OMB Control Number: 0990-0281
ODPHP Generic Information Collection Request:
Prevention Communication and Formative Research

Office on Women's Health

Audience: Mothers at Risk for Postpartum Depression

Supporting Statement — Section A

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Section A — Justification

1. Circumstances Making the Collection of Information Necessary

The Office on Women's Health (OWH) requests to conduct additional research under the ODPHP/OWH Generic Information Collection Request: Prevention Communication and Formative Research (OMB No. 0990-0281). The requested research will inform campaign materials to increase reporting of postpartum depression symptoms by new mothers.

Background

Depression in new mothers is one of the most common complications of childbirth, but people often do not recognize it when they see it. The stigma associated with postpartum depression (PPD) isolates mothers when they most need the help of others. Mothers may be ashamed to admit that life with a new baby is not always bliss and may assume that everyone has made a smoother transition to motherhood than they have. They may be truly embarrassed that they are not able to "cope" better. Incidence of PPD ranges from 12% to 25% of new mothers, with rates in some high-risk groups being as high as 40% or more. Racial/ethnic minority women are at higher risk for PPD and less likely to be diagnosed and treated than their white counterparts.[1] A CDC study (2008) found that younger women, African Americans, Hispanics, and other non-White women were least likely to be diagnosed with PPD.[2] Unfortunately, stigma and myths can keep mothers from receiving the attention they need. Promotion of early detection can reduce stigma, lead to effective treatment, and spare families years of suffering.

OWH has detailed myriad potential harms of untreated PPD; to the mother, to her newborn, and to the family. The potential harms are both personal to the family, and societal as the "costs" roll forward affecting mother and child's life course. Overcoming the complex of potential stigma requires the use of the best of behavioral health tools. Using these tools to address stigma through first-person narratives focused on particular segments of the population holds the promise of affecting the behavior of new mothers in recognizing symptoms, seeking help, and potentially undertaking treatment, thereby altering the stream of negative consequences. This project, through a series of carefully calibrated steps is developing and testing, first-person narratives and images that will become the centerpiece of a national campaign to support mothers' seeking needed and effective help. The narratives and images that will be tested were developed based on the results of an audience segmentation survey conducted among American mothers aged 18–44 years old who had a live birth in the year prior to the survey. The data was used to identify five cohesive audience segments based on psychographics, including mom's lifestyles, perceptions, knowledge, attitudes, beliefs, and behaviors. The LTG Associates' team which includes Runyon Saltzman, Inc. (RSE) and NORC, will use focus group testing to assess the suitability and effects of draft campaign messaging and materials with women who are at risk for PPD for the OWH PPD campaign. The findings from the focus groups will be used to select and refine messages that are most likely to be effective

[1] Kendall-Tackett, K.A. (2017). Depression in new mothers, 3rd Ed. Abington, UK: Routledge.

[2] Centers for Disease Control and Prevention. (2008). Prevalence of postpartum depressive symptoms: 17 states, 2004-2005. Morbidity & Mortality Weekly Report, 57(14), 361-367. doi.org/10.1146/annurev.psych.52.1.1

in supporting achieving the campaign goal of motivating women to report PPD symptoms to a health care provider.

2. Purpose and Use of the Information Collection

To encourage more moms across the nation to report postpartum depression symptoms to a health care provider, this new evidence-based campaign will feature stories from real moms who have been treated for postpartum depression. These stories be developed through a stepped process.

The first step, completed earlier this year, was audience segmentation research. Data was gathered through a segmentation survey administered nationally to new mothers aged 18-44. This research determined the minimum, relevant, non-overlapping audience segments among the target audience, new mothers aged 18–44. Each segment differs based on their sociodemographic variables, which are demographic variables in combination with knowledge, attitudes and beliefs about postpartum depression and mental health. The audience segments focused on moms most at risk of PPD, according to variables determined in CDC research[3]. Recent literature shows a focus in audience segmentation based on not only demographics, but on psychological attributes[4]. This is a "psychographic" approach derived from marketing research techniques that selects variables for segmentation based on their ability to predict health behaviors

In the second step the team utilized the audience segmentation data to draft campaign messages and materials that will be disseminated to audience segments. Campaign messages were carefully tailored to the psychographic profiles of the moms in each segment. Three messages and campaign approaches were drafted to test among new moms.

In the third step, for which we are applying for OMB clearance, the team will test the three messages and associated images among moms in the populations of interest through the design and conduct of focus groups. The team will receive insights from moms who represent each of the five segments regarding the acceptability of the content and images and effectiveness of each messaging approach. The findings will be used to select and refine campaign messages that achieve the objective of the campaign – motivating at risk moms to report PPD symptoms to a provider so they may receive proper care.

3. Use of Improved Information Technology and Burden Reduction

To reduce participant burden, there will be a two-stage screening. Phase One screening will be a survey 5 minutes in length and will provide the pool of qualified women. Phase Two screening will consist of women culled from the first screening and result in more in-depth information with which to make segment assignments and will be 5-7 minutes. Each of the focus groups will take approximately two hours.

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[3] https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5714a1.htm

[4] Slater, M. D., Kelly, K. J., & Thackeray, R. (2006). Segmentation on a shoestring: Health audience segmentation in limited-budget and local social marketing interventions. *Health promotion practice*, *7*(2), 170-173.

4. Efforts to Identify Duplication and Use of Similar Information

To our knowledge, there is no information of a similar nature that is currently being collected.

5. Impact on Small Businesses or Other Small Entities

No small businesses will be impacted or involved in this data collection.

6. Consequences of Collecting the Information Less Frequently

This request is for one-time data collection. These data have not previously been collected elsewhere.

7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

There are no special circumstances with this information collection package. This request fully complies with the regulation 5 CFR 1320.5 and will be voluntary.

8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

This data collection is being conducted using the Generic Information Collection mechanism through ODPHP/OWH — OMB No. 0990-0281.

9. Explanation of Any Payment or Gift to Respondents

Participants will be provided with an incentive of $100 for their participation. All participants will have a child under the age of one and will need to obtain childcare services in order to participate in the two-hour focus group.

10. Assurance of Confidentiality Provided to Respondents

The Privacy Act does not apply to this data collection. The proposed data collection will have little or no effect on participants' privacy. Personally Identifiable Information (PII) will be collected only for the purpose of administering the incentive after the focus groups and will be separated from any other information. The PII will not be available to any staff conducting the focus groups and will be separately maintained. No PII will be collected as part of the focus groups.

11. Justification for Sensitive Questions

OWH does not anticipate that research participants will perceive questions as sensitive in nature. OWH will focus on collecting information that can inform health communication and educational materials for women at risk of postpartum depression. In the introduction to the group, we inform participants that they can stop participating at any time. The focus group materials also indicate that if participants have questions or feel they have been harmed by the project, they can contact the project team. Resources and help lines for individuals with postpartum depression are included in the information provided to participants.

12. Estimates of Annualized Burden Hours and Costs

A two-step screening process is designed to rapidly include appropriate respondents in an initial pool; that screening taking 5 minutes. For those who pass the initial screening, a second screening assigning them to segment-specific groups will take approximately 5-7 minutes (see

Attachment A: Initial Screening Instrument and Attachment B: Segment-specific screener). The focus group is planned for 120 minutes (**see Attachment C: Focus Group Moderator's Guide).** Table A-14 shows estimated burden and cost information.

13. Estimates of Annualized Burden Hours and Costs

OWH expects that participants will incur no costs beyond the burden hours required to answer screening questions and complete the focus group.

Table A-12: Estimated Annualized Burden Hours and Costs to Participants

Type of Respondent	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours
Initial screening	434	1	5/60	36.2
Second screening	390	1	7/60	45.5
Focus group participation accounting for no-shows/scheduling issues	300	1	2	600
			Total Burden Hours	**681.7**

Table A-14: Estimated Annualized Cost to the Federal Government

Source of Cost	**Unit Cost**	**Total Cost for Task**
LTG personnel costs	**N/A**	**TBD**
NORC personnel costs	**N/A**	**TBD**
Focus group moderator costs	**$750/group**	**$22,500**
Incentives for respondents	**$100 x 300**	**$30,000**
Incentive handling charge	**$7 x 300**	**$2,100**
Recruitment costs	**$125 x 360***	**$45,000**
Project set-up and management charge	**$300 x 1**	**$300**
Other costs (transcription)	**$350 x 30**	**$10,500**
Total Estimated Cost:		**0**

***Need to over recruit to offset no shows/scheduling issues**

Estimated Annualized Cost to the Federal Government

The estimated annual cost to the Federal government is $110,400.00

14. Explanation for Program Changes or Adjustments

This is new data collection.

15. Plans for Tabulation and Publication and Project Time Schedule

After the data collection, OWH will conduct an analysis of the data and determine the best narrative and images for the segments of target audience, new mothers aged 18–44. The results of the research will be used for internal purposes only as research to inform the development of the campaign materials specific to those segments. No names or other personal information will be reported in the summaries of the findings. **Please see: Supporting Statement B: Data Collection Procedures**

Proposed Timeline

Completion Date	Major Tasks/Milestones
5/2/2022	• OMB/IRB Clearance
6/1/2022	• Focus groups completed
6/30/2022	• Data analysis completed and reported

16. Reason(s) Display of OMB Expiration Data is Inappropriate

We are requesting no exemption.

17. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification. These activities comply with the requirements in 5 CFR 1320.9.

Section A — List of Attachments

- **Attachment A: Initial Focus Group Screener**
- **Attachment B: Segment-specific Focus Group Screener**
- **Attachment C: Focus Group Moderator's Guide**