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GenIC Clearance for CDC/ATSDR
Formative Research and Tool Development

Food Safety Communication Evaluation: Assessing Food Safety Messages, Knowledge, and Attitudes

Supporting Statement A

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A . JUSTIFICATION

1 Circumstances Making the Collection of Information Necessary

CDC's Food Safety website is the agency's primary outlet to communicate information and guidance on preventing foodborne infectious diseases to the public. The website serves to educate the public on steps they can take to prevent bacterial foodborne illness and provides information on symptoms, causes, and reporting of foodborne illnesses to supplement more in-depth information available on pathogen-focused pages. Over the last few years, CDC's Division of Foodborne, Waterborne, and Environmental Diseases (DFWED) has implemented several changes to CDC's Food Safety site to improve consumer access to the information. For example, various search engine optimization (SEO) analyses have been used to adjust search terms and web page headings to increase search engine web traffic. The left navigation was restructured using data collected through a 2017 Treejack analysis and usability testing, and web content was reorganized in accordance with ongoing web developer consultations. Content was revised on several pages to meet Plain Language and Digital First principles, and popular food safety feature articles were moved from a central CDC site to the Food Safety site. New content pages were added, too.

After implementing these changes, we observed an increase of 1,191,314 views, (53% increase from 2017-2019) across the Food Safety website. A few pages, such as the Food Poisoning Symptoms page, now consistently rank among the most viewed across the agency (1.1 million page views in 2019). However, other pages that contain critical information and recommendations lag further behind in page views. Those include the cascade of web pages under the Prevention landing page.

The core food safety recommendations and messages initially included on the CDC site were developed and tested through previous formative research supporting various federal food safety campaigns and observational research conducted by FDA and USDA. However, little research has been done on the usability, accessibility, and presentation of those messages on digital channels despite the increasing reliance on digital communication among all three federal agencies.

In recent qualitative message testing conducted by DFWED (November 2021), key findings and feedback from key audiences for the website indicated there are still some specific messages that participants indicated they were less likely to follow, some messages that participants were unclear about, and that messages could be improved through use of communications tactics that employ visuals, increased use of plain language, and more culturally diverse content.

Media interest in foodborne outbreaks has increased over the last three years, and web traffic to CDC Food Safety pages linked on outbreak announcements has also increased and is projected to continue to grow. Additionally, FoodSafety.gov, the other federally hosted site that presents CDC recommendations on food safety to the public, has undergone a major transition, which resulted in significant content elimination. Increased reliance on the CDC Food Safety site for recommendations to the public necessitates that content on the site is understandable, engaging, well-presented, clear, accessible, and useful for consumer audiences.

Disparities in foodborne illnesses persist among key demographics. For example, racial/ethnic minorities are more likely to become sick from *Salmonella* infection, which is responsible for more foodborne illnesses in the United States than any other bacteria. These disparities are based on social determinants of health, including knowledge of food safety practices, access to tools for food safety, socioeconomic status, race and ethnicity. Developing food safety messages that meet the health literacy and cultural needs of key audiences is important to improve understanding and ultimately drive behavior change.

The objectives of this project are to:

- Identify appropriate and effective messages for the public to increase awareness on preventing foodborne illness and following proper food safety practices.
- Gather data on the preferred tone, format, and placement of those messages on CDC's communication channels.

Data will be used to:

- Continue refining food safety messages and dissemination via the CDC food safety website, resulting in content that is targeted to reach more consumers, with a focus on people who are at higher risk for foodborne illness;
- Tailor content to address current perceptions and concerns, make content easier to access, understand, and implement, and ensure content is presented attractively and engagingly;
- Assist in developing materials and messages that can be shared with other consumer food safety education programs within the U.S. government and public- and private-sector partners to help improve acceptability and understanding of food safety messages, including new and updated messages specifically about chicken and *Salmonella*.

CDC's contractor, Banyan Communications, will implement qualitative focus groups and quantitative online surveys. The focus group respondents for this project will be a maximum of 144 individuals recruited by Banyan Communications. The online survey respondents for this project will be a maximum of 600 individuals recruited by Banyan Communications. The project will work with volunteer respondents. Participants must meet a set of criteria to ensure all focus groups and surveys will include a maximally diverse group of participants considering age, educational level, and socioeconomic status, gender, and ethnicity and include a mix of geographical areas and urban/rural residents. The focus groups will be conducted between adults (18+) and at least one research staff member. The survey will be conducted with adults (18+). The goal is to obtain feedback to support food safety communication initiatives.

Data to be collected include the following: sociodemographics; knowledge, attitudes, beliefs, and perceptions related to food safety; and reactions and receptivity to food safety messages and content. Questions shall assess ways in which participants obtain and/or seek information related to food safety and foodborne illness prevention, how they interpret this information, message receptivity and whether/how the participants intend to change their behavior based on the message. Participants shall also elaborate on ways in which the presented messages, through text or presentation changes, could be improved so that they are more effective.

The data collection will use

(1) a 5-minute Eligibility Screener before the virtual focus group (Attachment 1)
(2) a 5-minute Eligible participant screener (Attachment 3)
(3) a virtual 60-minute focus group (Attachment 8).
(4) a 5-minute Eligibility Screener before the online survey (Attachment 9)
(5) a 10-minute online survey (Attachment 11).

This information collection does not involve websites or website content directed at children less than 13 years of age.

2 Purpose and Use of the Information Collection

The purpose of this project is to conduct focus group discussions (FGDs) and online surveys with U.S. adults (parents of children ages 0–4, older adults ages 65+, and adults ages 18–64) to improve food safety message and web content. Banyan Communications will conduct the focus groups and administer the online survey.

The objectives of this project are to:

- Identify appropriate and effective messages for the public to increase awareness on preventing foodborne illness and following proper food safety practices.
- Gather data on the preferred tone, format, and placement of those messages on CDC's communication channels.

The data collected will be used to:

- Continue refining food safety messages and the CDC food safety website, resulting in content that is targeted to reach more consumers, with a focus on people who are at higher risk for foodborne illness;

- Tailor content to address current perceptions and concerns, make content easier to access, understand, and implement, and ensure content is presented attractively and engagingly;

- Assist in developing materials and messages that can be shared with other consumer food safety education programs within the U.S. government and public- and private-sector partners to help improve acceptability and understanding of food safety messages.

3 Use of Improved Information Technology and Burden Reduction

We will record each focus group to use for preparing reports. Our data collection requires that we employ qualitative research methods using one-time virtual focus group discussions. We will receive recorded verbal confirmation from participants to record the discussion. Questions (within the focus group discussions and online survey) will be kept to a minimum required for the intended use of the data.

4 Efforts to Identify Duplication and Use of Similar Information

There are no other federal generic collections that duplicate the project types included in this request. Health messages developed by CDC are unique in their mix of intended audience, health behavior, concept, and execution. Therefore, in most cases, there is no similar data available. We have reviewed existing published data and consulted with outside experts to identify information that could facilitate message development prior to conducting any data collection.

DFWED leads an interagency working group with other U.S. government agencies. In this working group we discuss research and communication projects to ensure there is a lack of redundancy.

5 Impact on Small Businesses or Other Small Entities

This project does not have an impact on small businesses or other small entities.

6 Consequences of Collecting the Information Less Frequently

The activities involve a one-time collection of data over a 12-month period.

7 Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

This request fully complies with regulation 5 CFR 1320.5.

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

For subcollection requests under an approved generic ICR, Federal Register notices are not required, and none were published.

Exhibit A.8.1. Outside Consultation

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Sara Bresee	CDC	yla4@cdc.gov	Office: 404.639.3371
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To ensure there is no duplication or redundancy of effort across projects and programs, program staff will consult with a variety of sources on the availability of data, frequency of collection, clarity of instructions, and record keeping, disclosure, and reporting format (if any), and on the data elements to be recorded, disclosed, or reported. CDC staff has consulted with relevant Federal agencies and national associations that conduct food safety messaging (e.g., USDA, FDA).

9 Explanation of Any Payment or Gift to Respondents

We will provide a token of appreciation of $75 for each individual who participates in the focus group. Tokens of appreciation were determined based on previous projects and experience with conducting focus groups with individuals. The range of monetary reward is consistent with current rates for participation in formative projects. Tokens of appreciation will take the form of gift cards.

Reviewed literature revealed the payment of incentives can provide significant advantages to the government in terms of direct cost savings and improved data quality (See References). It also should be noted that message testing is a marketing technique, and it is standard practice among commercial market researchers to offer incentives as part of respondent recruitment.

We are applying a health equity lens to select our recruitment sample in this project. In the case of food safety, a health equity lens would include over-sampling those disproportionately affected from food poisoning, including low-income, racial and ethnic minorities, and pregnant people. DFWED has had difficulties recruiting sufficient samples of these subpopulations in previous messaging projects. Having insufficient representation from these subgroups means their perspectives are not adequately included in message development and results in less effective messaging to support DFWED's goals to "improve public health nationally and internationally through the prevention and control of disease, disability, and death caused by foodborne, waterborne, and environmentally transmitted infections." An appropriate incentive improves the chances for these subgroups to participate, therefore increasing the government's efficiency in data collection and reducing redundancies for future efforts.

These subgroups have been difficult for DFWED to reach for several reasons.

1. For low-income groups, their social economic situation makes it harder for them to take off from or miss work to participate in such projects. Though the groups are virtual, low-income populations are less likely to have jobs where they work from home and may have to miss or leave work to participate. An appropriate token of appreciation may address this issue.
2. The racial and ethnic subgroups who are being asked to participate are historically less likely to participate in research activities due to mistrust in the medical system fostered by research institutions. Specifically, Black and Latino populations participate in research activities at a

lower rate than their White counterparts. Offering a higher token of appreciation addresses health equity issues brought on by historically unjust research practices, by encouraging participation from a more diverse pool of participants.

3. Black and Latino populations are more likely to be low-income and economically disadvantaged. Their social economic situation makes it harder for these groups to take off from or miss work to participate in research. Though the groups are virtual, low-income populations are less likely to have jobs where they work from home and may have to miss work or leave work to participate. Offering a higher token of appreciation may address this issue.

For a similar communication evaluation project that was conducted in the summer of 2022 proposed and was approved for 100$ per person for a 75 minute focus group discussion (OMB: 0920-1154, CDC ID: 0920-22CW) to address the health equity issues outlined above. During this project, the team was very successful and were able to recruit 113 individuals (the goal was to recruit 144).

10 Assurance of Privacy Provided to Respondents

Contractors and anyone listening to the project will be required to sign a privacy agreement prior to the start of the project (**Attachment 4)**. CDC's contractor, Banyan Communications, will retain notes, audio/video files, and any other project-related documents on secure servers or in locked file cabinets; only project staff members will be able to access the servers via password-protected computers. Focus group findings and survey findings will be reported in summary form, and participants' names and identifying information will not be included in the findings. Identifiable information will be kept separate from focus group data and survey data, so that participants' responses cannot be linked with their names. All audio and video files will be destroyed three years after completion of the project. No identifiable information describing individual respondents will be included in the analyzed data and aggregate reports provided to CDC.

In review of this application, it has been determined that the Privacy Act is not applicable.
Banyan Communications will identify, screen, and recruit potential participants through a recruitment firm, using a proprietary recruitment list/database. Banyan Communications will use additional recruitment methods, such as including social media notices and snowball sampling as needed.

Individuals will first be screened to assess if they are eligible to be a part of the focus groups **(Attachemnt 1**). Those who meet the screening criteria for the focus groups will then received a second demographic screener to assess which focus groups they will be put into **(Attachment 3)**. Finally, they will be invited to attend a virtual 60-minute focus group. Participants will be asked to give verbal consent on a recording prior to the start of the focus group and will also fill out **Attachment 5** before starting. They will receive a copy for their records.

Individuals will be screened for the online survey using **Attachment 9** and agree to participate will be directed to the 10-minute online survey (**Attachment 11**). Participants will be asked to consent electronically prior to the start of the online survey.

The screeners will be stored in an encrypted online file hosted by Banyan Communications throughout the project's duration. Once the project ends, the screeners will be destroyed. Banyan Communications will retain notes, video files, and any other project-related documents on secure servers; only project staff members will have access to the servers via password-protected computers. Findings will be reported in summary form and participants' names and identifying information will not be included in the findings. Identifiable information is kept separate from focus group data and survey data so that participants' responses cannot be linked with their names. All video files will be destroyed at the completion of the project.

During the focus group, the moderator will go over key parts of the informed consent during the introduction to the focus group. The moderator will inform participants that the focus group is voluntary, and that they may choose not to answer any question and end participation at any time. The moderator also will inform participants that Banyan Communications will report findings in summary form so that participants cannot be identified and that their identifiable information will be kept secure and separate from the focus group notes and video recordings. The moderator will inform the participant that there is a note taker listening/watching. The informed consent includes both the number for Banyan Communications in case participants have questions about their rights as a participant, as well as the principal investigator in case participants have questions about the project itself.

11 Justification for Sensitive Questions

This data collection was reviewed by CDC's Human Research Protection Office, and it was not deemed as human subjects' research and gave it a non-research determination.

There is a minimal risk that some questions may make respondents feel uncomfortable. There will be potentially sensitive information collected such as race and income. These questions are critical to the project because messages are being tested from a health equity perspective. Therefore, the team needs to gather data surrounding race, ethnicity, income etc.

The respondent consent form includes a statement about this risk and informs participants that they may choose not to answer a particular question if they wish and/or end the session at any time without penalty.

12 Estimates of Annualized Burden Hours and Costs

We estimate the total annualized response burden at 450.7 hours (**Exhibit A.12.1)**. For the focus group discussions, every individual will be pre-screened using a 5-minute Eligibility and Demographic Screener. This process will be used to get the final focus group participants not to exceed 144 participants. Those who screen in and agree to participate in the project will participate in a 60-minute focus group; consent activities will be included in the 60 minutes. For the online survey, every individual will pre-screened using a 5-minute Eligibility and Demographic Screener. This process will be used to get the final sample not to exceed 600 participants. Those who screen in and agree to participate in the project will participate in an online survey that will last about 15 minutes. Timing is based on our previous

experience conducting research with this population using these methods to determine the overall burden per respondent.

Exhibit A.12.1. Estimated Annualized Burden Hours

Type of Respondent	Form Name	No. of Respondents	Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours
Individual	Eligibility Screener (Focus Group) *Attachment 1*	480	1	5/60	40
	Eligible Participant Screener for Focus Group *Attachment 3*	250	1	5/60	21
	Eligibility Survey (survey) *Attachment 9*	2000	1	5/60	167
	Focus Group Discussion *Attachment 8*	144	1	60/60	144
	Online Survey *Attachment 11*	600	1	15/60	150
	Total				522

According to the U.S. Department of Labor (DOL) 2021 National Occupational Employment and Wage Estimates, the average hourly wage is $28.01. Because of the scope of this generic clearance and the variety of the types of participants, this average salary was utilized rather than attempting to estimate salaries for groups of audiences. The total annualized burden cost is estimated at $12,624.11 per year.

Exhibit A.12.2 Estimated Annualized Burden Costs

Activity	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in Hours)	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Eligibility Screener (Focus Group) *Attachment 1*	480	1	5/60	40	$28.01	$1,120.40
Eligible Participant Screener for Focus Group *Attachment 3*	250	`1	5/60	21	$28.01	$588.21
Eligibility Survey (survey) *Attachment 9*	2,000	1	5/60	167	$28.01	$4,669.27
Focus Group Discussion *Attachment 8*	144	1	60/60	144	$28.01	$4,033.44
Online Survey *Attachment 11*	600	1	15/60	150	$28.01	$4,201.5
Total				522		$14,621.22

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

There are no costs to respondents other than their time for participation.

14 Annualized Cost to the Federal Government

The contractor's costs are based on estimates provided by the contractor, who will carry out the data collection activities. With the expected period of performance, the annual cost to the federal government is estimated to be $203,646.88 (**Exhibit A.14.1**). This is the cost estimated by the contractor, Banyan Communications, and includes the estimated cost of coordination with CDC, data collection, analysis, and reporting.

Exhibit A.14.1. Estimated Cost to the Government

Expense Type	Expense Explanation	Annual Costs (dollars)
Direct cost to the federal government		
CDC oversight of contractor and project	CDC Project Officer	$27,346.00
	CDC Co-Principal Investigator	$31,002.25
Subtotal, Direct Costs to the Government		
Contractor and Other Expenses		
Recruitment, data collection, analysis and reporting (contractor)	Labor hours and other direct costs	$145,298.63
Subtotal, contracted services		
Total cost to the government		$203,646.88

15 Explanation for Program Changes or Adjustments

No change in burden is requested, as this is a new information collection.

16 Plans for Tabulation and Publication and Project Time Schedule

During qualitative data collection, the Banyan Communications note taker will enter data from the focus group discussion into ATLAS.ti, which will be stored on a password-protected computer. Analysis of the focus group data will start immediately after completion of data collection and will be conducted under the supervision of a senior staff member with extensive experience in qualitative research. Banyan Communications will conduct thematic or ground theory analysis of the data to understand participants' reactions to the messages in as rigorous and detailed manner as possible. Banyan Communications will summarize results in a final report. The final report will include key data from the online eligibility and demographic screener and report it in descriptive data tables with accompanying narrative in the summary and final reports. **Exhibit 16.1** lists the key events and reports**.**

During quantitative data collection, the Banyan Communications team will conduct descriptive statistics. Banyan Communications will summarize results in a final report.

Exhibit A.16.1. Project Time Schedule

Activity	Time Schedule
Begin recruitment	April 30, 2023
Conduct focus groups	Weeks of 6/1, 6/7, 6/14, 6/21 of 2023
Administer online survey	Weeks of 5/22, 6/26, 7/24, 8/21 of 2023
Report due	September 15, 2023

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

OMB Expiration Date will be displayed on necessary materials and documents.

18 Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.

References

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