manage encryption keys to prevent unauthorized decryption of information, in accordance with the Federal Information Processing Standard. The Contractor will: ensure that this standard is incorporated into the Contractor's property management/control system; establish a procedure to account for all laptop computers, desktop computers, and other mobile devices and portable media that store or process sensitive information. Any data stored electronically will be secured in accordance with National Institute of Standards and Technology (NIST) requirements and other applicable Federal and Departmental regulations. In addition, the Contractor must submit a plan for minimizing to the extent possible the inclusion of sensitive information on paper records and for the protection of any paper records, field notes, or other documents that contain sensitive or PII that ensures secure storage and limits on access.

### **A11. Sensitive Information<sup>1</sup>**

The provider screener and interview, the family interview and the community member interview include questions about languages spoken, gender identity, and racial/ethnic identity of respondents and children. Questions assessing the languages spoken, gender identity, and the race/ethnicity of respondents and children are necessary to address the study's research questions, as this information would not be available from other sources. Questions about the children in a provider's care may prove challenging for respondents to answer if the respondent does not know or does not feel comfortable making that assessment for other people. Although these questions are sensitive in nature, these are vital to examining differences in the experiences of potentially vulnerable groups. As the interviews are semi-structured, questions about these topics are open-ended in some cases and close-ended in others, with follow-up questions as needed in order to allow for analysis that would present these data following the most recent standards set forth by HHS and OMB for collecting data on language, gender identity, and race and ethnicity.

#### *Provider photo journals*

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<sup>1</sup> Examples of sensitive topics include (but not limited to): social security number; sex behavior and attitudes; illegal, anti-social, self-incriminating and demeaning behavior; critical appraisals of other individuals with whom respondents have close relationships, e.g., family, pupil-teacher, employee-supervisor; mental and psychological problems potentially embarrassing to respondents; religion and indicators of religion; community activities which indicate political affiliation and attitudes; legally recognized privileged and analogous relationships, such as those of lawyers, physicians and ministers; records describing how an individual exercises rights guaranteed by the First Amendment; receipt of economic assistance from the government (e.g., unemployment or WIC or SNAP); immigration/citizenship status.

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The provider photo journals will help us answer research questions focused on the features of quality that are most important to FFN providers and how they implement these features. Privacy will be especially important for the photo journals, which could include pictures of the children being cared for by the provider.

- The study team will explain to providers that the study is trying to focus the photos on their environments, activities, and routines for children without focusing on individual children in care.
- The team will send consent forms for providers to give to family members of all children under the provider's care. The forms (see Appendix D: Consent statements and interview contact forms) explain the study to family members, ask for their written permission to allow their child to appear in photos taken by the provider, and allow them to opt out if they do not want their child included in photos. The family members must indicate on the form that they give permission and sign the form; if not, the provider cannot take any photos with that family member's child in it.
- The team will obtain children's assent to appear in photos (verbally for young children, as age appropriate, and through a signed child assent form for children ages 10 and older). The form (see Appendix D: Consent statements and interview contact forms) explains to children they may appear in photos taken by the provider and that they can choose to not be included in photos. The provider cannot take any photos of children who have not provided assent (if they are old enough to understand and assent), even if their parents have consented to their child appearing in photos.
- The team will give providers some guidance on ways to inform children why they are taking photos.

### *Provider interviews and audio journal entries*

Provider interview #1, provider interview #2, and provider audio journal entries will help answer guiding questions about what is important to providers, their perceptions of quality, and sources of knowledge and support and how these intersect with their racial, ethnic, and linguistic identities and experiences. Although the study team will not specifically ask about any sensitive topics during interviews or through audio journal prompts, providers might mention them, for example while responding to questions about mental health and sustainability, how discrimination has affected their caregiving, or how they support children who might have experienced trauma or hardship; or responding to journal prompts about negative experiences doing caregiving work. Providers or other participants might also mention these while discussing other questions.

As noted in A.10, because the team will interview people connected to each other, some questions or responses could involve appraisals of the person the respondent is connected to.

The study team will have a list of resources, such as for the National Suicide Prevention Lifeline and for any local resources recommended by the trusted partner, on hand in case any participant expresses distress or a need for help during an interview, or (for providers) in an audio journal entry.

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**Respondents will be advised of the voluntary nature of participation and their right to refuse to answer any question during the informed consent process. As with all the data collected on this study, individual responses will only be used for research purposes. Responses to sensitive questions will be combined across respondents of the survey.**

**A12. Burden**

*Explanation of Burden Estimates*

Table A.5 provides an estimate of time burden for the data collections, broken down by instrument. For instruments that are interviews, the planned interview time is used. For the photo and audio journals, estimates are based on pretests of this approach with providers. The study team expects the total burden (which will take place within a one-year period) to be 570 hours.

*Estimated Annualized Cost to Respondents*

The study team based average hourly wage estimates for deriving total annual costs on data from the Bureau of Labor Statistics, including the *Occupational Employment Statistics (2021)* and *Current Population Survey (2022)*. For each instrument included in Table A.5, the team calculated the total annual cost by multiplying the annual burden hours by the average hourly wage.

The mean hourly wage of \$14.22 for childcare workers (occupational code 39-9011) in May 2022 is used for home-based child care providers. The mean hourly wage of \$24.82 for other community and social service specialists (occupational code 21-1099) in May 2022 is used for community members from agencies. The median usual weekly earnings in the first quarter of 2023 for full-time wage and salary workers age 25 and older with a high school diploma is used for family members and community members from non-agencies. Dividing weekly earnings (\$884) by 40 hours yields hourly wages of \$22.10. Data from which these wages were drawn are available at the following links:

- Home-based child care providers: <https://www.bls.gov/oes/current/oes399011.htm>
- Community members, agency: <https://www.bls.gov/oes/current/oes211099.htm>
- Family members and community members, non-agency: <https://www.bls.gov/charts/usual-weekly-earnings/usual-weekly-earnings-over-time-by-education.htm>

**Table A.5. Estimated burden and annualized cost to respondents**

<i>Instrument</i>	<i>No. of Respondents (total over request period)</i>	<i>No. of Responses per Respondent (total over request period)</i>	<i>Avg. Burden per Response (in hours)</i>	<i>Total/ Annual Burden (in hours)</i>	<i>Average Hourly Wage Rate</i>	<i>Total Annual Respondent Cost</i>
1. Provider screener	120	1	0.33	40	\$14.22	\$ 568.80
2. Provider interview #1	60	1	1.5	90	\$14.22	\$1,279.80
3. Provider logistics call	60	1	1	60	\$14.22	\$853.20
4. Provider photo journals	60	8	0.10	48	\$14.22	\$682.56
5. Provider audio journals	60	8	0.15	72	\$14.22	\$1,023.84
6. Provider interview #2	60	1	1.5	90	\$14.22	\$1,279.80
7. Family member interview	120	1	1	120	\$22.10	\$2,652.00

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<i>Instrument</i>	<i>No. of Respondents (total over request period)</i>	<i>No. of Responses per Respondent (total over request period)</i>	<i>Avg. Burden per Response (in hours)</i>	<i>Total/ Annual Burden (in hours)</i>	<i>Average Hourly Wage Rate</i>	<i>Total Annual Respondent Cost</i>
8. Community member interview	60	1	0.5	30	\$22.10 - \$24.82 <sup>a</sup>	\$711.96
9. Provider feedback focus group	20	1	1	20	\$14.22	\$284.40
<b>Total</b>				570		<b>\$9,336.36</b>

<sup>a</sup> Average hourly wage rate range for non-agency and agency community members. We expect to interview 36 community members with a formal CCEE agency role and 24 community members that offer less formal, non-agency support.

**A13. Costs**

The study team will offer honoraria to trusted partner organizations that will contribute the expertise and time of their staff to the study. Trusted partners are organizations that offer support and quality improvement opportunities to FFN providers. In line with principles of equitable research, the study team will ask trusted partners to actively help throughout the study process, including **offering guidance around recruitment, data collection, and analysis.**

Trusted partners' roles are most critical for recruiting FFN providers to participate in the study. As noted in A9, FFN providers, especially those from under-resourced communities, might be especially hesitant to participate in the study. Learning about the study from an organization that providers turn to for support should increase their willingness to participate. FFN providers who are working with trusted partners are also more likely to be providers who are engaged with or interested in engaging with child care and early education systems, which is a population of interest for the study. The study team expects that trusted partners will need to help recruit 30 providers in each site, of which half will be eligible and agree to participate after screening.

Representatives of trusted partner organizations will also contribute their expertise to the interpretation of findings from the study during the data analysis phase. For this support, the team plans to offer honoraria of \$1,900 to each trusted partner organization to use as needed and appropriate for the individual needs of the organization.

**A14. Estimated Annualized Costs to the Federal Government**

Table A.6 lists the estimated annualized costs to the federal government. Estimates are based on the study team's budget for each task and include labor hours, other direct costs, subcontractor and consultant costs, indirect costs, and fee. The direct collection of information (field work) will take place within a one-year period.

**Table A.6. Estimated annualized costs to the federal government**

<b>Cost Category</b>	<b>Estimated Costs</b>
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Field Work	\$435,797
Analysis	\$268,304
Publications/Dissemination	\$129,236
<b>Total costs over the request period</b>	<b>\$833,337</b>

**A15. Reasons for changes in burden**

This is a new information collection request.

**A16. Timeline**

Table A.7 contains the timeline for the data collection and reporting activities. Data collection is expected to occur during the fall of 2023 and winter of 2024. Data will be analyzed and summarized in a memo internal to ACF and in published reports on specific topics. The study team might seek to include some photos in publications as illustrative examples (Ilagan et al. 2020; Lantos et al. 2021), but will only do so after deciding to ask for, and receiving, a separate written consent about this specific use, from the provider who took the photo (and, if the photo included children, a separate written consent from family members of any child in the photo).

**Table A.7. Study timeline**

<b>Activity</b>	<b>Timing</b>
<b>Recruitment</b>	
Train staff, update agreements with trusted partners	To begin immediately after OMB approval and extend for 1 month
Recruit and screen HBCC providers	To begin within 1 month after OMB approval and extend for 3 months
Recruit family and community members	Will occur on rolling basis during data collection period
<b>Data collection</b>	
Conduct provider screeners, interviews, logistics calls, and photo and audio journals	To begin within 2 months after OMB approval and extend for up to 6 months
Conduct family and community member interviews	To begin 2 months after OMB approval and extend for up to 6 months
Submit weekly memos summarizing data collection progress	To begin 2 months after OMB approval and extend for up to 6 months
Obtain input from providers (via focus groups) on findings	To begin 9 months after OMB approval and extend for 1 month
<b>Analysis</b>	
Code and analyze data	To begin 7 months after OMB approval and extend for 3 months
Obtain input experts	To begin 9 months after OMB approval and extend for 1 month

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Activity	Timing
Prepare memoranda with results	To begin 10 months after OMB approval and extend for 3 months
<b>Reporting</b>	
Prepare reports on specific topics	To begin 12 months after OMB approval and extend for 3 months

**A17. Exceptions**

No exceptions are necessary for this information collection.

**Instruments**

- Instrument 1. Provider screener
- Instrument 2. Provider interview #1
- Instrument 3. Provider logistics call
- Instrument 4. Provider photo journals
- Instrument 5. Provider audio journals
- Instrument 6. Provider interview #2
- Instrument 7. Family member interview
- Instrument 8 Community member interview
- Instrument 9. Provider feedback focus group

**Appendices**

- Appendix A: Participant recruitment materials
- Appendix B: Participant scheduling scripts and supplemental contact materials
- Appendix C: Instructions for providers to use study tools
- Appendix D: Consent statements and interview contact forms
- Appendix E: 60-Day Federal Register Notice
- Appendix F: Comments received on 60-day Federal Register notice and ACF Response

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