

**GenIC Clearance for CDC/ATSDR
Formative Research and Tool Development**

Foundational User Interviews with the Public

OMB Control No. 0920-1154

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Supporting Statement A

Contact:

Alanté Fields

IOD/OPHDST

Centers for Disease Control and Prevention (CDC)

Phone: 404-718-5810

Email: lzm1@cdc.gov

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- **Goals of the project:** As part of CDC’s focus on Human Centered Design, the Office of Public Health Data, Surveillance, and Technology (OPHDST), Inform and Disseminate Division (IDD) would like to collect information from the public monthly, with approximately 12-15 interviews per month within the next 5 months, for a total of 60 participants to inform the improvement and development of dashboards and other tools for data dissemination. CDC offers these dashboards and other tools as a service to the public, the end user. Information collection will be in the form of monthly rounds of semi-structured interviews using a virtual meeting platform.

- **Intended use of the resulting data:** To refine and improve the effectiveness of public-facing, public health dashboards and related digital content.

- **Methods to be used to collect data:** In-depth interviews.

- **The subpopulation to be studied:** Data enthusiasts/ appreciators (individuals with positive beliefs in the role of data and seek data to inform decision making), Data ambivalent (individuals who do not have strong beliefs around the role of data and rarely seek data to inform decision making), Caretakers/adult children of older adults, Caretakers/Parents of young children, People with physical and/or cognitive disabilities such as visual impairments, Dyslexia, etc. who may encounter challenges accessing, reviewing, and understanding data channel content.

- **How data will be analyzed:** Descriptive and thematic analyses of qualitative data.

1. Circumstances Making the Collection of Information Necessary

The Centers for Disease Control and Prevention (CDC) is requesting approval for a new generic information collection (gen-IC) under OMB Control No. 0920-1154: “Foundational User Interviews with the Public.”

As part of CDC’s focus on Human Centered Design (HCD), the Office of Public Health Data, Surveillance, and Technology (OPHDST), Inform and Disseminate Division (IDD) would like to collect information from the public monthly, with approximately 12-15 interviews per month within the next 5 months, for a total of 60 participants to inform the improvement and development of dashboards and other tools for data dissemination. CDC offers these dashboards and other tools as a service to the public, the end user. Information collection will be in the form of monthly rounds of semi-structured interviews using a virtual meeting platform.

CDC needs to collect information from the public to inform the improvement and development of narrative-led dashboards and other tools for data dissemination. CDC will offer these dashboards and other tools as a service to the public through the release of Data Channels developed using SAPHIRE (Sharing Actionable Public Health Information) capabilities. Data Channels enable the CDC to create and distribute CDC data visualizations, insights, and related content to public users to empower them to make informed health decisions. SAPHIRE is a suite of tools and processes for rapidly creating Data Channels.

Data Channels and SAPHIRE support the Public Health Data Strategy Milestone 3.1 by enabling external users, such as State, Tribal, Local, and Territorial Health Departments (STLTs) and the public, to have expanded access to data and visualizations for four CDC data assets, including emergency department, mortality, and case data, to support public health decision-making. Some of the top priority questions that we intend to explore are around the audiences and their needs. By conducting user interviews, the team building Data Channel and SAPHIRE capabilities will be able to answer these questions and deliver what is needed to achieve the milestone.

To ensure that Data Channel content and SAPHIRE capabilities are useful, actionable, and accessible to the public, the design team within the IDD will conduct foundational user interviews to understand the full-spectrum experience of accessing, reviewing, and interpreting public health content with a focus on discovering the components of trust and experiences that lead to action.

Additionally, robust user interviews will bring our work closer to aligning to recent legislation and executive orders including—

- 21st Century Integrated Digital Experiences Act: “Requirements for New Websites and Digital Services...is designed around user needs with data-driven analysis influencing management and development decisions, using qualitative and quantitative data to determine user goals, needs, and behaviors, and continually test the website, web-based form, web-based application, or digital service to ensure that user needs are addressed.”
- Executive Order 14058 of December 13, 2021: “Strengthening the democratic process requires providing direct lines of feedback and mechanisms for engaging the American people in the design and improvement of Federal Government programs, processes, and services.”
- Executive Order 13985 of January 20, 2021: “agencies shall consult with members of communities that have been historically underrepresented in the Federal Government and underserved by, or subject to discrimination in, Federal policies and programs.”

Data collected from these interviews will inform future development of OPHDST services, existing data platforms like CDC Wonder, and Data Channels on [cdc.gov](https://www.cdc.gov).

2. Purpose and Use of Information Collection

To ensure that Data Channel and SAPHIRE content is useful, actionable, and accessible to the public, the design team within the IDD will conduct foundational interviews for data collection from the public to understand the full-spectrum experience of accessing, reviewing, and interpreting public health content with a focus on discovering the components of trust and experiences that lead to action. Data Channels are a new CDC tool that combines data visualizations, plain text interpretations of those data, and point the public towards relevant CDC guidance. Data channels tell a specific story with timely and localized data, integrate multiple data sources, when appropriate, and are created in partnership with CDC programs. They focus on plain text communication so that they can better reach people both comfortable and uncomfortable with data using a mobile-first, accessible (508-compliant) approach. SAPHIRE is a system for quickly creating and distributing CDC data visualizations, insights, and related content to public users to empower them to make informed public health decisions.

As part of CDC's focus on Human Centered Design, the IDD would like to collect information from the public monthly, with approximately 12-15 interviews per month within the next 5 months, for a total of 60 participants to inform the improvement and development of dashboards and other tools for data dissemination. CDC offers these dashboards and other tools as a service to the public, the end user. Information collection will be in the form of monthly rounds of semi-structured interviews using a virtual meeting platform.

This data collection will be executed via a series of 60 online in-depth interviews with members of the general public, lasting 60 minutes each. Kaptivate, a participant recruitment contractor, is contracted to work with OPHDST, will conduct all data collection related to the proposed data collection project under OPHDST's supervision. Kaptivate's data collection will include recruiting and screening participants into the project. CDC and Booz Allen Hamilton will be conducting in-depth interviews, and analyzing and reporting on results. This is a one-time data collection that will not be repeated.

The need for this data collection arises from the importance of ensuring OPHDST's public facing dashboards and other tools for public dissemination are clear, understandable, and actionable; effectively convey information; convey the *right* information with an appropriate level of detail; and do not raise new concerns or questions among intended audiences.

This data collection involves two instruments: a screener (Attachment 1) and an interview guide (Attachment 2).

The screener is designed to ensure the participants recruited for interviews meet the criteria and parameters established by OPHDST when evaluating the priority audiences for the communications materials. The screener will be administered by Kaptivate and its recruiting team to ensure a respondent (a) qualifies for participation and (b) fills quotas for demographic

characteristics. In this project, participants include five types of individuals: Data enthusiasts/appreciators (individuals with positive beliefs in the role of data and seek data to inform decision making), Data ambivalent (individuals who do not have strong beliefs around the role of data and rarely seek data to inform decision making), Caretakers/adult children of older adults, Caretakers/Parents of young children, People with physical and/or cognitive disabilities such as visual impairments, Dyslexia, etc. who may encounter challenges accessing, reviewing, and understanding data channel content.

Once a participant has been recruited and scheduled for an interview, a trained CDC or Booz Allen Hamilton interviewer will use the interview guide to facilitate the conversation. The guide has been jointly developed by OPHDST and Booz Allen Hamilton and will be used to ensure the interview covers key areas of inquiry and allocates appropriate time to different topics. In this project, the interview guide includes questions designed to elicit feedback on the following exploration areas:

Exploration Area 1: Actionable Communication

Understanding the threshold between informative and actionable public health data and content

- What do individuals need from CDC when discussing a parent or child's health?
- What do individuals need from CDC to understand their own health and the health of their community?
- What pushes individuals to act on public health information?

Exploration Area 2: Accessing Information

Understanding when public health information is needed and accessed

- When is public health information needed?
- How does the CDC fit into an individual's understanding of public health?
- Where do individuals find public health information?

Exploration Area 3: Strengthening Comprehension

Understanding how and what public health data and content is comprehensible and useful

- What is the mental model for getting information on emerging or widespread health issues?
- How should public health information be shared in times of certainty vs uncertainty?
- Which types of data representations are more valuable and preferable?

Exploration Area 4: Building Trust

Understanding public trust in the CDC and how it is built and where it may be lost

- What is the current state of trust between CDC and the public?
- Who do individuals trust for public health information?

- What makes public health information trustworthy?

3. Use of Improved Information Technology and Burden Reduction

Data will be collected via online interviews through a web-based platform, meaning that participants will not have to download anything to their personal devices (participants need only to have an internet connection). All interviews will be conducted by professional moderators from the CDC or Booz Allen Hamilton, a contracted company. All interviews will be audio and video recorded to ensure participant responses are captured accurately and transcribed. Questions included on the interview moderator guide have been limited to only those relevant to the target audience to reduce burden on respondents.

4. Efforts to Identify Duplication and Use of Similar Information

OPHDST has conducted previous qualitative data collections to inform the data channel and SAPHIRE work. The materials to be tested in this package are informed by those previous learnings, including findings about the general public and their needs for communications resources and data analysis. However, the participant categories are a new focus and the digital materials to be discussed in this package are new in format, design, and/or information content, and they have not been tested before. As such, this is an entirely new data collection.

5. Impact on Small Businesses or Other Small Entities

Kaptivate, the participant recruitment contractor, is a small business.

6. Consequences of Collecting the Information Less Frequently

The screener and the interview are both one-time information collections.

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

There are no special circumstances with this information collection package. This request fully complies with the guidelines in 5 CFR 1320.5 and will be voluntary.

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

A. This information collection request does not require publication of a 60-day notice in the *Federal Register*.

B. Booz Allen Hamilton, a contracted consulting firm, has been consulted in the development of the data collection plan, sampling parameters, and interview guide. Kaptivate, a participant recruitment contractor, has been consulted on the sampling parameters. Under the supervision of OPHDST, Kaptivate will conduct recruiting and screening participants for this data collection project. CDC and Booz Allen Hamilton will conduct 60, 60-minute-long online interviews with the general public in the U.S.

9. Explanation of Any Payment or Gift to Respondents

Interview participants will receive a monetary incentive of \$100 for their participation. Such an incentive is a standard practice in the market research industry and helps to ensure efficient recruitment and ultimate participation among the qualified and scheduled participants. The amount is also standard for participation in a 60-minute interview. The incentive is also intended to offset the cost of personal or professional time taken to participate.

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

OPHDST has determined that the Privacy Act does not apply to this information collection. Kaptivate, a contracted firm, will manage recruitment and for this initiative, and PII will not be transmitted to OPHDST.

Before conducting any interview activities, the design team will secure verbal consent from any interview participant. The team will inform participants of the project's purpose, the types of activities that will take place, how their privacy will be protected, and ask for consent to conduct the interview and record their participation. Participants can withdraw their consent at any time, before, during, or after the interview or when the activity is completed.

Protecting personally identifiable information (PII), Protected Health Information (PHI) and other respondent data is crucial, and moderators adhere to all applicable law and CDC policy regarding PII and PHI. With the consent of each participant, interviews will be audio and video recorded via Kaptivate's interview platform to capture the content of the discussion. These recordings will not be transmitted or stored by the CDC. Recordings will be transcribed into transcripts which will be used for analytic purposes in the development of a report. Field notes will be taken during the interviews to capture key quotes or expressions.

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

Institutional Review Board (IRB)

This project was reviewed by OPHDST's human subjects advisor and determined to not meet the definition of research under 45 CFR 46. IRB review is not required (Attachment 3).

Justification for Sensitive Questions

All the questions asked in the interviews will be non-sensitive in nature and focus on knowledge, attitudes, and beliefs about public health. All participants will be informed that they need not answer any question that makes them feel uncomfortable or that they do not wish to answer.

12. Estimates of Annualized Burden Hours and Costs

The total estimated burden is 65 hours. Table 1 below describes the burden associated with the information collection.

The burden table assumes screening will take 5 minutes per person for those 60 individuals who are successfully recruited. Interviews last 60 minutes.

Table 1. Annualized Burden (total burden hours rounded)

Form Name	Type of Respondent	No. of Respondents	No. of Responses per Respondent	Average Burden Per Response (hours)	Total Burden Hours
Screeners for Foundational Interviews (Attachment 1)	General Public	60	1	5/60	5
Interview Script Foundational Interviews (Attachment 3)	General Public	60	1	1	60
Total					65

The total estimated cost burden of this information collection is \$1,502.15.

The cost burden has been calculated with the use of median hourly wages for the general public from the U.S. Bureau of Labor Statistics (BLS) May 2023 National Occupational Employment and Wage Estimates. According to BLS, the hourly wages are:

- \$23.11 for all occupations

Table 2. Cost burden associated with information collection (total burden hours rounded)

Form Name	Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Screeners for (Attachment 1)	General Public	5	23.11	115.55
Discussion Guide for Interviews (Attachment 2)	General Public	60	23.11	1386.60
Total				\$1,502.15

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

There will be no direct costs to the respondents other than their time to participate in each information collection.

14. Annualized Cost to the Government

The annualized cost to the Federal Government to collect this information is \$118,357.50. Table 3 below describes the cost in more detail.

Recruiting will be conducted by Kaptivate, a contracted vendor. Kaptivate’s work includes project management, recruitment, screening, and scheduling. Kaptivate’s costs are 77,188.00 per the CDC contract “Leverage Contractor for User Research with General Public.” Kaptivate’s cost cover 120 hours of a Project Manager, 240 hours of a Project Coordinator, and 180 of a Research Analyst. Project Management Collaboration technology and Participant Incentive are included in the costs. Interviewing will be conducted by both the CDC and Booz Allen Hamilton, a contracted firm. Booz Allen Hamilton costs cover the work of an existing team working with OPHDST on this and other communications initiatives and include 90 hours of Booz Allen Hamilton Senior-level staff, 210 hours for Booz Allen Hamilton Journeyman-level staff. Hours are tabulated based on existing contractor hourly rates.

Oversight and review of all materials and reports will be conducted by one GS-15 federal government employee who is leading the project. Their work will include providing oversight to Kaptivate and Booz Allen Hamilton on the purpose and objectives of the project; guidance and feedback on recruitment, screening, and interview guide materials; entering the project materials into CDC’s STARS system for project determination; meeting regularly with Kaptivate and Booz Allen Hamilton staff to discuss the project’s progress and answer any questions; reviewing the transcripts and reports; and sharing topline findings with OPHDST staff so they can use the findings to strengthen communication messages. The estimate includes 40 hours for the IT Specialist.

Estimated federal employee cost is tabulated based on the employee’s current hourly wage (locality-adjusted GS pay table for Chicago-area workers):
IT Specialist GS-15: 40 hours @ \$95.00/hour = \$3,800.00

Table 3. Estimated Annualized Cost to the Government per Activity

Cost Category	Estimated Annualized Cost
Contractor personnel costs: costs to oversee screening, recruitment, and incentives	\$77,188.00
Contractor personnel costs: costs to conduct interviews	\$7,388.25
Contractor personnel costs: costs analysis and report writing	\$29,981.25
Federal government personnel costs: oversight, report review, interviews, reporting	\$3,800.00
Total	\$118,357.50

15. Explanation for Program Changes or Adjustments

This is a new information collection.

16. Plans for Tabulation and Publication and Project Time Schedule

This initiative is expected to take six months from start to finish. Four months will be spent recruiting and interviewing, and two months will be spent in analysis and reporting. A timeline is in Table 4.

Table 4. Project Time Schedule

Activity	Time Schedule
Recruit interview participants	2 weeks, beginning immediately after gen-IC approved
Conduct interviews	4 months, following recruitment
Transcription, analysis, and report	2 months, following completion of interviews
Disseminate results/reports	As soon as summary report is approved

Interviews will be audio and video recorded for aid in reporting and analysis. Audio files will be transcribed verbatim in Microsoft Word and used for reporting. Results will be used to develop a written report with an assessment of findings, recommendations for considerations for potential future OPHDST communications intended for the same general public audiences.

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

The display of the OMB expiration date is not inappropriate.

18. Exceptions to the Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.

List of Attachments

1. Screener
2. Interview Guide
3. Human Subjects Determination