

Submission under
0920-1154 Generic Clearance for CDC/ATSDR Formative Research and Tool Development

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**Persuasive Communication about Risks from and Responses to Zika – State, Local and Tribal
Government Interviews
Supporting Statement Part A**

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A. JUSTIFICATION

1. Circumstances Making the Collection of Information Necessary

The Centers for Disease Control and Prevention (CDC) in collaboration with Johns Hopkins Bloomberg School of Public Health Center for Health Security (CHS) requests six months of approval from the Office of Management and Budget (OMB) under the generic information collection entitled “Generic Clearance for CDC/ATSDR Formative Research and Tool Development” to conduct in-depth, semi-structured interviews (~45 minutes) with approximately 30 state, local and tribal public health practitioners, mosquito control officers, public health policymakers, and public health information officers to develop a detailed understanding of both the standard and innovative communication efforts ongoing in the response to Zika. During telephone interviews, the individuals will be asked open-ended questions about public health responses to the Zika outbreak. Their subjective and objective insights in their own words will be sought. Each interview will each be driven by the individual’s job, the particular stakeholder category and location/entity that he/she represents, role in the event response, and his/her personal experiences.

Zika virus represents a growing infectious disease threat to the US as it expands across the Americas and into the US. A critical study of current public health communication practices for Zika; communication efforts and message delivery via the news media; current knowledge and attitudes about Zika; public values and preferences; and message effectiveness is necessary to understand the effectiveness of current efforts and to improve communication in the future. There is also considerable debate surrounding the appropriate methods of controlling the Zika outbreak and its potential impacts, which may provide insight to potential areas of controversy, such as sex/reproduction, use of new technologies, and environmental concerns, requiring a balancing of values during future outbreaks.^{1,2,3} While scientific data and judgment are important in these decisions, it is also critical to understand public values and attitudes about risk and about available options. An important opportunity exists to incorporate real-time findings that would be produced by this study, which will result in new data and valuable information to help health officials strengthen communication efforts. Use of the included methodologies has previously advanced the field of risk communication for infectious disease events.^{4,5,6,7,8,9}

The interviews with state, local, and tribal public health officials are part of a larger two-year study using a novel, multifaceted approach to investigate the sending and receiving aspects of communication and the relationship of the two to understand and provide recommendations for how public health communication practices can be strengthened to improve public understanding of, acceptance of, and response to messages during this and future infectious disease outbreaks. As federal, state, and local public health departments conduct activities to educate the public and reduce risks, a greater understanding of the array of communication efforts, messages the public may be receiving via the news media, potential impact of these efforts, and most appropriate ways to communicate about the risks from Zika is needed to inform this and future emergency responses. The ways in which health officials inform and frame their policy positions will determine whether they are able to garner social legitimacy and public trust.

The data collection is authorized by Section 301 of the Public Health Service Act (42 U.S.C. 241), included in this request as **Attachment A – Authorizing Legislation**.

2. Purpose and Use of Information Collection

This project will provide the CDC with information directly from state and local partners develop a detailed understanding of both the standard and innovative communication efforts ongoing in the response to Zika.

This information will help to improve Zika communication efforts with the public and with local partners. In addition, this project will develop evidence-informed recommendations intended to provide strategic input, potential language, and communication approaches for senior health officials at the state and federal level to be used in current and future public health emergency responses. This project aims to advance communication and public health science, improve efforts to deliver effective public health communications, and encourage strong public adoption of public health recommendations. Specifically, this project will enable health officials to: improve communication and messaging to enhance the public understanding of risks; increase public acceptance of public health prevention strategies and interventions during future health threats; and mitigate unnecessary backlash due to poor communication during major health crises.

Analysis of interview data is stage three of a six-stage project to be completed over two years. This data will be used to inform the next stages of the project. In particular, information gathered from the interviews will provide more information about what public health officials are trying to communicate to the public, what actions they are trying to elicit from the public, and what gaps they have identified. By providing more information on the initial messages, this step of the project will provide the context for later stages of the project aimed at understanding what messages people are receiving and offer key input in the instrument development process.

Stage 1 Preliminary background research: Complete an environmental scan of current federal and state communication efforts in place to inform and educate the US public about Zika.

Stage 2 Review of publically available news articles: Perform a quantitative content analysis of news media coverage of the Zika outbreak including CDC and public health messages, alternative views, and their representation in the public sphere to determine how the news media has portrayed risks and responses to the public and how that compares to CDC messages.

Stage 3 Public health interviews: Conduct in-depth, semi-structured interviews (~45 minutes) with approximately 30 public health practitioners, mosquito control officers, public health policymakers, and public health information officers to develop a detailed understanding of both the standard and innovative communication efforts ongoing in the response to Zika.

Stage 4 Public survey: Field a nationally representative online survey, with oversampling in locations with past/current local transmission of Zika, to determine current public views, knowledge, beliefs, and barriers around Zika-related risks and response activities.

Stage 5 Public focus groups: Convene 8 demographically diverse public focus groups of 7-9 participants each to deliberate relevant issues including emergent controversies such as sex/reproduction, use of new technologies, and environmental concerns, using vignettes to draw out reactions and values important in Zika and future outbreak response. These focus groups will use vignettes informed by earlier phases of the project and illustrate outbreak communication and response efforts in the Zika response and a range of epidemic contexts. Focus groups will take place in a range of locations that incorporate differences in Zika threat and response, as well as geographic and urban/rural variation.

Stage 6 Message Testing: Conduct a message testing experiment using a nationally representative online sample to test impact of draft statements on audience understanding

about the risks they may face and support for public health and personal response activities. Messages will be drafted based on thematic analysis of focus groups and information from the Zika response. This message testing experiment will be completed using the survey research firm GfK Knowledge Networks, and will focus on modified CDC messages, experimental messages informed by previous phases of the project and risk communication best practices, and messages in the news media.

CDC will disseminate the information through partners' online resources, peer reviewed manuscripts, briefings to federal and state officials, and conferences. Interim reports will be shared within CDC to improve the Zika response at the discretion of CDC investigators. All releases of information will be reviewed and approved by CDC. Results will not be generalized beyond the scope of the study.

This project is funded by under a Broad Agency Agreement CDC contract number 200-2016-92378 (09/26/16-09/25/18).

3. Use of Improved Information Technology and Burden Reduction

This information request is in compliance with the Government Paperwork Elimination Act (GPEA), Public Law 105-277, title XVII. For telephone interviews, information will be collected according to an interview guide and entered by the CHS interviewer into an electronic file in terms of note-taking, audio files, and transcribed conversations in Word documents. The number of questions posed will be held to the minimum required in order to elicit the necessary data. An earlier stage of this study reviewed state, local, and territorial public health department websites to limit duplicative information and ensure appropriate questions are being asked of respondents. CHS members will use state-of-the-art computer systems to organize and analyze the information collected.

4. Efforts to Identify Duplication and Use of Similar Information

Stage 1 of this study conducted a systematic environmental scan to identify federal, state, territorial and local public health departments' communication efforts and strategies to understand the content and types of communication strategies and methods being used to disseminate Zika virus information to the public in 2016. This information, however useful, also identified potential gaps in understanding what other standard and innovative communication efforts may be occurring. There are no other similar data available for use in this study based on literature search, conference attendance, and communications with other CDC staff involved in the response.

5. Impact on Small Businesses or Other Small Entities

No small businesses will be involved in this data collection.

6. Consequences of Collecting the Information Less Frequently

This request is for a one time information collection. Not collecting this information will limit our complete understanding of standard and innovative public health efforts to communicate Zika virus information to the public. Looking at just website information does not help us to understand important issues such as barriers to messaging, and message acceptance they have observed, and how their messaging has adapted for later stages of the Zika response. There are no legal obstacles to reducing the burden.

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

This request fully complies with the regulation 5 CFR 1320.5.

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

The Federal Register notice was published for this collection on July 18, 2016, Vol. 81, No. 137, pp. 46680 (**Attachment B**). No public comments were received.

No other public contacts and opportunities for public comments were received.

9. Explanation of Any Payment or Gift to Respondents

Interviews will not include any tokens of appreciation.

10. Protection of the Privacy and Confidentiality of Information Provided by Respondents.

This submission has been reviewed by the OPHPR Paperwork Reduction Act contact and it has been determined that the Privacy Act does not apply (**Attachment C**). To enable the telephone interview process, the following information in Identifiable Form (IIF) will be used: Names, email addresses, and telephone numbers. However, CHS will not be linking interview responses to this personal information. No CDC staff will participate in the collection of data or otherwise have contact with the participants.

The collection should have no impact on privacy. Personally identifiable information will not be recorded in the data. Data will be coded and aggregated, so it will not be possible to link responses with any individual subjects. Respondent comments will not be attributed to specific individuals. Interview recordings will be archived only under numeric codes to ensure privacy. Similarly, written notes will be labeled and stored under generic descriptive names, and results will only be available to the CHS project team via secured access. Furthermore, study reports will not name specific interviewees or organizations without their explicit permission.

None of the information collected will be of a sensitive nature, yet it will be treated as private, de-identified, and stored securely at CHS. Electronic data will be stored at CHS on secure, password-protected servers with random alphanumeric codes assigned as file names. Hard copy data will be stored under lock and key. The recording device containing interview audio files will be stored

under lock and key until the files are transferred to the secure electronic server at CHS. Data will be treated in a secure manner and will not be disclosed, unless otherwise compelled by law.

Participants will be informed that providing information is voluntary as shown in **Attachment D**. Participants will be given an opportunity to consent to sharing and submitting information as shown in **Attachment D**.

A system of records is not being created for this study.

11. Institutional Review Board (IRB) and Justification for Sensitive Questions

IRB Approval

The study has been determined to be exempt from IRB (**Attachment E**).

Sensitive Questions

None of the information collected will be of a sensitive nature.

12. Estimates of Annualized Burden Hours and Costs

The annualized response burden is estimated at 23 hours.

Purposeful and snowball sampling will be used to recruit approximately 30 state, local, and tribal government public health practitioners, mosquito control officers, public information officers and public health policymakers around the country with variation in threat level, geographic location, urban/rural location, and disease response funding levels. The desired response rate for interviews is 60%. CHS past projects using this methodology have historically achieved this response rate or better. Each interview will last approximately 45 minutes. Time estimates are based on previous work done by CHS with the same population.

Exhibit 12.A Annualized Burden Hours

Type of Respondent	Form Name	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours
State, local and tribal government public health officials	Attachment F –Interview Guide Public Health Officials	30	1	45/60	22.5
Total		30			23

12.B Estimated Annualized Costs

The United States Department of Labor, Bureau of Labor Statistics May 2015 data were used to estimate the hourly wage rate for state, local, and tribal government public health officials. Since

there isn't a designation for public health, we used the designation for epidemiologist as that is a common public health profession (<https://www.bls.gov/oes/current/oes191041.htm>).

Exhibit 12.B. Annualized Cost to Respondents

Type of Respondent	Form Name	Total Burden Hours	Hourly Wage Rate	Total Respondent Cost
State, local and tribal government public health officials	Attachment F –Interview Guide Public Health Officials	23	\$36.97	\$850.31

13. Estimates of Other Total Annual Cost Burden to Respondents and Record Keepers

There are no other cost burdens to respondents and record keepers for this data collection.

14. Annualized Costs to the Government

No CDC staff will be involved in recruitment of respondents or any data collection. The annual total cost of data collection by the CHS contractor for the interview portion of the study is \$114,827.00.

15. Explanation for Program Changes or Adjustments

This is a new Generic information collection.

16. Plans for Tabulation and Publication and Project Time Schedule

Exhibit 3 illustrates the timeline for activities related to this collection, including recruitment of participants, data collection, data analysis, and publication.

Exhibit 3. Interviews Timeline

Activity	Time Schedule
Recruitment	1 month after OMB approval
Data Collection	1-3 months after OMB approval
Data Analysis	3-4 months after OMB approval
Report Results	5 months after OMB approval

17. Reason(s) Display of OMB Expiration Date is Inappropriate

The display of the OMB expiration date is not inappropriate.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.

REFERENCES

- ¹ Schlanger Z. Zika Reviving Decades-Old DDT Debate, but Here's Why It's Unfounded. *Newsweek*. February 4, 2016. <http://www.newsweek.com/ddt-zika-mosquito-terrible-idea-422807>.
- ² McNeil DG. Health Officials Split Over Advice on Pregnancy in Zika Areas. *NY Times*. April 2016. <http://www.nytimes.com/2016/04/15/health/zika-virus-pregnancy-delay-birth-defects-cdc.html>.
- ³ Mohny G. Genetically Modified Mosquito Study in Florida to Halt Spread of Viruses Sparks Eco Debate. ABC News. April 20, 2016. <http://abcnews.go.com/Health/genetically-modified-mosquito-study-florida-halt-spread-viruses/story?id=38543361>.
- ⁴ Schoch-Spana M, Bouri N, Rambhia KJ, Norwood N. Stigma, health disparities, and the 2009 H1N1 influenza pandemic: how to protect Latino farmworkers in future health emergencies. *Biosecur Bioterror*. 2010, 8(3): 243-254.
- ⁵ Smith KC, Rimal RN, Sandberg H, et al. Understanding newsworthiness of an emerging pandemic: international newspaper coverage of the H1N1 outbreak. *Influenza Other Respir Virus*. 2013;7(5):847-53.
- ⁶ Rolison JJ, Hanoch Y. Knowledge and risk perceptions of the Ebola virus in the United States. *Prev Med Rep*. 2015 Apr 16;2:262-4.
- ⁷ Quinn SC, Thomas T, Kumar S. The anthrax vaccine and research: reactions from postal workers and public health professionals. *Biosecur Bioterror*. 2008 Dec;6(4):321-33.
- ⁸ Quinn SC, Hilyard K, Castaneda-Angarita N, Freimuth VS. Public acceptance of peramivir during the 2009 H1N1 influenza pandemic: implications for other drugs or vaccines under emergency use authorizations. *Disaster Med Public Health Prep*. 2015 Apr;9(2):166-74.
- ⁹ Teasdale E, Yardley L. Understanding responses to government health recommendations: public perceptions of government advice for managing the H1N1 (swine flu) influenza pandemic. *Patient Educ Couns*. 2011 Dec;85(3):413-8