SUPPORTING STATEMENT: PART A

Older Adult Mobility Ride Share (OAMRS)

March 2, 2018

Point of Contact: Laurie Beck, MPH
Centers for Disease Control and Prevention
National Center for Injury Prevention and Control
4770 Buford Highway NE MS F-64
Atlanta, GA 30341-3724
Phone: 770.488.4327
Fax: 770.488.1317
Email: ldf8@cdc.gov

Contents

LIST OF ATTACHMENTS

ATTACHMENT A – RIDE SHARE PARTNER OUTREACH MATERIALS

ATTACHMENT B – WRITTEN QUESTIONNAIRE FOCUS GROUP

ATTACHMENT C – FOCUS GROUP PROTOCOL – USERS

ATTACHMENT D – FOCUS GROUP PROTOCOL – NON-USERS

ATTACHMENT E – INTERVIEW PROTOCOL – USERS

ATTACHMENT F – INTERVIEW PROTOCOL – NON-USERS

ATTACHMENT G – INFORMED CONSENT

ATTACHMENT H – FLYER FOR RECRUITMENT

ATTACHMENT I – STUDY DESCRIPTION

ATTACHMENT J – SCREENER FOCUS GROUP

ATTACHMENT K –SCREENER TELEPHONE INTERVIEW

ATTACHMENT L – COMMUNICATION MATERIALS

ATTACHMENT M – PRIVACY IMPACT ASSESSMENT

ATTACHMENT N – INSTITUTIONAL REVIEW BOARD (IRB) DOCUMENTATION

- Goal of the study: Examine the barriers and facilitators of older adults' use of ride share services as a transportation alternative and compare their experiences to younger adults.

- Intended use of the resulting data: The study will help CDC to understand older adults' use of ride share services and identify strategies for meeting the transportation needs of older adults.

- Methods to be used to collect: Qualitative data collection via in-person focus groups and telephone interviews with a sample of older and younger adults.

- The subpopulation to be studied: Older adults aged 65+ and younger adults aged 18 to 64 who are users and non-users of ride share services.

- How data will be analyzed: Qualitative analysis using NVivo software to identify key themes.

A.1. Circumstances Making the Collection of Information Necessary

The Centers for Disease Control and Prevention (CDC) is requesting approval for a new GenIC under OMB Control No. 0920-1154, titled "Older Adult Mobility Ride Share (OAMRS)." The purpose of this project is to describe the available U.S. ride share services, including services specifically for older adults and services that include older adults as part of their service population, understand older adult attitudes and beliefs toward using these services, and comparing older adult attitudes and beliefs to a group of younger (age <65 years) adults. Given that ride share services are promising mechanisms for promoting older adult health and wellbeing by improving mobility, it is imperative to understand the barriers and facilitators of older adults' use of these potentially life-changing services. The proposed information collection will study the perspectives of younger and older adults who are users and non-users of ride share services. CDC will use the information collection to:

1. Describe currently available U.S. ride share services, including services specifically for older adults (age 65+ years) and services that include older adults as part of their service population;

2. Understand older adult attitudes and beliefs toward using these services; and

3. Compare older adults' attitudes and beliefs to younger adults (age <65 years).

This information collection is the first of its kind and will help CDC to identify strategies for meeting the transportation needs of older adults.

Transportation supports health by reducing social isolation and enhancing individual autonomy and psychosocial wellbeing.[1] Health and functional benefits for older adults have been identified for those maintaining mobility through transportation.[2] To maintain mobility, it is crucial for older adults to have access to a private vehicle (either as a driver or as a passenger) or practical alternative transportation options.[3]

Alternate transportation solutions for older adults who do not drive include public transportation, walking, van services, seeking rides from friends or family members, and taxis. The literature indicates that older adults primarily rely on rides from others and taxis as transportation alternatives. There are barriers to using these alternative transportation methods, including poor health and mobility of the older person, cost, and availability. In particular, the barriers to using public transportation are related to physical difficulties and lack of integrated mobility systems to help older adults, for example, step on and off of busses or walk to and from bus or train stops. Barriers to using taxis, among older adults, include concerns regarding personal safety, limited access in low-population or rural areas, and generational perceptions regarding cost (there is a generational perception among older adults who view taxis as "a luxury they cannot afford").[4] As a result, older adults have been reluctant to use these alternatives or these alternatives have not fully met their travel needs.

Ride share services offer a promising solution to an enduring challenge for the one out of every five older Americans who has limited or no access to a private vehicle, either as a driver or as a passenger.[5] Ride share services show great potential for improving mobility of older adults. For the purposes of this study, ride sharing is defined as transportation arranged through a third party where a person is a passenger in a private automobile[1] (e.g., privately owned car, van, truck, or sport utility vehicle). Ride share services include volunteer driver programs, companies such as Uber, Lyft, and ITN, as well as rural ride share services. This excludes public transportation or a ride provided by a commercial van, bus, or taxi. They also exclude rides provided by a friend or family member.

Ride Share Services Designed for All Populations

There are a number of ride share services available for all populations. Uber and Lyft are the two largest ridesharing programs in the U.S. These programs enable passengers to hail nearby private drivers using geolocation technology. Uber and Lyft have introduced flexible pricing, automated payments and shorter wait times than traditional taxi services. Uber and Lyft are available in many cities and counties and both organizations are growing rapidly. Uber and Lyft operate in and around urban areas. Uber has also been growing in smaller towns. Other services designed for all populations may include local, independent volunteer and non-profit services.

Services Designed for Older Adults

There are also services specifically designed for older adults. ITNAmerica is one of the original ride share services tailored to older adults; it is a network of independent, nonprofit ride service programs that offers door-through-door services for older adults using volunteers (paid and unpaid). Another ride share service specifically for older adults is GoGoGrandparent, which developed an interface with Uber and Lyft to help older adults to access ride share services without a smartphone. GoGoGrandparent serves tens of thousands of people in every market in the U.S. except Alaska. Members register their favorite locations and can use a landline to request transportation; the GoGoGrandparent team then orders a Lyft or Uber driver for them. There are also services for people who live in rural communities provided by rural ride share services. Other volunteer transportation organizations exist in communities across the U.S. There are also local, non-profit services for aging in place that include transportation, and community

---

[1] One exception is that some ride share services have paid drivers who provide transportation services using vehicles owned by the company. These vehicles were previously privately owned and donated.

organizations that use volunteers to provide free transportation for seniors and people with disabilities.

Factors that Affect Ride Share Service Utilization

The decision to utilize a ride share service reflects multiple considerations related to attitudes and beliefs about whether this option is a realistic solution, either short-term or long-term, to a specific transportation need. Other factors that may influence the decision to use a ride share service include wait times, the company's identity, technology, cost, and safety.[6]

Exploring the barriers and facilitators of use of ride share services for the older adult population is critical, as the population aged 65 and over is projected to double by 2050.[7]

Data Collection Activities under this OMB Request

CDC is seeking approval from OMB to conduct:

- **Focus groups** with older and younger adults to gather detailed information on individuals' experiences with and perceptions of ride share services, as well as the barriers and facilitators associated with use or non-use of ride share services. The focus groups will gather respondents' perspectives in a group setting.

- **Interviews** with older and younger adults to gather insights on individuals' experiences with and perceptions of ride share services, as well as the barriers and facilitators of their use or non-use of ride share services. The interviews will collect detailed accounts of respondents' experiences and perceptions of ride sharing.

To address the goals of the study, the information collection activities will involve five distinct study populations:

1. Older adults (aged 65 and older) who use ride share services **designed for older adults**;
2. Older adults who use ride share services **designed for all ages**;
3. Older adults who **do not use** ride share services;
4. Younger adults (aged 18 to 64) who use ride share services **designed for all ages**; and
5. Younger adults who **do not use** ride share services.

A.2. Purpose and Use of Information Collection

The purpose of this information collection is to gain an understanding of the barriers and facilitators of older adults' use of ride share services. This study is focused around three goals:

1. Describe currently available U.S. ride share services, including services specifically for older adults and services that include older adults as part of their service population;
2. Understand older adult attitudes and beliefs toward using these services; and
3. Compare older adults' attitudes and beliefs to younger adults (age <65 years).

To reach these goals, key research questions will guide the information collection activities:

1. What are the barriers and facilitators for older adults in using these ride share services?

2. How do the barriers and facilitators in using ride share services differ between older and younger adults?

3. To what extent are these services meeting older adult transportation needs?

4. To what extent could these services meet older adult needs if the barriers were addressed?

5. What other transportation methods do older adults use? What factors play into their decisions around which options to use for each trip?

6. What attributes of the driver are important (e.g., human driver, driver of the same sex or age)?

To answer these research questions, we will conduct primary data collection using in-person focus groups and telephone interviews with older and younger adults. In total10 focus groups will be conducted with a total of 90 participants and 95 telephone interviews with older and younger adults.

Table 1 presents the linkage between each study question, the information collection activity (focus groups or interviews), and the study population (users and non-users, older and younger adults).

Table 1.   Research Questions Mapped to Information Collection Activities

CDC Research Questions	Information Collection Activities						
	Interviews (n=95)				Focus Groups (n=10)		
	Older Adults		Younger Adults		Older Adults		Younger Adults
	Users	Non Users	Users	Non Users	Users	Non Users	Users
1. What are the barriers and facilitators for older adults in using these ride share services?	√	√			√	√	
2. How do the barriers and facilitators in using ride share services differ between older and younger adults?	√	√	√	√	√	√	√
3. To what extent are these services meeting older adult transportation needs?	√	√			√	√	
4. To what extent could these services meet older adult needs if the barriers were addressed?	√	√			√	√	
5. What other transportation methods do older adults use? What factors play into their decisions around which options to use for each trip?	√	√			√	√	
6. What attributes of the driver are important (e.g., human driver, driver of the same sex or age)?	√	√	√	√	√	√	√

Below, we describe the two study populations for this information collection.

Older Adult Study Population

The older adult study population is defined as people aged 65+. We will explore our research questions by collecting information from two cohorts of older adults: "young-old" adults, aged

65 to 74, and "old-old" adults, aged 75+. These two cohorts are of interest because of potential differences in their experiences using ride share services. The "young-old" may still be driving and/or may be transitioning to using ride share services. In contrast, the "old-old" are starting to use ride sharing, with nearly 20% of those aged 75 to 79, and 40% of those aged 85+, using ride sharing as their primary means of travel, according to research conducted by AARP.[8] Additionally, fatal crash involvement increases after age 74.[9]

Younger Adult Study Population

The younger adult study population is defined as people aged 18 to 64. One specific cohort of the younger adult study population that is of particular interest to this study is the "young adult" cohort aged 25 to 39. This cohort is of interest because data suggest that younger adults are using ride share services (approximately 57% of Lyft and Uber ride share passengers are aged 25 to 34 in contrast to only 7% of people aged 45+).[10] Further, this young adult cohort will likely have more in common with the older adult study population (e.g., more years of work and life experience) than adults under the age of 25.

Table 2 presents data collection activities by study population.

Table 2.   Data Collection Activities by Study Population

		Number of Focus Groups	Number of Interviews
Users of Ride Share Services Designed for Older Adults	Older Adults: "Old-Old" – Aged 75+	2	
	Older Adults: "Young-Old"– Aged 65 to 74	2	
	Older Adults – Aged 65+		25
Users of Ride Share Services Designed for All Ages	Older Adults – Aged 65+	2	25
	Younger Adults – Aged 25 to 39	2	
	Younger Adults – Aged 18 to 64		25
Non-Users of Ride Share Services	Older Adults – Aged 65+	2	10
	Younger Adults – Aged 18 to 64		10
	TOTAL	10	95

Below, we describe each data collection method and discuss the use of the information collected.

Focus Groups

We will conduct a total of 10 focus groups with older and younger adults who are users and non-users of ride share services. Each focus group will be 90 minutes in length and include up to 9 individuals. The focus groups will be conducted in person, at two different locations—a metropolitan and a non-metropolitan community—to provide some geographic diversity. We will conduct five focus groups in each geographic location (for a total of 10 focus groups).

As shown in Table 2, we will conduct two focus groups with "young-old" adults (aged 65 to 74) and two focus groups with "old-old" adults (aged 75+) who use ride share services *designed for older adults*. We will also conduct two focus groups with older adults (aged 65+) and two focus groups with younger adults (aged 25 to 39) who use ride share services *designed for all ages*. Finally, we will conduct two focus groups with older adults (aged 65+) who *do not use* ride share services.

Prior to beginning the focus group, we will ask focus group participants to complete a written questionnaire (Attachment B) that includes questions to determine the participant's driving status (if they have a driver's license and have driven in the past two weeks); car ownership; frequency of traveling outside the home; and frequency of use of a ride share service. The questionnaire also asks demographic questions including: race, ethnicity, and sex. The data gathered through the questionnaire is intended for analysis purposes only.

We will use the focus group protocols (Attachment C and Attachment D) to collect information about:

- Transportation needs and habits (when traveling outside the home, reasons, types of transportation used, and factors affecting decision to take one form of transportation or another).

- Use of ride share services (for users: types of ride share services used, reasons for choosing a ride share service, and process for requesting a ride share service).

- Opinions of ride share services (for users: likes/dislikes of ride share services, attributes of an ideal driver, and special needs or considerations; for non-users: familiarity, perceptions, and potential benefits of ride share services).

- Future use of ride share services (how ride share services could be improved to meet riders' needs, perceptions of driverless automobiles).

The qualitative data collected from the focus groups will be used to explore the perspectives of specific groups of older and younger adults (users, non-users, age cohorts) about ride sharing in two different communities.

Interviews

A total of 95 telephone interviews with older and younger users and non-users of ride share services will be conducted. Each interview will last approximately 20 minutes. As shown in Table 2, we will conduct 25 interviews with older adults (aged 65+) who use ride share services *designed for older adults*. We will conduct 50 interviews with users of ride share services *designed for all ages*—25 with older adults (aged 65+) and 25 with younger adults (aged 18 to 64). We will also conduct 20 interviews with non-users—10 interviews with older adults and 10 interviews with younger adults.

We will use the interview protocols (Attachment E and Attachment F) to collect information about:

- Transportation needs and habits (when traveling outside the home, reasons, types of transportation used, and factors affecting decision to take one form of transportation or another; driving status and possession of a driver's license).

- Use of ride share services (for users: types of ride share services used, reasons for choosing a ride share service, process for requesting a ride share service, and factors considered when deciding to use a ride share service).

- Opinions of ride share services (for users: likes/dislikes of ride share services, reasons for using a ride share service, attributes of an ideal driver, and special needs or

considerations; for non-users: familiarity, perceptions, and potential benefits of ride share services).

- Future use of ride share services (how ride share services could be improved to meet riders' needs, perceptions of driverless automobiles).

- Demographics (race, ethnicity, sex, and city and state of residence).

The qualitative data collected from the interviews will be used to assess respondents' experiences, perceptions, and beliefs related to ride sharing. The demographic questions are asked for analysis purposes only. The interviews are an opportunity to speak with a greater number of people across the country from many different communities, including older adults who have experienced limited or loss of mobility.

Recruitment

We will recruit study participants for the focus groups and interviews by working with ride share organizations, including: ITNAmerica, GoGoGrandparent, Lyft, and rural ride share services. We will share our recruitment materials with these ride share organizations—a letter describing our study and reminder (Attachment A), flyers (Attachment H) and a study description (Attachment I). The ride share organizations have agreed to share these materials with their ridership as well as partners who serve their ridership. Respondents will self-select to participate by using the contact information provided in our study materials. We will also work with a third party recruitment firm to recruit respondents who do not use ride share services.

A screener will be used to determine eligibility to participate in the study. The focus group screener (Attachment J) includes four questions to determine eligibility:

1. Have you ever used a ride share service for transportation?

2. Are you currently, or have you ever, been employed by a ride share service company or organization?

3. What is your age?

4. What is your county and state of residence?

The interview screener (Attachment K) includes three questions to determine eligibility:

1. Have you ever used a ride share service for transportation?

2. Are you currently, or have you ever, been employed by a ride share service company or organization?

3. What is your age?

These questions are asked to determine whether the respondent is a user or non-user, and an older or younger adult, so that we use the appropriate focus group or interview protocol. The question about being employed by a ride share service company is asked so that we may exclude drivers of ride share services from the respondent population. The question about county and state of residence will be asked of potential focus group participants to ensure that all participants reside in the geographic areas where the two focus groups will be conducted.

For potential focus group participants, after we have determined their eligibility to participate in the study, we will ask if they are available to participate in the focus group at the designated date

and time. If they are not available, we will ask if they are willing to participate in a telephone interview instead. If they are available, we will continue with the screener questions. For both interview and focus group participants, at the end of the screener, we will ask for, or confirm, contact information for all participants (name, telephone number, email address (focus group participants only), mailing address (focus group participants only), and preferred method that we should use to contact them (phone, email, or mailed letter) for focus group participants only). This information will be used to conduct the telephone interview (if it is not possible to conduct the interview at that time) or confirm participation in the focus group (Attachment L) Approximately one week prior to the focus group, we will send a reminder letter via mail or email to all participants (depending on their preference expressed during the screener).

A.3. Use of Improved Information Technology and Burden Reduction

The information collection methods under this OMB request are qualitative; therefore, information technology will not be used to collect data from the 185 individuals recruited to participate in the focus groups and interviews. Because the data collection is qualitative in nature and requires information from a relatively small number of individuals; it is not appropriate, practical, or cost-beneficial to build electronic instruments to collect the information. The proposed interviews and focus groups will collect only the minimum information necessary for the purposes of the project.

All information will be collected via focus groups and interviews using semi-structured protocols (Attachments C, D, E, and F). Focus group participants will be asked to complete a written questionnaire (Attachment B). Focus group participants will also be asked to provide written informed consent (Attachment G). Focus groups will be conducted in person and interviews will be conducted by telephone. Telephone interviews will be scheduled to occur at a time that is convenient for the respondents, and accommodate requests to reschedule.

Each data collection activity will be supported by digital audio recordings. Each audio recording will be created with consent from the study participant (written consent from focus group participants and verbal consent from interview participants). We will develop transcripts and analyze them using NVivo, a qualitative analysis software program, which will facilitate the organization and analysis of the qualitative data.

A.4. Efforts to Identify Duplication and Use of Similar Information

This information collection request represents a new effort – the first of its kind – to collect qualitative data from older and younger adults regarding the facilitators and barriers of using ride share services. The data collection effort will allow CDC to describe currently available ride share services, understand older adults' attitudes and beliefs toward using these services, and compare older adults' attitudes and beliefs to younger adults. CDC will use this information to identify strategies for meeting the transportation needs of older adults. This study represents the first attempt to systematically assess barriers and facilitators of using ride share services. There is no known information available that can substitute data collection.

A.5. Impact on Small Businesses or Other Small Entities

The collection of information does not involve small businesses or other small entities. This information collection only includes older and younger adults.

A.6. Consequences of Collecting the Information Less Frequently

The proposed data collection is a direct response to CDC's need to understand older adults' barriers and facilitators of using ride share services, in order to identify strategies for meeting the transportation needs of older adults.

This request is for a one-time data collection. No respondent will be asked to participate in more than one interview or focus group. There will be no additional information collections under this OMB request.

Not collecting this information would negatively impact CDC's mission to promote and improve the health of people in the United States. Specifically, the consequences of *not* collecting the information would be:

1. Failure to describe currently available U.S. ride share services, including services specifically for older adults and services that include older adults as part of their service population;

2. Failure to understand older adult attitudes and beliefs toward using these services; and

3. Failure to compare older adults' attitudes and beliefs to younger adults (age <65 years).

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

This request fully complies with the regulation 5 CFR 1320.5. There are no special circumstances.

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

A.8.a) Federal Register Notice

A 60-day Federal Register Notice has already been published for the Generic Clearance. No Federal Register Notice is required for this GenIC submission.

A.8.b) Efforts to Consult Outside the Agency

CDC's National Center for Injury Prevention and Control—Laurie Beck, MPH; Amelia Jewett, MPH; and Asadur Patwary, MPH—reviewed the study methodology and protocols and provided written and verbal feedback on the study methodology and all attachments.

Katherine Freund, MA, President of ITNAmerica and an expert in transportation for older adults also provided written and verbal feedback on the study methodology and all attachments.

Several ride share organizations were consulted about the recruitment strategy, and specifically, the feasibility of recruiting study participants from their ridership. Specifically, we consulted

with Katherine Freund, Joe Warren, and Amarjothi Natarajan from ITNAmerica; Justin Boogaard from GoGoGrandparent; and Gyre Renwick from Lyft.

The NORC staff consulted to develop the study include: Alycia Bayne, MPA; Alexa Siegfried, MPH; Mary Slosar, PhD; Tori Nadel, BS; and Mallory Kennedy, BA.

A.9.   Explanation of Any Payment or Gift to Respondents

This study will help CDC to understand older adults' use of ride share services, compare their experiences with those of younger adults, and identify strategies for meeting the transportation needs of older adults. To address these goals, we will recruit a sample of individuals from the five study populations who represent a range of different characteristics in terms of age, geographic location (county of residence), sex, race, ethnicity, and driving status. It is important to gain as many perspectives as possible through this information collection. Doing so will allow us to provide a more nuanced understanding of the older and younger adults' attitudes and beliefs towards ride share services. This will enable CDC to identify strategies to meet the transportation needs of older adults.

To ensure that the sample is comprised of respondents with different characteristics—including racial and ethnic minority populations and populations of low socioeconomic status—we will provide a token of appreciation for their participation.

Several studies have demonstrated that the use of gifts of gratitude are an effective method for increasing response rates, particularly among hard-to-reach populations. Hard-to-reach populations are subgroups that may be difficult to involve in research due to various determinants, such as their physical or geographic location, or their social or economic conditions.[11] Several studies have found that small gifts significantly increased participation among racial and ethnic minorities.[12] For example, in one telephone survey of Medicaid recipients, a $2 token of appreciation increased responsiveness both overall and within different racial and ethnic groups of respondents;[13] a $5 prepaid reward increased responsiveness to a follow-up survey of low-income Latino respondents;[14] and, compared to a coupon or no reward, a $5 token of appreciation significantly increased responsiveness among African Americans to the Wisconsin Pregnancy Risk Assessment Monitoring System (PRAMS).[15] These studies have also found that the use of small gifts significantly increased participation among respondents that are typically underrepresented in surveys, such as those with low education levels[16] and those from low-income households.[17] Additionally, among older adults in particular, the use of a $5 prepaid reward in one telephone survey significantly reduced nonresponse.[18]

Recent data collection conducted by the NORC research team leading the Multi-Site Evaluation of Project LAUNCH found that, without appreciative tokens, survey respondents were more likely to be white, college-educated, employed full-time, and from the highest income category compared to average across the sampled communities. After several months of data collection without tokens of appreciation led to a response bias in the survey data (respondents were more likely to be white, college-educated, employed full-time, and from the highest-income category), the research team received approval from OMB to provide a token of appreciation to survey respondents.[19]

We will provide a token of appreciation to all study participants. Other non-monetary tokens are not appropriate for this study because it is not logistically feasible to provide a non-monetary token to individuals who complete a telephone interview.

Each focus group will be 90 minutes in duration and will be conducted in-person. Following recent guidance from OMB, focus group participants will receive a token of appreciation of $50 as token of appreciation ($33.34 per hour, for a total of $50 for the 90 minutes). We will provide each participant with the token at the conclusion of the focus group. Interview participants will receive a token of appreciation of $10. Each interview will be 20 minutes in duration and conducted via telephone. We will provide the token of appreciation in the form of a check, issued to each respondent. Focus group participants will receive the check at the conclusion of the focus group. Interview participants will receive the check via mail, following the conclusion of the interview. All individuals who demonstrate a good faith effort to participate in the study will receive the token of appreciation.

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

This submission has been reviewed by the NCIPC's Information Systems Security Officer, who has determined that the Privacy Act does apply. The reasons for the determination are because the information collection includes personally identifiable information, specifically, name, phone number, mailing address, and email address (focus group participants only). The Privacy Impact Assessment (PIA) is provided (Attachment M).

CDC is contracting with NORC at the University of Chicago to conduct this study. NORC staff will oversee the implementation of the study's protocols and conduct all data collection and analysis activities. NORC will collect personally identifiable information (PII)—specifically, name, mailing address, email address (focus group participants only), and phone number—when recruiting the sample of older and younger adults. However, a member of the NORC research team will assign respondents to a study ID for use on data collection instruments. The NORC research team will maintain the study IDs and linking information throughout the duration of the study.

Audio recordings of data collected will be securely transmitted to a third party transcription service. All data files shared with CDC will be stripped of identifying information to maintain the privacy of those who participated in the study. CDC will ultimately own the de-identified interview and focus group transcripts. Data will be treated in a secure manner and will not be disclosed, unless otherwise compelled by law.

We will use the PII to contact respondents to invite them to participate in a focus group or interview, and for follow-up. We will also use the PII to mail tokens of appreciation to interview respondents upon their completion of the interview.

Protections for privacy are embedded in the study design. The proposed information collection will fully comply with all aspects of the Privacy Act. The consent process for all study participants will include the following information: explanation of the purposes of the research and description of research procedures; explanation that their participation is voluntary, and that they may refuse to answer questions and stop at any time without consequences; that there are no risks to participating beyond those experienced in daily life; the length of time required for the information collection; explanation of tokens of appreciation that will be provided; explanation

and permission to create an audio recording; and the name and contact information for individuals if there are questions about the study or their rights as a research participant. During the consent process, we will also inform all study participants that the data they provide will be treated in a secure manner, and that respondents will not be identified by name in reports of study findings.

Below is an overview of the steps taken to ensure the privacy of respondents for each of the two data collection efforts under this request for OMB clearance, including the mode of data collection and targeted respondents; identifiable information to be collected; parties responsible for data collection, transmission, and storage; and parties with access to the data and uses for the data.

- **The Focus Group Protocols (Attachments C and D)** are facilitator guides that will be used to conduct focus groups with users and non-users of ride share services. NORC staff will conduct the focus groups. Focus group respondents will provide written informed consent (Attachment G) to participate in the focus group and to be recorded. The informed consent will provide respondents with a complete understanding of the purposes of the study, the uses for the data, and their rights as study participants. We will create a digital audio recording and work with a third party transcription vendor to prepare de-identified transcripts. During the focus groups, only first names of respondents will be used to establish rapport. Focus groups transcripts will be coded and uploaded into NVivo software for qualitative data analysis. Key themes will be developed based on the qualitative data analysis. The information provided by respondents will be analyzed and reported in aggregate form. Themes and quotes may be included in reports; specific quotes will not be attributed to any single person in any reports. At the end of data collection and analysis, NORC will securely transmit the de-identified focus group transcripts to CDC.

- **The Interview Protocols (Attachments E and F)** are interview guides that will be used to conduct telephone interviews with users and non-users of ride share services. NORC staff will conduct the interviews. We will ask interview respondents for verbal informed consent as part of the interview protocols (Attachments E and F) to participate in the interview and to be audio recorded. The verbal informed consent will provide respondents with a complete understanding of the purposes of the study, the uses for the data, and their rights as study participants. We will create a digital audio recording and work with a third party transcription vendor to prepare de-identified transcripts. During the interviews, names of respondents will be used to establish rapport. Interview transcriptions will be coded and uploaded into NVivo software for qualitative data analysis. Key themes will be developed based on the qualitative data analysis. The information provided by respondents will be analyzed and reported in aggregate form. Themes and quotes may be included in reports; specific quotes will not be attributed to any single person in any reports. At the end of data collection and analysis, NORC will securely transmit the de-identified focus group transcripts to CDC.

All data will be stored within the internal NORC secured file server and will be maintained by NORC on behalf of CDC. Only approved members of the project team will have access to the data collected. Recordings will not be shared with CDC. Upon contract termination and per the terms of the contract, NORC will archive any data collected as part of the study.

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

IRB Approval

CDC has received IRB approval through NORC's independent IRB. NORC's IRB is registered with the HHS Office of Human Research Protection (FWA 00000142). The NORC IRB reviewed all study protocols and determined the study to be exempt under exemption category 2 (Attachment N).

Sensitive Questions

During the recruitment phase, we will use telephone screeners (Attachments J and K) to ask prospective participants if they are a user or non-user of ride share services, current or former employee of a ride share service company/organization, and their age. It is necessary to ask for this information to determine eligibility to participate, based on their age (older or younger adult based on the defined study populations), if they have ever been a ride-share services driver (ride-share service drivers are excluded from the study population), and if they are a user or non-user of ride share services. The focus group screener also includes a question about city and state of residence because we will recruit people from two specific communities (locations TBD).

During the interviews, we will ask several demographic questions that are potentially sensitive in nature. These questions are: race, ethnicity, and sex. Additionally, as part of the demographic questions, the interview protocol will include a question about the participant's city and state of residence. These questions are necessary because we intend to explore themes in the qualitative data by age, sex, race, ethnicity, and geographic location. The demographic questions of race, ethnicity, and sex will also be asked of focus group participants via the focus group participant questionnaire.

This information will help CDC to explore if barriers and facilitators of ride share service utilization differ based on these characteristics. We will use this information to code the qualitative data from the interviews and focus groups, to the extent possible, by age, sex, race, ethnicity, and geographic location. We will explain to study participants that these questions are asked for analysis purposes only. Participants may decline to respond to the questions, and they will still be able to participate in the study.

The informed consent for both the focus groups and the interviews explains that participants can refrain from answering any questions. All questions, including sensitive questions, are voluntary in nature. There will be no negative consequences to any respondent, should they choose not to answer to one or all of the questions. In the informed consent, we will inform all study participants that all data collected will be treated in a secure manner.

A.12. Estimates of Annualized Burden Hours and Costs

The focus groups will include up to 90 respondents. The focus groups will require 90 minutes of each respondent's time. We will use a telephone screener to determine respondents' eligibility to participate in the focus group (Attachment J). The 10 focus groups are a one-time effort. Respondents will only participate in one data collection activity; they will not participate in an interview.

The interviews will include up to 95 respondents. The interviews will require 20 minutes of each respondent's time. We will use a telephone screener to determine respondents' eligibility to participate in the interview (Attachment K). The interviews are a one-time effort. Respondents will only participate in one data collection activity; they will not participate in a focus group.

Table 3. Estimated Annualized Burden Hours

Type of Respondent	Form Name	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (in hours)	Total Burden (in hours)
Focus Group Respondents (Adults aged 18-65+)	Screener Focus Group (Att. J)	120	1	5/60	10
	Written Questionnaire Focus Group (Att. B)	90	1	5/60	8
	Focus Group Protocol – Users (Att. C)	72	1	85/60	102
	Focus Group Protocol – Non-users (Att. D)	18	1	85/60	26
	Screener Telephone Interview (Att. K)	140	1	5/60	12
	Interview Protocol – Users (Att. E)	75	1	20/60	25
	Interview Protocol – Non-users (Att. F)	20	1	20/60	7
				Total	**190**

Table 4. Estimated Annualized Burden Costs

Type of Respondent	Form Name	Total Burden (in hours)	Hourly Wage Rate[1]	Total Cost
Focus Group Respondents (Adults aged 18-65+)	Screener Focus Group	10	$17.81	$178.10
	Written Questionnaire Focus Group	8	$17.81	$142.48
	Focus Group Protocol - Users	102	$17.81	$1,816.62
	Focus Group Protocol – Non-users	26	$17.81	$463.06
	Screener Telephone Interview	12	$17.81	$213.72
	Interview Protocol – Users	25	$17.81	$445.25
	Interview Protocol – Non-users	7	$17.81	$124.67
			Total	$3,383.90

[1] Median Hourly Wage for All Occupations. From *May 2016 National Occupational Employment and Wage Estimates, United States*. United States Department of Labor, Bureau of Labor Statistics. Retrieved from: https://www.bls.gov/oes/current/oes_nat.htm#00-0000. Accessed December 5, 2017.

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

There are no capital or start-up costs to respondents associated with this data collection.

A.14. Annualized Cost to the Government

The total cost of the contract awarded to NORC has been determined to be $116,535 per year.

Table 5.   Estimated Annualized Costs to the Government

Type of Cost	Description of Services	Annual Cost
Labor	Contractor costs for labor, support from a contractor, data collection, travel, telephone charts, and other overhead costs, per contract year	$116,535
	Total Annual Estimated Costs	$116,535

A.15. Explanation for Program Changes or Adjustments

This is a new information collection.

A.16. Plans for Tabulation and Publication and Project Time Schedule

We will utilize NVivo qualitative analysis software (QSR International Pty Ltd., Melbourne, Australia) to organize and code the focus group and interview data.

We will develop a preliminary list of codes along with a short codebook that describes the definition, inclusion and exclusion criteria, example(s) of code application, and source of each code. We will code a small subset of the qualitative data to identify emergent key themes. We will refine and update the codebook to include any new codes.

Upon finalizing the codebook, we will utilize NVivo to code the qualitative data. The qualitative coding process will allow us to highlight key themes and recommendations and identify illustrative quotes from respondents. Sample codes and subcodes that we may use include:

- Barriers of ride share use (physical health, technological, safety concerns, awareness of services, cost, availability, other barriers)
- Facilitators of ride share use (physical health, technological, safety concerns, awareness of services, cost, availability, other facilitators)
- Non-ride share transportation (barriers, facilitators, decision-making factors, other characteristics)
- Unmet transportation needs (improvements, recommendations)
- Driver characteristics

We will develop a final qualitative report summarizing findings. The qualitative paper will describe the results from the interviews and focus groups, addressing each study research question and focusing on the barriers and facilitators of older adult use of ride share services and comparisons between individuals who have utilized ride share services designed for older adults, individuals who have utilized ride share services designed for all ages, and individuals who have not utilized a ride share service. We will also conduct analyses to assess differences based on respondent characteristics (i.e., sex, ethnicity, race, geography).

The paper will also compare use and non-use of ride share services by study population, and explore unmet transportation needs, alternate modes of transportation utilized by older adults, and driver attributes that influence decision making. Additionally, in this paper, we may draw comparisons based on respondent characteristics, such as age, sex, race and ethnicity, geography, and driving status.

The paper will be delivered to CDC and will present actionable recommendations for future research and practice and recommendations for addressing barriers to ride share utilization among older adults.

<u>Project Timeline</u>

    Study recruitment..Begin within 1 month of OMB approval
    Conduct focus groups..Complete within 12 months of OMB approval
    Conduct interviews...Complete within 12 months of OMB approval
    Prepare codebooks and conduct analysis................Begin within 12 months of OMB approval
    Prepare de-identified transcripts.............................Begin within 12 months of OMB approval
    Deliver de-identified transcripts........................Complete within 14 months of OMB approval
    Prepare final qualitative report...............................Begin within 12 months of OMB approval
    Deliver final qualitative report..........................Complete within 18 months of OMB approval

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

We are not requesting an exemption; the display of the OMB expiration date is not inappropriate.

A.18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.

REFERENCES

[1]   Powers BW, Rinefort S, Jain SH. Nonemergency medical transportation. Delivering care in the era of Lyft and Uber. *JAMA.* 2016;316(9):921-922.

[2]   Oxley J and Whelan M. It cannot be all about safety: the benefits of prolonged mobility. *Traffic Injury Prevention.* 2008;9(4):367-378.

[3]   Oxley and Whelan, 2008.

[4]   Oxley and Whelan, 2008.

[5]   Bailey L. Aging Americans: Stranded without options. *Surface Transportation Policy Project*. 2004. Retrieved from: http://www.apta.com/resources/reportsandpublications/Documents/aging_stranded.pdf.

[6]   Dawes M. *Perspectives on the ridesourcing revolution: Surveying individual attitudes toward Uber and Lyft to inform urban transportation policymaking.* 2016. Retrieved from: https://dspace.mit.edu/bitstream/handle/1721.1/104994/960048423-MIT.pdf?sequence=1.

[7]   Ortman JK, Velkoff VA, Hogan H. *An aging nation: the older population in the United States*. United States Census Bureau. 2014. Retrieved from: https://www.census.gov/prod/2014pubs/p25-1140.pdf.

[8]   Bailey, Linda (2004) ―Aging Americans: Stranded without Options‖ Surface Transportation Policy Project, Washington, D.C. Available at: http://www.apta.com/resources/reportsandpublications/Documents/aging_stranded.pdf.

[9]   Insurance Institute for Highway Safety, Highway Loss Data Institute. Older drivers. Available at: http://www.iihs.org/iihs/topics/t/older-drivers/fatalityfacts/older-people/2015. Accessed November 27, 2017.

[10] Vugo. Ride Share Passenger Demographics. Published January 8, 2017. Retrieved from: https://govugo.com/rideshare-passenger-demographics/. Accessed November 6, 2017.

[11] Shaghagi A, Bhopal RS, Sheikh A. Approaches to recruiting 'hard-to-reach' populations into research: A review of the literature. *Health Promot Perspect.* 2011;1(2):86-94.

[12] Mack S, Huggins V, Keathley D, Sudukehi M. Do Monetary Incentives Improve Response Rates in the Survey of Income and Program Participation? U.S. Bureau of the Census, Demographic Statistical Methods Division, Washington D.C. 20233. 1998. Retrieved from: http://www.amstat.org/sections/srms/Proceedings/papers/1998_089.pdf.

[13] Beebe TJ, Davern ME, McAlpine DD, Call KT, Rockwood TH. Increasing response rates in a survey of Medicaid enrollees: the effect of a prepaid monetary incentive and mixed modes (mail and telephone). *Med Care.* 2005;43(4):411-4

[14] Martinez-Ebers V. Using Monetary Incentives with Hard-To-Reach Populations in Panel Surveys. *Int J Public Opin Res*. 1997;99(1):77-86.

[15] Dykema J, Stevenson J, Kniss C, et al. Use of monetary and nonmonetary incentives to increase response rates among African Americans in the Wisconsin Pregnancy Risk Assessment Monitoring System. *Matern Child Health J*, 2012;16(4):785-791.

[16] Singer E, van Hoewyk J, Maher MP. Experiments with incentives in telephone surveys. *Public Opin Q.* 2000;64:171–188.

[17] Mack S, Huggins V, Keathley D, Sudukehi M. Do Monetary Incentives Improve Response Rates in the Survey of Income and Program Participation? U.S. Bureau of the Census, Demographic Statistical Methods Division, Washington D.C. 20233. 1998. Retrieved from: http://www.amstat.org/sections/srms/Proceedings/papers/1998_089.pdf.

[18] Singer E, et al., 2008, op cit.

[19] Office of Information and Regulatory Affairs, Office of Management and Budget. Project LAUNCH Nonsubstantive Change Request – Request for Incentives. Memo dated September 27, 2017. Retrieved from: https://www.reginfo.gov/public/do/DownloadDocument?objectID=77462701. Accessed December 5, 2017.