Usability Testing to Inform Development of the CDC Division of Sexually Transmitted Disease Prevention's Website

Generic Information Collection Request under Formative Research and Tool Development OMB #0920-0840

Section A: Supporting Statement

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- **Goals of the study:** The goals of this formative qualitative communication evaluation are to: 1) Evaluate user needs and preferences for the CDC Division of Sexually Transmitted Disease Prevention's (DSTDP) website; 2) Determine how well the current information architecture maps to how users think about the content; and 3) Evaluate how easily users can navigate the site and find what they are looking for.

- **Intended use:** Findings from this qualitative evaluation will be used to improve the DSTDP website (https://www.cdc.gov/std/default.htm) structure and content.

- **Methods to be used to collect data:** Data will be collected through usability testing and in-depth individual interview questions in one-on-one interviews conducted by a moderator with experience in usability testing and qualitative interviewing. Usability methods will include a "card sort" exercise based on existing website content to understand user experiences. The interview questions will focus on user needs, preferences, and feedback on content. The sessions will occur remotely using phone and screen-sharing software (e.g., ReadyTalk, Zoom). The card sort exercise will use an online software (e.g., OptimalSort). Data will be collected from participants who represent the priority audiences of DSTDP's website—populations disproportionately affected by STDs, healthcare providers, and public health professionals.

- **The subpopulation to be studied:** To better understand the usability of a website, it is important to gather data from different types of users. For this study, we will include 25 healthcare providers and 15 public health professionals who are most likely to use CDC STD information for their patients or organizations, along with 18 adults in populations disproportionately affected by STDs who would use the website for their own purposes. Healthcare providers will include "lead providers" or those who are primarily responsible for patient care (e.g., physicians, physician assistants, nurse practitioners) and "support providers" (e.g., nurses, health educators). Public health professionals will include STD directors or other relevant STD health department staff, public health information officers, and advocates. Adult populations disproportionately affected by STDs will include young adults (18 – 24 years of age), men who have sex with men (MSM), and pregnant women. Each group will be segmented by education level: high school or less and some college or more.

- **How data will be analyzed:** Responses to open-ended questions will be transcribed and analyzed through identification of recurrent themes, following Crabtree and Miller's 5-step interpretive process. Responses to navigation scenarios will be organized by navigation path followed and any additional comments will be transcribed. Responses for the card sort exercise will be analyzed using the online card sorting tool (e.g., OptimalSort) to provide the most efficient analysis process.

Justification

1. Circumstances Making the Collection of Information Necessary

The Centers for Disease Control and Prevention's (CDC) Division of STD Prevention (DSTDP) requests OMB approval for a qualitative extramural communication evaluation entitled "Usability Testing to Inform Development of CDC Division of Sexually Transmitted Disease Prevention's Website" under the "Formative Research and Tool Development" Generic Clearance OMB # 0920-0840 (expires 10/31/2021). CDC will sponsor this data collection activity. Data collection will be carried out by CDC's cooperative agreement partner, the Association of State and Territorial Health Officials (ASTHO). The study fits into the "New" classification as no request for this research has been submitted to OMB before now. Approval is requested for 1 year. This request is authorized by Title III – General Powers and Duties of the Public Health Service, Section 301 (241.)a. Research and investigation (**Attachment A:** Authorizing Legislation).

The rapid rise in STD rates across the United States is an alarming public health problem that urgently requires awareness, attention, and action. More than 2.4 million cases of chlamydia, gonorrhea, and syphilis were diagnosed in the United States in 2018.[1] This marked the fifth consecutive year of sharp increases in STDs. To help reverse current STD trends, CDC offers online content and resources for public health professionals, healthcare providers and the general public through the CDC DSTDP website (https://www.cdc.gov/std/default.htm). This website includes in-depth prevention and education content for different audiences, including information on more than 15 STD-related conditions. The site is consistently one of the top 10 websites visited at CDC.gov. DSTDP has not had the opportunity to test the usability of their website. This evaluation will provide insight into user needs and preferences, user experience with the information architecture, and user feedback on existing content. This information in turn will help CDC/DSTDP improve the website functionality, navigability, and usability to quickly deliver relevant content to users of the website and connect them to CDC's STD-related resources.

[1] Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance 2018. Atlanta: U.S. Department of Health and Human Services; 2019.

2. Purpose and Use of the Information Collection

The proposed qualitative evaluation will explore the usability of the current CDC DSTDP website (https://www.cdc.gov/std/default.htm). Usability refers to how easily users are able to engage with the website. This evaluation will provide information on the ability of participants to complete specified tasks successfully and easily; participants satisfaction with the website, its organization, and its content; and, participants preferences and needs from the website. The information collected will be combined with the usability tester's observations on the users' experiences and will be immediately useful to the CDC DSTDP team in revising the website.

If the proposed data collection is not conducted, CDC will lack information on the effectiveness of its STD website in delivering information, key messages, and resources. Without this information, CDC will not know if current website content is accessible and understood by key populations, such as healthcare providers and adult populations disproportionately affected by STDs, or if they are able to obtain relevant and useful information in a timely fashion. Additionally, CDC will not know if, or how, healthcare providers use the website, the information and resources with their patients or how they perceive the information and messaging. Without understanding the perceptions of providers, professionals, and adult populations disproportionately affected by STDs, and how they search for relevant information, CDC may not be providing information to adequately change the morbidity of STDs.

Recruitment procedures for adult populations disproportionately affected by STDs

Understanding that we need to recruit at least 15 participants for the card sort portion of the research, we will recruit a total of 18 adult participants to achieve a balanced split across the subgroups (i.e., 6 young adults, 6 pregnant women, 6 MSM). Subgroups will be further recruited to ensure diversity of age, education, urbanicity of location, and race/ethnicity. We will recruit the adult population through an approved panel provider for expediency and confidentiality given the sensitive nature of the topic. Panel providers are vendors that maintain lists of people and their contact information that are categorized across a wide variety of criteria. **No personally identifiable information of recruited participants will be shared with CDC.**

The recruitment will include the use of CDC-approved recruitment copy (**Attachment C:** Recruitment Copy), consent form (**Attachment D1:** Adult Consent), and screener (**Attachment E1:** Adult Screener). It is anticipated that the vendor will screen 32 people to achieve a total participant group of 18 adults. Interviews will be conducted by the evaluation team with 6 people from each subgroup. Since having a lower education level likely affects health literacy in general and could impact the user experience of CDC DSTDP's website, half of those recruited will have an education level of high school or less and half will have some college or more. All participants will have had sexual contact in the past year, be likely to use the internet to access health information and be able to access the DSTDP website on a computer. Those recruited will include a mix of ages, race/ethnicity, and types of communities (urban, suburban and rural). Only one participant per household can be included in the study. See Table A below for focus group segmentation. The rationale for these segments is that different subgroups have different information needs.

Table A: Adults by Type and Education Level

TYPE	EDUCATION LEVEL	
	High School or Less	**Some College or More**
18-24*	3 interviews	3 interviews
MSM	3 interviews	3 interviews
Pregnant Women	3 interviews	3 interviews

*18 to 24-year-old groups will be skewed to over-represent younger participants.

Information collected from adult populations disproportionately affected by STDs

The evaluation will provide CDC with a better understanding of why and how populations disproportionately affected by STDs need and use websites to gather information on STDs, feedback on the content and resources available on the CDC DSTDP website, and on the navigation and architecture of the site and ease with which they are able to find relevant information. They will be asked about their need for and use of CDC's DSTDP website and other similar sites and to offer feedback about the content on the website (https://www.cdc.gov/std/default.htm). Participants will be observed as they conduct various specified tasks on the website, which will allow CDC to better understand the user

experience. If time permits, they will be observed as they conduct audience-specific tasks which can provide a more in-depth understanding of each of the different group's experiences.

All interviews will be led by a trained moderator, using a semi-structured guide. Notes will be taken by an assistant who also will record each session. All audio-recordings will be transcribed and then erased. The evaluation team will maintain all transcripts on password protected/encrypted computers. Discussions will last 75 minutes. See the interview guide for usability testing with adults in **Attachment F1:** Adult Interview Guide.

Recruitment of healthcare providers

CDC partnerships with professional networks will be used to recruit healthcare providers. These organizations will include the National Association of Community Health Centers, the National Medical Association, the Society for Adolescent Health and Medicine, National Coalition for Sexual Health, and the American Academy of Pediatrics. The National Network of STD Prevention Training Centers and others from curated CDC lists also may be a source for participants who have visited the CDC DSTDP website.

The recruitment will include the use of CDC-approved recruitment copy **(Attachment C:** Healthcare Provider/Public Health Recruitment Copy**)**, consent form **(Attachment D2:** Healthcare Provider Consent**)**, and screener (**Attachment E2:** Healthcare Provider Screener). Professional organizations will use the recruitment copy in email, newsletters, and/or social media to invite their members to be interviewed. This copy will include contact information for recruiters, who will screen potential participants. To be included, providers will self-report that: their work includes STD prevention, testing, or treatment; they are likely to use the internet to access the type of content and information found on the CDC DSTDP website; and they are able to access the CDC DSTDP website on a computer.

To ensure that information is gathered from different types of providers, respondents will be segmented by their role. (i.e. lead, support, and specialist providers). Lead providers are those who are primarily responsible for patient care and may include these roles: physicians, physician assistants, and nurse practitioners. Support providers are those who support patient care and may include these roles:

nurses, health educators, or others who play a significant health education role. Specialists are those who deal exclusively with STD prevention, testing, or treatment. Participants also will be screened to ensure a mix of urbanicity of their location, type of work setting (i.e. public vs. private), age, gender, and familiarity with the CDC DSTDP site. This segmentation is based on several assumptions:

- Different types of providers (lead, support, and specialists) will have different reasons for visiting the website and thus use it differently. STD specialists are likely to know the subject matter deeply; therefore, we have designed the study to include their perspectives on the website as well.
- Providers in different settings may have different needs for, knowledge about, or access to CDC online resources. This study include both providers in public and private settings, including clinic and hospital based settings, and in urban, suburban, and rural communities.
- People's age correlates directly to their comfort and ability with navigating the internet to gather information.
- Including male and female healthcare providers will help ensure that gender bias does not influence the results.
- Including providers with varied degrees of familiarity with the site will provide information from the perspective of a new user as well as one with prior experience.

To ensure that interviews with healthcare providers last no more than 30 minutes, while gathering data on all elements in the evaluation, providers will be divided into two groups – each answering a different set of questions. All healthcare providers will be recruited as one group and after recruitment is completed, we will select 15 providers to answer interview questions from Interview Guide A (**Attachment F2:** Healthcare Provider Interview Guide A) and 10 providers (4 lead providers, 4 support providers, and 2 STD specialists) to answer interview questions from Interview Guide B (**Attachment F3:** Healthcare Provider Interview Guide B). The "card sort" exercise included in Interview Guide A requires 15 completed interviews to draw conclusions. The providers from each category will be selected to ensure as much diversity as possible (i.e. geographic, organizational affiliation).

We intend to recruit equal numbers of lead and support providers; however, we will screen for alternatives and collapse these categories if recruitment does not progress as expected. Recruitment

will be ongoing for one month or until each of the categories in Table B are filled. We will screen 50 providers to recruit 25.

Table B: Segmentation for Healthcare Providers

ROLE AND SETTING	NUMBER OF INTERVIEWS
Lead Providers	10 interviews
Support Providers	10 interviews
STD Specialists	5 interviews

Information collected from healthcare providers

The evaluation will provide CDC with a better understanding of why healthcare providers need websites to gather information on STDs (including the CDC DSTDP site), which sites they use, feedback on the content and resources available on the CDC DSTDP website, the architecture of the site, and the ease with which they are able to navigate through it and find needed information. They will be asked about their need for and use of CDC's DSTDP website and other similar sites and to offer feedback about the content on the website. Participants will be observed as they conduct various specified tasks on the website, which will allow CDC to better understand the user experience.

To limit the time required for any one healthcare provider to no more than 30 minutes, the full set of questions has been divided into two separate guides. One group of providers (15 people) will respond to questions about their need for and use of the CDC Division of STD Prevention (DTSTP) website and will conduct a card sort activity to capture how they would categorize the website's information. Another group (10 people) will focus on site exploration, specified tasks, and impressions of the site. If time permits, participants in either group may be observed as they conduct audience-specific tasks which can provide a more in-depth understanding of each of the different group's experiences.

All interviews will be led by a trained moderator, using a semi-structured guide. Notes will be taken by an assistant who also will record each session. All audio-recordings will be transcribed and then erased.

The evaluation team will maintain all transcripts on password protected/encrypted computers. Discussions will last 30 minutes. See the interview guide for individual interviews with healthcare providers in **Attachment F2:** Healthcare Provider Interview Guide A **and F3:** Healthcare Provider Interview Guide B.

Recruitment of public health professionals

Similar to the recruitment of healthcare providers, public health professionals also will be recruited through CDC curated lists and partnerships with professional networks. These organizations will include the Association of State and Territorial Health Officials, National Association of County and City Health Officials, National Coalition of STD Directors, and National Public Health Information Coalition. The National Network of STD Prevention Training Centers also may be a source for participants who have visited the CDC DSTDP website.

Professional organizations will use the CDC-provided recruitment copy in emails, newsletters, and/or social media to invite their members to be interviewed. This copy will include contact information for recruiters, who will screen potential participants. To be included, public health professionals will self-report that: their work includes STD prevention, testing, or treatment; they are likely to use the internet to access the type of content and information found on the CDC DSTDP website; and that they are able to access the CDC DSTDP website on a computer.

To ensure information is gathered from different types of public health professionals, respondents will be segmented by their role (STD directors or their surrogates, public health information officers, and advocates) and whether they work at the state or local level (although advocates may include those working at the national level as well). STD directors are those who play a leadership role in STD programs in state/territorial or local public health departments – they may have titles other than "director." Public health information officers are those in state/territorial or local public health departments who can implement public education campaigns and communication efforts that encourage STD prevention interventions. Advocates are those who work at national or local non-profit organizations with STD prevention, testing, or treatment within their mission, such as community health centers, LGBT advocacy groups, etc. Participants also will be screened to ensure a mix of

urbanicity of their location, age, gender, and familiarity with the CDC DSTDP site. This segmentation is based on several assumptions:

- Different types of public health professionals will have different reasons for visiting the website and thus use it differently.
- Public health professionals in different settings may have different needs for, knowledge about, or access to CDC resources. This study includes public health professional located in urban, suburban, and rural communities.
- People's age correlates directly to their comfort and ability with navigating the internet to gather information.
- Including male and female public health professionals will help ensure that gender bias does not influence the results.
- Including public health professionals with varied degrees of familiarity with the site will provide information from the perspective of a new user as well as one with prior experience.

The evaluation team will recruit an equal number of state and local public health professionals; however, they will screen for alternatives and collapse these categories if recruitment does not progress as expected. Recruitment will be ongoing for one month or until each of the categories in Table C are filled. We will screen 30 public health professionals to recruit 15. Please see **Attachment D3** (Public Health Consent) for a consent form for public health professional interview participants and **Attachment E3** (Public Health Screener) for a public health professional eligibility screener.

Table C: Segmentation for Public Health Professionals

PUBLIC HEALTH ROLE	STATE	LOCAL
STD Directors	3 interviews	3 interviews
Public Health Information Officers	3 interviews	3 interviews
Advocates	3 interviews	

Information collected from public health professionals

The evaluation will provide CDC with a better understanding of why and how public health professionals need and use websites to gather information on STDs, feedback on the content and resources available on the CDC DSTDP website, and feedback on the architecture of the site and on the ease with which they are able to navigate through it. They will be asked about their need for and use of CDC's DSTDP website and other similar sites and to offer feedback about the content on the website. Participants will be observed as they conduct various specified tasks on the website which will allow CDC to better understand the user experience. If time permits, they also will be observed as they conduct audience-specific tasks, which can provide a more in-depth understanding of each of the different group's experiences.

All interviews will be led by a trained moderator, using a semi-structured guide. Notes will be taken by an assistant who also will record each session. All audio-recordings will be transcribed and then erased. The evaluation team will maintain all transcripts on password protected/encrypted computers. Discussions will last 60 minutes. See the interview guide for individual interviews with public health professionals in **Attachment F4:** Public Health Interview Guide.

3. Use of Improved Information Technology and Burden Reduction

Use of technology in this evaluation makes participation more convenient and less burdensome for participants, as well as less costly for the government. The interviews will be conducted by phone to reduce burden on the respondents' time and decrease recruitment costs, as travel to a physical location is not require for participation. As the intent of the evaluation is to understand the user experience with the website, online technologies will be used to test how they complete specific tasks. To observe participants completing specified tasks, the evaluation team will use screen-sharing software to connect with their computers remotely. The evaluation team will observe the sessions to gather data.

CDC staff will not observe the interviews but will receive the results of these observations. The interviews and observation activities will be recorded and transcribed. This also limits the burden on

the respondent (no additional burden after completing the interview) and allows the interviewer to focus on building and maintaining rapport with the respondents. Finally, tokens of appreciation (online gift cards) will be distributed via email, reducing time and mailing costs.

4. Efforts to Identify Duplication and Use of Similar Information

No evaluation has been conducted to understand the user experience on DSTDP's website. CDC reviewed existing research and held discussions with internal staff to determine that no similar data collection efforts have been conducted or planned. Thus, this study is unique and requires the collection of this new primary data.

5. Impact on Small Businesses or Other Small Entities

The data collection will not involve small businesses.

6. Consequences of Collecting the Information Less Frequently

The length of data collection is 4 months and data will only be collected once. If this evaluation were not conducted, CDC would not have the information needed to improve its website infrastructure, which provides information that is an important part of stemming the rising rates of STDs.

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

This data collection effort does not involve any special circumstances and fully complies with the regulation 5 CFR 1320.5.

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

A 60-Day Federal Register Notice for the generic clearance 0920-0840 was published April 23, 2018, Vol. 83 No. 78, Page(s) 17663, exp. 10/31/2021. (**Attachment B:** 60 Day FRN).

The following partnering staff members at the ASTHO, NCSD, and the National Association of County and City Health Officials (NACCHO) were consulted for the development of this study. There were no unresolved issues associated with the consultation process.

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9. Explanation of Any Payment or Gift to Respondents

As participants often have competing demands for their time, incentives are used to encourage participation in research, and in this case, to encourage participants that may have competing interests and responsibilities due to the COVID-19 pandemic. In particular, given the populations we are trying to reach among the adult target audience, this may allow participants to secure dependent care during their interview.

Participants in this usability study will receive a token of appreciation in the form of an online gift card for participating in the interviews as follows:

Target Audience	Proposed Token of Appreciation
Healthcare Providers	$100
Public Health	$30

Professionals	
Adults	$40

The proposed incentive amounts are below typical market incentive rates. According to several market research firms the typical incentive provided to healthcare providers is $115 for a 30-minute interview. Although the usability testing process is more intensive and requires more engagement on the part of the participant, the flexibility that our interview methodology affords—such as no travel time to and from the facilities, conducted around the provider's schedules—offsets the lower honorarium. Additionally, we will not be utilizing a market research firm for the recruitment but will recruit healthcare providers through existing provider professional networks.

To address below-market incentive rates and ensure successful recruitment and fielding, we will coordinate to monitor recruitment status closely. Additionally, we will ensure that other considerations are in place to increase likelihood of participation, such as:

1. Ensuring an adequate recruiting period before the start of fielding (as well as ongoing recruiting as needed during fielding period);

2. Availability of sessions at time slots that, in our experience, have been popular among healthcare providers and others—for example, early morning, evenings, and lunch; and

3. Having the flexibility and appropriate staff availability to run concurrent sessions to leverage popular session times.

Similarly, the incentive for public health professionals is lower than what might be expected as the recruitment will not include a recruitment vendor. However, recognizing the burden placed upon their time for a 60-minute interview, we will follow the same recruitment guidelines outlined above for healthcare providers to make the interview process as simple as possible and reduce the potential time and availability conflicts that might arise.

Adult participants will receive a $40 online gift card for their participation. This rate acknowledges the length of the interview (75 minutes) and that these audiences are a bit more difficult to recruit than "general" audiences, as well as competing priorities and responsibilities during the COVID-19 pandemic. Knowing that recruitment firms (which will be used for recruitment of adult populations disproportionately affected by STDs) normally provide a larger incentive and may be concerned about offering this rate, it may be necessary to provide more funding to the recruitment firm to get people at this rate.

Participants in this age range may be responsible for childcare of their children and therefore may incur the cost of a sitter or may have to take time from their work schedules to participate (although scheduling will be flexible to meet their needs). Costs, such as childcare and potential lost wages, could result in a high no-show rate and thus the incentive amount aims to compensate participants appropriately.

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

This activity has been assessed for applicability of 5 U.S.C. § 552a and it has been determined that the Privacy Act applies to this collection. A Privacy Impact Assessment (PIA) was conducted (**Attachment G:** PIA). The Privacy Act System of Records Notice (SORN) #09-20-0160, "Records of Subjects in Health Promotion and Education Studies" is being used to cover this collection. The evaluation team will collect some personal identifiable information (PII) for recruitment and for the incentive purposes only. The evaluation team will collect PII, such as phone numbers, email addresses, and names of all potential participants for recruitment and interview purposes only. They also will collect race/ethnicity and geographic location as part of the screening process. This data will not be used beyond the screening portion of the project. CDC will not have access to any data or engage in the direct collection of information.

Consent documents and data collection tools will be retained in password-protected computer files and will only be accessible to designated staff. Participants' names will not be included on materials developed for this evaluation. All participants will be identified by ID numbers only. A master list of participant names linked with IDs will be kept in a password-protected computer file. All computer

records will be protected by standard measures that limit data access to authorized personnel and will be identifiable only by participant IDs. Digitally recorded qualitative data will be stored on a secure password protected server following each interview and focus group and later transcribed. Once transcribed, the original audio file will be deleted. Transcription and data analysis also will be done through secure password-protected server. After a three-year period, all computer files will be permanently erased.

CDC will only receive a summary of the interview findings and summary report. The contact information will only be used for recruitment and will never be tied to the interview data submitted to CDC. Respondents will be informed that their responses will be kept private to the extent permitted by the law. All participants will be informed that the information collected will not be attributable directly to them and will only be discussed among members of the evaluation team. Terms of the CDC contract authorizing data collection require the contractor to maintain the privacy of all information collected. Accordingly, individuals' data will be kept private and protected to the extent permitted by law.

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

This evaluation was determined as non-research and IRB Approval was not needed.

(**Attachment H:** IRB – CDC Projects Determination).

Sensitive Questions:

This study is an initiative aimed to improve the current CDC DSTDP website and communication strategies to prevent STDs and encourage testing and treatment. As the subject matter is sexual health, the interviews will include information on sensitive topics; however, we will not ask participants to share their own personal experiences. Rather, the discussion will focus on feedback to the CDC website and information contained within. The interviewer chosen will have deep experience in conducting usability testing and sensitive interviews. We will inform all respondents that they may skip any question or stop participation at any time for any reason.

12. Estimates of Annualized Burden Hours and Costs.

The overall burden was calculated per respondent by multiplying the frequency of response by the time to complete each data collection item.

We anticipate that the screener process will take 10 minutes to complete for adults, public health professionals, and providers. Therefore, for the screening:

- Adult populations disproportionately affected by STDs (**Attachment E1:** Adult Screener): We expect to screen 32 adults, providing 1 response each taking 10 minutes for each response, for a total of 6 burden hours.
- Providers (**Attachment E2:** Healthcare Provider Screener): We expect to screen 50 providers, providing 1 response each taking 10 minutes for each response, for a total of 9 burden hours.
- Public Health Professionals (**Attachment E3:** Public Health Screener): We expect to screen 30 public health professionals, providing 1 response each taking 10 minutes for each response, for a total of 5 burden hours.

In addition, we will ask each group of participants to discuss, review, and interact with the CDC DSTDP website. We anticipate the burden hours to be as follows:

- Adult populations disproportionately affected by STDs: We will recruit 18 adults to participate in a 75-minute interview for a total of 23 burden hours.
- Providers: We will recruit 25 providers, to participate in a 30-minute interview for a total of 13 burden hours.
- Public Health Professionals: We will recruit 15 public health professionals, to participate in a 60-minute interview for a total of 15 burden hours.

Therefore, the total estimated burden hours for screening is 20 hours and for conducting interviews activity is 51, equaling a total of 67 burden hours.

12A. **Estimated Annualized Burden Hours**

Exhibit 12.1: Estimated Annualized Burden Hours

Type of Respondent	Form Name	No. of Respondents	No. of Responses Per Respondent	Average Burden Per Response (in Hours)	Total Burden Hours*
Adults	Eligibility Screener (Attachment E1)	32	1	10/60	6
Adults	Interview Guide (Attachment F1)	18	1	75/60	23
Healthcare providers	Eligibility Screener (Attachment E2)	50	1	10/60	9

Type of Respondent	Form Name	No. of Respondents	No. of Responses Per Respondent	Average Burden Per Response (in Hours)	Total Burden Hours*
Healthcare providers	Interview guide (Attachment F2/F3)	25	1	30/60	13
Public Health Professionals	Eligibility Screener (Attachment E3)	30	1	10/60	5
Public Health Professionals	Interview guide (Attachment F4)	15	1	60/60	15
				Total	**71**

* Total burden hours are rounded up to nearest whole number.

12B. **Estimated Annualized Burden Costs**

The annualized costs to the respondents are described in **Exhibit 12.2**. The United States Bureau of Labor Statistics' employment and wages estimates from May 2018 (https://www.bls.gov/oes/CURRENT/oes_nat.htm#00-0000) were used to estimate the hourly wage rate for the general public for the purpose of this GenIC request. The total estimated cost of the burden to respondents is approximately $2,817.34. This cost represents the total burden hours of adult populations disproportionately affected by STDs multiplied by the national average hourly wage rate (mean of $24.98) for all occupations, the total burden hours of healthcare providers multiplied by a combined national average hourly rate for general practitioners and registered nurses ($69.06), plus the total burden hours of public health professionals multiplied by the national average hourly wage rate for health educators (mean of $28.68).

Exhibit 12.2: Estimated Annualized Burden Costs

Type of Respondent	Form Name	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Adults	Eligibility Screener (Attachment E1)	6	$24.98	$149.88
Adults	Interview Guide (Attachment F1)	23	$24.98	$574.54
Healthcare providers	Eligibility Screener (Attachment E2)	9	$69.06	$621.54
Healthcare providers	Interview guide (Attachment F2/F3)	13	$69.06	$897.78

Type of Respondent	Form Name	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Public Health Professionals	Eligibility Screener (Attachment E3)	5	$28.68	$143.40
Public Health Professionals	Interview guide (Attachment F4)	15	$28.68	$430.20
				Total: $2,817.34

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

There are no other costs to respondents for participating in this survey.

14. Annualized Cost to the Federal Government

The total annualized cost to the government to carry out the data collection activities is $235,132. Funding to the awardees is being provided through the Funding Opportunity Announcement # CDC-RFA-OT13-1302 to Trillium (www.trilliuminfo.com).

Exhibit 14.3: Annualized Cost to the Government

Expense Type	Expense Explanation	Annual Costs (dollars)
Direct Costs to the Federal Government	CDC Co-Project Lead (GS-14 0.20 FTE)	$23,362
	CDC Co-Project Lead (GS-13, 0.20 FTE)	$19,770
	Subtotal, Direct Costs	**$43,132**
CoAg Costs	**Annual Cooperative Agreement (**MOD **#** CDC-RFA-OT13-1302**)**	$192,000
	TOTAL COST TO THE GOVERNMENT	**$235,132**

15. Explanation for Program Changes or Adjustments

This is a new information collection request (ICR).

16. Plans for Tabulation and Publication and Project Time Schedule

Given that the data to be collected focuses on respondents' qualitative feedback on the website and its content, the only tabulations will include descriptive characteristics of respondents collected in the first part of the interview (e.g., city, age, education, job title), the card sort exercise, and any data captures on the time it takes for respondents to complete specific tasks. The project timeline is detailed in **Exhibit 16.1**.

Exhibit 16.4: Project Time Schedule

Activity	**Time Schedule**
Develop data collection tools, sampling and data plans, study protocol, IRB and PD approvals	January – December 2019
OMB Submission, partner recruitment discussions	February 2020
Recruitment	1 months after OMB Approval
Data Collection	2 months after OMB Approval
Data analysis finalized and report drafted	3 months after OMB Approval
Final report/deliverables submitted to CDC	4 months after OMB Approval

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

We do not seek approval to eliminate the expiration date.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exemptions to the certification.