

Supporting Family Economic Well-Being through Home Visiting (HomeEc) Formative Evaluation

Formative Data Collections for Program Support

0970–0531

Supporting Statement

Part A

July 2024

Submitted By:
Office of Planning, Research, and Evaluation
Administration for Children and Families
U.S. Department of Health and Human Services

4th Floor, Mary E. Switzer Building
330 C Street, SW
Washington, D.C. 20201

Project Officers:

Pooja Gupta Curtin
Laura Nerenberg

**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 generic information collection under the umbrella generic, Formative Data Collections for Program Support (0970-0531).
- **Progress to Date:** The Supporting Family Economic Well-Being through Home Visiting (HomeEc) project has had two previous information collections on related topics approved by the Office of Management and Budget (OMB), both under the Formative Data Collections for ACF Research Generic Clearance (OMB #0970-0356). The first was to collect data from early childhood home visiting program staff and caregiver participants to better understand, measure, and support family economic well-being. The second was to collect data from home visiting program staff about the influence of the COVID-19 pandemic on promoting family economic well-being services in home visiting.
- **Description of Request:**

This request is to conduct rapid-cycle formative evaluation activities to test and refine promising practices that support family economic well-being through home visiting. The formative evaluation activities will include interviews and strategic planning meetings with program staff as well as surveys with program staff and caregiver participants in three purposively selected sites. This information collection builds on the previous HomeEc data collections, which explored definitions of family economic well-being, identified home visiting practices to support family economic well-being, described how programs measure it, and gathered information about how home visiting programs supported it during COVID-19. The information collected through this formative evaluation is not intended to be generalized to a broader population and the study team does not intend to use this information as the principal basis for public policy decisions.
- **Time Sensitivity:** To have adequate time for formative evaluations of family economic well-being practices and report findings before the end of the HomeEc contract, the project has to begin recruiting program sites in August 2024 and conducting the formative evaluation activities in November 2024.

Alternative Supporting Statement for Information Collections Designed for Research, Public Health Surveillance, and Program Evaluation Purposes

A1. Necessity for Collection

Home visiting programs provide individualized support services to families with expectant caregivers or young children by pairing families with a home visitor, who is typically a trained nurse, social worker, or early childhood educator. These home visitors support the health and well-being of caregivers and their children by assessing their needs; screening for areas of risk; providing support services related to maternal, child, and family health and development; and connecting these families with services in the local community. Home visiting programs can also support the economic well-being of the families they serve.

Family economic well-being—including financial, material, and socioemotional resources—can be an important support for families' long-term stability, family functioning, and children's healthy development. The evidence that home visiting has favorable effects on family economic well-being is promising but limited. Given the connections between economic stability, caregiving, and caregiver well-being, a stronger focus on family economic well-being in home visiting could benefit families in many ways.

The Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services (HHS) intends to partner with three early childhood home visiting programs on rapid-cycle formative evaluations that will involve co-creating, iteratively testing, and refining promising practices to support family economic well-being through home visiting. The formative evaluation activities proposed through this generic information collection (GenIC) will enable the study team to engage with home visiting programs in a highly collaborative and individualized process to define the need the program wants to address, identify challenges, develop action plans for addressing these needs and testing the practices, and iterate and refine the practices based on learnings. The ultimate goal of this information collection is to gather preliminary information about the promise of strategies to support family economic well-being in selected home visiting programs, as well as considerations for further refinement and testing. This aligns with the overall project goal to understand and enhance how home visiting programs can and do support family economic well-being.

No legal or administrative requirements necessitate this collection. ACF is funding the HomeEc study and undertaking the collection at the discretion of the agency. ACF has contracted with Mathematica to complete this study.

A2. Purpose

Purpose and Use

The purpose of this GenIC is to co-create practices with home visiting programs to support family economic well-being and test those practices using iterative rapid-cycle formative evaluation. The goal of the practice co-creation and testing process is to generate preliminary information about the promise of the selected practices for supporting family economic well-being in home visiting programs, as well as considerations for further refinement, testing, and scale-up. The study team will use the information gathered through this formative evaluation to inform ACF, HRSA, and the wider home visiting community about the potential promise and feasibility of the selected strategies, as a first step to consider the potential for further refinement and testing or scale-up within the home visiting field. The study team will publish lessons learned as a resource for the wider home visiting community. The information learned through this formative evaluation will not be generalizable given the purposive selection of sites and respondents; any description of this information will note those limitations.

Alternative Supporting Statement for Information Collections Designed for Research, Public Health Surveillance, and Program Evaluation Purposes

This proposed information collection meets the following goals of ACF's generic clearance for formative data collections for program support (0970-0531):

- Planning for provision of programmatic or evaluation-related training and technical assistance (T/TA)
- Use of rapid-cycle testing activities to strengthen programs in preparation for summative evaluation

This GenIC includes:

- A program recruitment and eligibility screener (Instrument 1) to inform the selection of three programs to participate in the study
- Instruments to support formative evaluation activities, including the following:
 - Semistructured interviews with program and partner staff, and caregiver participants to identify the need to address in the formative evaluation (for example, the aspect of family economic well-being that the program intends to support) (Instrument 2)
 - Semistructured discussion guides for strategic planning meetings with program staff (Instrument 3)
 - Semistructured interviews with program staff during the learning cycles (Instrument 4)
 - Caregiver participant survey during the learning cycles (Instrument 5)
 - Program staff survey during the learning cycles (Instrument 6)

Based on the information provided during recruitment calls, the study team will select three programs to participate in the study (Instrument 1). The three program sites will first collaborate with the study team to identify potential needs to be addressed based on current challenges in supporting family economic well-being or opportunities to better support family economic well-being, and potential obstacles to solutions in developing and implementing family economic well-being practices in home visiting programs (Instrument 2). Program sites and the study team will develop a clear and specific statement of the central need to address during the formative evaluation. A clear and specific statement of the need will help guide the creation of a tailored solution to address that need.

Home visiting program staff and the study team will then co-create a family economic well-being practice to test that will address the identified need(s); develop an action plan for consistent implementation of the practice; and identify measures of success that align well with the practice and implementation plan (Instrument 3).

The study team and program staff from each program will iteratively test and refine the practices (Instruments 4, 5, and 6). The study team will use the testing iterations (learning cycles; up to three per site) at each site to assess the feasibility of implementing the practice in home visiting programs, strengthen the implementation of the practice in response to feedback, and provide suggestive evidence about the promise of the practice to improve family economic well-being. At the end of each learning cycle, the study team will collect and analyze the data and document the findings. Based on the findings, the study team will collaborate with ACF, HRSA, and program staff to determine whether to continue rapid learning on the practice and how to refine the practice before the next learning cycle.

The information collected is meant to contribute to the body of knowledge on ACF and HRSA programs. 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.

Alternative Supporting Statement for Information Collections Designed for Research, Public Health Surveillance, and Program Evaluation Purposes

Additional details about the study team's plans to recruit program sites and conduct the formative evaluation activities is available in Section B4 of Part B under *Collection of Data and Quality Control*. Section B4 also describes how the team will use the information collected through these activities.

Guiding Questions

This GenIC seeks to address two key research questions:

1. What practices that support family economic well-being are relevant, usable, and accessible to home visiting programs?
2. What supports do home visiting programs need to successfully implement these practices?

Information Collection Procedures and Processes

The study team will recruit and select three programs to participate in the study. A general solicitation for programs to express interest was published to allow the study team to begin to identify sites that may be interested in and best suited for participation. The study team will then use Instrument 1 for recruitment calls to request specific information to select three programs. The study team will prioritize programs that receive Maternal, Infant, and Early Childhood Home Visiting (MIECHV) or Tribal MIECHV funding and seek to include programs that vary in home visiting model used, location and urbanicity, and the type of population served. After selecting the programs, the study team will conduct group interviews, strategic planning meetings, and individualized consultations with program staff to identify family economic well-being needs to address, brainstorm potential practices to overcome those challenges and support family economic well-being, select a practice to test, develop materials and training to support the selected practices, and develop implementation and testing plans. The study team and program staff will conduct up to three short, iterative learning cycles of six to eight weeks to test the practices, collect data on implementation, and use the data to refine the practices. Additional details about the study team's plans to recruit program sites and collect data is available in Section B4 of Part B under *Collection of Data and Quality Control*.

The study team will use a rapid-cycle formative evaluation design because it supports the project in identifying, testing, and refining family economic well-being practices within the home visiting context. The rapid-cycle formative evaluation activities should provide timely and useful information to programs about promising practices for addressing family economic well-being and strengthen programs' capacity to support family economic well-being. Although the primary purpose of this information collection is not for publication, the study team will summarize the findings and lessons learned across sites for how to support family economic well-being through home visiting. The main audience for such a publication will include federal decisionmakers, practitioners, researchers, and other interested parties in the early childhood home visiting field. The publication will clearly state limitations, including that findings are not generalizable to the broad population of early childhood home visiting programs; the study will only monitor outcomes for a short period of time, and the evidence generated in learning cycles on the promise of practices will be suggestive and not causal. Additional details on the rationale of the study design are available in Section B1 of Part B under *Appropriateness of Study Design and Methods for Planned Uses*.

Universe of data collection efforts

This GenIC includes six main data collection activities (summarized in Table A.1) to support program recruitment, selection, and formative evaluation activities. The study team will tailor all data collection instruments for individual programs, practices, and the respondents' roles. As the interview guides are

Alternative Supporting Statement for Information Collections Designed for Research, Public Health Surveillance, and Program Evaluation Purposes

designed to be semistructured guides, rather than scripts, we will adjust the questions as needed during the conversation to probe, follow-up, and clarify respondents' answers.

Table A.1. Data collection activities

<i>Data Collection Activity</i>	<i>Instruments</i>	<i>Respondent, Content, Purpose of Collection</i>	<i>Mode and Duration</i>
Program recruitment	Instrument 1: Program recruitment and eligibility screener	Respondents: Program staff from prospective programs Content: Gather information to inform the site selection process about home visiting model, funding type, interest and capacity to participate. Purpose: Conduct recruitment calls and gather information to guide the selection of programs best suited to participate in the study.	Mode: Video or telephone conference Duration: 60 minutes
Semistructured interviews for needs identification	Instrument 2: Interview guide for needs identification	Respondents: Program staff such as program directors, supervisors, and direct service staff; Staff from partner organizations; and caregiver participants Content: Current program practices to support family economic well-being; program's successes, challenges, opportunities for improvement, and potential needs to address to better support family economic well-being. Purpose: Capture broad perspectives from program staff to develop a well-defined statement of the need to address	Mode: Video or telephone conference Duration: 90 minutes
Semistructured strategic planning meetings	Instrument 3: Discussion guide for strategic planning meetings	Respondents: Program directors, supervisors, and direct service staff Content: Discuss program successes, challenges, opportunities for improvement, and needs identified through needs identification interviews; understand the need staff would like to focus on for the formative evaluation; identify practices that could be impactful and feasible to implement; select one practice to test and develop an implementation and testing plan; discuss findings from each learning cycle and plan next steps. Human-centered design activities may be used to facilitate discussion. Purpose: Build buy-in with staff, create a shared understanding of the need to focus on during the formative evaluation, and identify specific items the site hopes to improve as part of the formative evaluation; identify impactful and feasible practices to test; plan for next steps after each learning cycle.	Mode: Video or telephone conference, with virtual whiteboard Duration: 90 minutes
Semistructured	Instrument 4:	Respondents: Program directors or managers,	Mode: Video or

Alternative Supporting Statement for Information Collections Designed for Research, Public Health Surveillance, and Program Evaluation Purposes

staff interviews for the learning cycles	Interview guide for learning cycles	program supervisors, and direct service staff from programs or partner organizations Content: Staff experience with implementing the selected practice Purpose: Periodically collect data on practice implementation to understand whether to continue with rapid learning and if/how to refine the practice for the next testing iteration	telephone conference Duration: 60 minutes
Caregiver participant survey for the learning cycles	Instrument 5: Caregiver participant survey for learning cycles	Respondents: Program caregiver participants Content: Participants' experience with receiving the selected practice Purpose: If relevant to the practice, collect data on caregiver participants' experiences with the practice to understand whether to continue with rapid learning and if/how to refine the practice for the next testing iteration	Mode: Paper or web survey Duration: 5 minutes
Staff survey for the learning cycles	Instrument 6: Staff survey for learning cycles	Respondents: Direct service staff from the program or partner organizations. Content: Staff experience with implementing the select practice Purpose: If relevant to the practice, periodically collect contemporaneous feedback and data on practice implementation to understand whether to continue with rapid learning and if/how to refine the practice for the next testing iteration	Mode: Web survey Duration: 10 minutes

Other Data Sources and Uses of Information

If needed, the study team might request that selected programs share relevant program documents or aggregate program data they have as part of their existing program operations. Drawing on these documents will provide the study team with further context to understand the program and implementation of the family economic well-being practice. In some instances, the documents could help the study team reduce the burden on programs and caregivers of collecting primary data. For example, if data already exist to assess an aspect of a practice, the study team might not have to collect direct feedback from program staff and caregiver participants on that aspect of the practice.

A3. Use of Information Technology to Reduce Burden

The study team will conduct all interviews and planning meeting discussions via telephone or a video conferencing software, such as Webex. After obtaining permission from each participant, the study team will audio-record all interviews to capture information accurately without requiring participants to repeat themselves. The study team will use the recordings to supplement the notes taken during the staff interviews and planning meeting discussions. During the planning meetings, the team will use Mural, a virtual whiteboard software that facilitates collaborative participation in brainstorming and prioritization activities.

Alternative Supporting Statement for Information Collections Designed for Research, Public Health Surveillance, and Program Evaluation Purposes

Program staff and caregiver participants may also complete a web survey. The web survey platform will enable the study team to program in skip logic, so respondents receive only questions relevant to them. The survey platform also saves respondents' progress on surveys, providing flexibility that enables respondents to complete their survey as their schedule allows.

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

The study team will not collect information that is available elsewhere.

A5. Impact on Small Businesses

Most local home visiting programs will be small organizations. These programs employ home visitors and provide direct services to families in their local communities. The study team is sensitive to the burden that qualitative and quantitative data collection can impose and will work flexibly around staff availability in scheduling interviews and group discussions to minimize the impact of participation on these programs.

A6. Consequences of Less Frequent Collection

The program recruitment and eligibility screener (Instrument 1) and program, partner, and caregiver participant interviews for needs identification (Instrument 2) are one-time data collection activities. The study team will hold up to five strategic planning meetings with program staff from each program (Instrument 3) to brainstorm solutions and prioritize feasible and impactful practices to test during the upcoming learning cycles. The multiple meetings will enable participants to build on and refine learnings from earlier meetings to prepare for the upcoming learning cycles. The study team will conduct up to three learning cycles; they will ask program and/or partner staff to participate in one interview per learning cycle (Instrument 4); they will ask caregiver participants to complete one five-minute survey per learning cycle (Instrument 5); and they will ask program and/or partner staff to complete a 10-minute survey up to six times per learning cycle (Instrument 6). The short time frame and multiple responses facilitate rapid adaptation and refinement to the practice when it does not appear to work as intended. Conducting the interviews and administering the surveys less frequently would yield less action-oriented data for programs to use to refine their strategies. The study team will use the first learning cycle to assess progress in the formative evaluations and adjust its approach. The potential second or third learning cycle will contribute to an overall assessment of the promise of the practices and provide information to ACF about the usefulness of formative evaluation and TA to strengthen home visiting programs and improve their readiness for evaluation.

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

A8. Consultation

Alternative Supporting Statement for Information Collections Designed for Research, Public Health Surveillance, and Program Evaluation Purposes

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 request to extend approval of the umbrella generic with minor changes. The notice was published on January 28, 2022, (87 FR 4603), and provided a sixty-day period for public comment. ACF did not receive any comments on the first notice. A second notice was published, allowing a thirty-day period for public comment, in conjunction with submission of the request to OMB. ACF did not receive any comments on the second notice.

Consultation with Experts

To complement the knowledge and experience of the study team, we have and/or will consult with the expert advisors in the early childhood home visiting field listed in Table A.2. These expert advisors have and will continue to provide input on what the project team should aim to learn about the home visiting programs and the practices that support family economic well-being and which formative evaluation topics would be beneficial for the programs and for the wider field. Their input informed the content included in the attached instruments.

Table A.2. HomeEc expert advisors

Name	Position and affiliation	Expertise
Karen Guskin	Managing director of Health Families America Research, Health Families America	Home visiting; service delivery; early childhood
Kehaulani Fernandez	Program coordinator, Lake County Tribal Health Consortium	Home visiting; economic well-being; service delivery; early childhood; tribal communities
Sarita Rogers	Deputy director of programs, The Children's Trust	Home visiting; economic well-being; service delivery; early childhood
Deborah Daro	Senior research fellow emeritus, Chapin Hall	Home visiting; service delivery; early childhood

A9. Tokens of Appreciation

Participation in the HomeEc study will place minimal burden or barriers on caregiver participants, mainly in the form of participating in small-group interviews as part of the needs identification process (Instrument 2). Caregivers who attend the virtual small-group interviews may face barriers, such as possibly needing to secure childcare, take time off of work, pay for technology costs to participate (e.g. phone minutes or data plan), or travel to a location with internet access in order to participate. To offset this burden and related incidental costs and acknowledge respondents' efforts in a respectful way, the study team proposes to offer caregiver participants a \$60 gift card as a token of appreciation for participating in an interview that is expected to take place over about 90 minutes.

Although the data from this study will not be representative of, or generalizable to, any specific population of home visiting providers or caregivers, it is important that the study team secure participation from a diverse range of caregiver participants who are the intended recipients of the practices to be tested in the formative evaluation. Without offering the proposed tokens of

Alternative Supporting Statement for Information Collections Designed for Research, Public Health Surveillance, and Program Evaluation Purposes

appreciation, there is risk of securing information only from participants most able to overcome barriers to participation or who have the highest levels of family economic well-being. This token is intended to offset costs of participation, such as technology costs (e.g. phone minutes, data plan, etc.), childcare, transportation to the program office or other location with stable internet access, or other expenses, and to help ensure that individuals with more constraints on their ability to participate may take part. Offering in-kind incentives, such as childcare, is not feasible or practical because the data collection is virtual and we cannot anticipate all barriers to participation each family might face. In addition, offering these tokens of appreciation is consistent with Section 8 of the Executive Order on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government.¹ Previous research has shown that tokens of appreciation improve survey response rates regardless of modality (i.e., web, mail, phone) and can help mitigate nonresponse bias, particularly from respondents with low incomes and communities historically faced with systemic exclusion to opportunities and advancement (Singer & Ye, 2013).

Section A13 Costs provides information about the honoraria the study proposes to provide to participating programs.

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

Personally Identifiable Information

The study team will work with each local home visiting program to collect individual contact information for the program directors, supervisors, home visitors, and partner staff so the study team can schedule interviews and planning meetings and distribute the web survey links. 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

Before conducting the staff interviews, study staff will distribute consent forms to all participants; the forms will provide language informing respondents about the planned uses of the collected data, that their participation is voluntary, that they may withdraw their consent to participate at any time without any negative consequences, and that the team will keep their information private to the extent permitted by law. The study team will collect respondents' verbal consent at the start of the interviews. Before the start of the strategic planning meetings, the study team will discuss privacy and obtain verbal consent from all participating staff. The team will inform respondents from the interviews and strategic discussions of all planned uses of data. As specified in the contract, the contractor will comply with all federal and departmental regulations for private information.

With respondents' permission, the study team will record interviews; no one other than the research team will listen to or view the recordings. If respondents want to say anything they would prefer not to have recorded, they can ask the interviewer or facilitator to pause the recorder. Study staff will take notes during all interviews and discussions; they will save recordings and notes on a secure server and destroy the recordings and notes after the study.

Data Security and Monitoring

¹ <https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/20/executive-order-advancing-racial-equity-and-support-for-underserved-communities-through-the-federal-government/>

Alternative Supporting Statement for Information Collections Designed for Research, Public Health Surveillance, and Program Evaluation Purposes

The study team will protect respondents' privacy to the extent permitted by law and will comply with all federal and departmental regulations for private information. The study team has developed a data safety and monitoring plan that assesses all protections of respondents' personally identifiable information. The study team will ensure that all its employees and all subcontractors and their employees who perform work under this contract or subcontract will receive training on data privacy issues and comply with the above requirements.

The study team uses encryption compliant with the Federal Information Processing Standard (FIPS), Security Requirements for Cryptographic Module, as amended to protect all information during storage and transmission. We will securely generate and manage encryption keys to prevent unauthorized decryption of information, in accordance with the FIPS requirements. The study team's property management and control system incorporate this standard, and we have established a procedure to account for all laptop and desktop computers and other mobile devices and portable media that store or process sensitive information. The study team will secure any data stored electronically in accordance with the most current National Institute of Standards and Technology (NIST) requirements and other applicable federal and departmental regulations. In addition, the study team will submit a plan for helping ensure secure storage and limits on access.

A11. Sensitive Information²

No sensitive information is requested through this information collection.

A12. Burden

Explanation of Burden Estimates

To inform the site selection process, the study team will first collect data from up to two program staff per program from up to 12 prospective programs (24 respondents total) using the program recruitment and eligibility screener. Once sites are selected, the study team will use the interview guide for needs identification to collect data from up to 10 program staff per program from each of the three participating programs; from up to three staff from each of the partner organizations from each of the three participating programs; and from between two to four caregiver participants per participating program (49 respondents total for this instrument). Next, the study team will conduct strategic planning meetings using a discussion guide with up to eight program staff from each of the three participating programs (24 respondents total). Using the staff interview guide for the learning cycles, the study team will collect data from one program director or manager per program from up to three programs; one program supervisor per program from up to three programs; and up to four direct service staff from the program and/or partner organizations from up to three programs (18 respondents total). The study team will also collect data from up to 55 caregiver participants from each of the three programs (165 respondents total) during the learning cycles using a survey. Finally, the study team will collect data

² 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.

Alternative Supporting Statement for Information Collections Designed for Research, Public Health Surveillance, and Program Evaluation Purposes

from up to four direct service staff (from either the program or partner organizations) from up to three programs using a staff survey during the learning cycles (12 respondents total).

Table A.3 presents an estimate of time burden for these data collections, organized by instrument and respondent. The study team based the time burden estimates for each instrument on its experience with collecting information, interviewing professional staff, conducting surveys with caregiver participants, and facilitating human-centered designed discussions with professional staff on similar studies.

Annual burden estimates were calculated by dividing the total estimated burden by two as we expect data collection to be completed within about 16 months and this provides some buffer for any delays.

Estimated Annualized Cost to Respondents

The study team based the average hourly wage estimates for deriving total annual costs on data from the Bureau of Labor Statistics, *Usual Weekly Earnings of Wage and Salary Workers* (2023 fourth quarter). For each instrument in Table A.3, the team calculated the total annual costs by multiplying the annual burden hours by the average hourly wage.

We used the mean hourly wage of \$33.18 for women in professional and related occupations for program staff, as we expect many of the staff working in these positions to be women. We used the mean hourly wage of \$19.40 for female high school graduates with no college for caregiver participants participating in the caregiver survey. Tables from which the team drew these wages are available at the following links:

- Program staff (program directors, supervisors, home visitors, and partner staff): [USUAL WEEKLY EARNINGS OF WAGE AND SALARY WORKERS FOURTH QUARTER 2023 \(bls.gov\)](https://www.bls.gov/news.release/wagearns.pdf) (Table 4)
- Caregivers participating in the caregiver survey: [USUAL WEEKLY EARNINGS OF WAGE AND SALARY WORKERS FOURTH QUARTER 2023 \(bls.gov\)](https://www.bls.gov/news.release/wagearns.pdf) (Table 5)

Table A.3. Estimated time burden for data collection activities

Instrument	No. of Respondents (total over request period)	No. of Responses per Respondent (total over request period)	Avg. Burden per Response (in hours)	Total Burden (in hours)	Annual Burden (in hours)	Average Hourly Wage Rate	Total Annual Respondent Cost
Instrument 1: Program recruitment and eligibility screener	24	1	1.0	24.0	12	\$33.18	\$398.16
Instrument 2: Interview guide for needs identification (program and partner staff)	39	1	1.5	58.5	29	\$33.18	\$962.22
Instrument 2: Interview guide for needs identification (caregiver participants)	10	1	1.5	15	8	\$19.40	\$155.20
Instrument 3: Discussion guide for	24	6	1.5	216.0	108	\$33.18	\$3,583.44

**Alternative Supporting Statement for Information Collections Designed for
Research, Public Health Surveillance, and Program Evaluation Purposes**

strategic planning meetings							
Instrument 4: Interview guide for learning cycles	18	3	1.0	54.0	27	\$33.18	\$895.86
Instrument 5: Caregiver participant survey for learning cycles	165	3	0.08	39.6	20	\$19.40	\$388.00
Instrument 6: Staff survey for learning cycles	12	18	0.17	36.7	18	\$33.18	\$597.24
Total Annual Burden and Costs:					222	-	\$6,980.12

A13. Costs

The study team proposes to offer each participating local home visiting program an honorarium to acknowledge its contribution to timely and complete data collection and in recognition of its efforts in helping to coordinate study activities and administer the caregiver participant survey.

An honorarium would increase the likelihood of local home visiting programs' participation by defraying the cost of participating, such as using staff time for interviews or group discussions, rather than their regular job responsibilities. Some selected programs may receive funding from federal or state sources. However, the activities described in this information collection are beyond the requirements of MIECHV grants and participation in this study is not included in their grant budget.

The study team will offer each participating local home visiting program a \$2,300 honorarium for the program to use at its discretion for assisting with a range of study activities, its participation in the study activities, and recognition of the staff's contribution to this important research effort. The study team will request the program director's assistance in identifying appropriate respondents (supervisors, home visitors, and partner staff) to recruit for the interviews, strategic planning meetings, and staff surveys. The study team will also rely on the program's assistance in recruiting caregiver participants and administering the caregiver participant survey to them. Obtaining a wide range of perspectives and participation at each selected home visiting program is crucial to the success of the study; therefore, the study will aim for a high level of participation by staff in the interviews, strategic planning meetings, and staff surveys, as well as among caregivers in the caregiver participant survey. Actively engaging the communities served through ACF and HRSA-funded programs is an important component of meeting the study goals.

A14. Estimated Annualized Costs to the Federal Government

The total estimated cost for the federal government for the data collection activities under this information collection request will be \$417,677. The estimated annual cost is \$208,839. This amount includes personnel effort plus other direct and indirect costs.

Table A.4. Estimated Costs

Cost Category	Estimated Costs
Field Work	\$346,638
Publications/Dissemination	\$71,039

**Alternative Supporting Statement for Information Collections Designed for
Research, Public Health Surveillance, and Program Evaluation Purposes**

Total costs over the request period	\$417,677
Annual costs	\$208,839

A15. Reasons for changes in burden

This is for an individual information collection under the umbrella formative generic clearance for program support (0970-0531).

A16. Timeline

Table A.5. HomeEc formative evaluation timeline

Project activity	Time period
Recruitment	3 months, following OMB approval
Data collection	13 months, following recruitment
Analysis	13 months, concurrent with data collection
Reporting	9 months, following data collection and analysis

A17. Exceptions

No exceptions are necessary for this information collection.

Attachments

Instruments

Instrument 1: Program Recruitment and Eligibility Screener
Instrument 2: Interview Guide for Needs Identification
Instrument 3: Discussion Guide for Strategic Planning Meetings
Instrument 4: Interview Guide for Learning Cycles
Instrument 5: Caregiver Participant Survey for Learning Cycles
Instrument 6: Staff Survey for Learning Cycles

Appendices

Appendix A: Invitation to Participate in Recruitment Screener
Appendix B: Formative Evaluation Information

References

Singer, Eleanor and Cong Ye. "The Use and Effects of Incentives in Surveys." *The ANNALS of the American Academy of Political and Social Science* 645, no. 1, 2013, pp. 112-141.

**Alternative Supporting Statement for Information Collections Designed for
Research, Public Health Surveillance, and Program Evaluation Purposes**