Rapid Message Testing & Message Development System

Request for Reinstatement with change of a previously approved information collection

OMB Control Number 0920-1432

September 19, 2025

Supporting Statement A

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Goal of the project: The goal of the NCEZID Rapid Message Testing & Message Development System is to enable programs within the National Center for Emerging and Zoonotic Infectious Diseases (NCEZID) to test health messages and gather information to inform the development of health messages. The data collection is intended to ensure NCEZID messages are clear, salient, appealing, and persuasive to target audiences.
Intended use of the resulting data: Data collected will be used to improve health messages. Data will guide revisions to existing or draft messages, inform the development of new messages, and otherwise enable message developers to make optimal decisions about message content, format, and dissemination so that NCEZID's messages effectively reach and resonate with their intended audiences.

Methods to be used to collect data: Data collection methods proposed for this System include in-depth interviews, online or in-person focus groups, and online surveys. In almost all instances, data will be collected by an outside organization under contract with CDC.

The subpopulation to be studied: The specific audience will vary depending on the needs of the project. Participants will primarily be made up of members of the general public and healthcare providers or other specialist audiences.

How the data will be analyzed: In most cases, the results of message testing and related data collection activities will be analyzed by the data collection team and summarized in reports which will be delivered to the relevant NCEZID program teams. Reports will include implications or recommendations to optimize messages. Results of data collection will not be published; instead, the information will be used to inform health promotion activities across CDC.

1. Circumstances Making the Collection of Information Necessary

This is a Reinstatement of a Generic information collection request (ICR). CDC/NCEZID is submitting and requesting approval for three years. Upon approval, NCEZID program staff would submit requests to OMB for review and approval. Each submission would consist of an approved template containing relevant information about the planned data collection and copies of the data collection instruments (Attachment 8).

CDC's National Center for Emerging and Zoonotic Infectious Diseases (NCEZID) offers numerous resources to anticipate, prevent, and address outbreaks of infectious diseases. From researchers to emergency responders; from laboratories to surveillance of mobile populations; from collaborations at the federal level to partnerships at the local level, NCEZID keeps people safe from threats like anthrax, Ebola virus, Zika virus, mpox, sepsis, and foodborne illnesses like *Salmonella*. These efforts are vital to protect and save lives.

Still, even more must be done to prevent the burden of these illnesses. For example, 2.8 million people are infected with antimicrobial-resistant infections in the United States each year, resulting in 35,000 deaths; about 1 in 6 Americans (48 million) are sickened by a foodborne illness each year, 128,000 are hospitalized, and 3,000 die; and more than 60,000 people worldwide die from rabies annually. Beyond efforts to prevent such infections, NCEZID has led myriad outbreak responses, including to the largest Ebola epidemic in history, which killed more than 11,000 people in West Africa; an outbreak of cholera in Haiti that killed at least 10,000 people; and an outbreak of West Nile virus that sickened 5,600 Americans.

The ability to effectively communicate with the public about these threats is one of NCEZID's most vital roles. Particularly during an outbreak, it is critical that the public understands what is happening and why, and trusts and follows public health leaders' guidance. Recent public health responses to COVID-19 and mpox have underscored the need to improve the speed and content of health communications, particularly among populations at higher risk for zoonotic and infectious diseases.

Understanding how to effectively communicate about emerging and zoonotic infectious diseases has never been more vital. Nuances of how to clearly communicate risk during an outbreak without stigmatizing certain populations, or how to ensure different populations will be receptive to key information, are critical to get right, but difficult to understand without testing and evaluation. Communication theorists and researchers agree for health messages to be as clear and influential as possible, target audience representatives must be involved in developing the messages, and they must be involved in testing the messages. There are known risks of disseminating untested public health messages: they can waste communication resources and opportunities when perceived as unclear or irrelevant, and they can also have unintended consequences such as jeopardizing the credibility of Federal health officials.

This Rapid Message Testing & Message Development System enables NCEZID to collect information vital to the development of clear, salient, relevant, appealing, and persuasive messages related to outbreaks and other emerging and zoonotic diseases. The System also allows for the rapid testing of messages when the need arises within the Center, prior to the dissemination of those messages and associated communications materials. Information collection activities are limited to message or concept testing as well as formative work that will result in the development of messages or concepts, interventions, new or improved tools, or methodologies.

Since the last approval, the package has been maintained in a state of readiness. While no public health emergencies in the past year have necessitated its use, the value of this package lies in its preparedness given the unpredictable nature of outbreaks. As with any new system, full integration is an ongoing process, and efforts will continue to ensure program leaders are prepared to use this valuable tool. Maintaining this package is a vital component of NCEZID's overall communication readiness strategy.

The CDC is authorized to conduct research with the public under the Section 301 of the Public Health Service Act (42 U.S.C. 241) (See Attachment 1).

2. Purpose and Use of Information Collection

The Rapid Message Testing & Message Development System, a generic information collection, enables programs across NCEZID to collect the information they require in a timely manner to:

- Ensure quality and prevent waste in the dissemination of health information by NCEZID to the public.
- Refine message concepts and test draft materials for clarity, salience, appeal, and persuasiveness to target audiences.
- Guide the action of health communication officials who are responding to emerging and zoonotic infectious disease emergencies; Congressionally mandated campaigns with short timeframes; media-generated public concern; time-limited communication opportunities and trends; and the need to refresh materials or dissemination strategies in ongoing campaigns.

Message testing questions will focus on issues such as comprehension, impressions, personal relevance and appropriateness, content and wording, efficacy of response, and motivation to take action. Such information will enable message developers to enhance the effectiveness of messages for intended audiences.

Data collection methods proposed for the System includes online surveys, in-depth interviews, and focus groups. In almost all instances, data will be collected by outside organizations under contract with CDC.

Because every testing instrument will be based on specific health issues or topics, it is not possible to develop one instrument for use in all instances. However, the same kinds of questions are asked in most message testing activities. This package includes generic questions and formats that can be drawn from to develop health message testing data collection instruments. These include a list of screening questions, composed of demographic and introductory questions, along with other content questions that can be used in certain combinations for each proposed message testing data collection method (See Attachments 3, 4A, 4B, and 4C).

As described in Section 1, disseminating messages and communication materials without testing can waste resources and opportunities and can also have unintended consequences such as jeopardizing the credibility of Federal health officials and their work.

3. Use of Improved Information Technology and Burden Reduction

Whenever possible, and in nearly all cases, the System will use advanced technology to collect and process data in order to reduce respondent burden and to make data processing and reporting maximally efficient. Particular emphasis will be placed on compliance with the Government Paperwork Elimination Act (GPEA), Public Law 105-277, title XVII.

Surveys will be conducted online. In-depth interviews will be facilitated electronically, allowing for the display of test materials and messages on screen. Focus groups will be held primarily online. For all activities, participant recruitment and screening will be conducted electronically for optimal efficiency. In all message testing, the number of questions will be held to the absolute minimum required for the intended use of the data.

Online questionnaires, interviews, and focus groups ease burden because they can be completed in the respondent's home or workplace, at the respondent's convenience. Online surveys are comparable to mailed questionnaires in these respects, but do not require the presence of an interviewer and are less burdensome in that they eliminate the need to handle and return paper copies.

Use of Web-Based Panel Recruitment and Surveying

As part of the data collection under this package, it is expected to be necessary to survey widely dispersed members of the general public or specialty professions, like healthcare providers. This might occur when there is a need to know whether specific messages reach intended audiences through specific channels during a time-limited ongoing campaign, or when there is a need to test the efficacy of a message in different communities across the country. In such cases, respondent recruitment and data collection will be based on a research industry standard web-based panel methodology, described below.

Web-based panels use online technology to identify pools of participants to target for recruitment or screening. Panels are made up of individuals or households who have opted in for research studies of all kinds—qualitative and quantitative. The panels are very large (many thousands of members), allowing selection from the overall pool, the construction of large and diverse samples, and the rapid identification of several potential respondents from extremely small subgroups of the population. Assembling these potential respondent groups in absence of panels can be extremely time-consuming and costly. Once a pool of potential participants has been identified, it can be targeted with additional screening questions, and, when relevant, the actual survey questions. In the case of qualitative research, the qualifying individuals can be easily invited to participate in the moderator-led study.

Steps are taken through management of the web-based panels to prevent overburdening respondents. This data collection package is designed to ensure that the majority of surveys take no more than 10 minutes to complete, and most panels do not permit the selection of a respondent for more than one survey on the same topic more than once every few months.

Relative to less technically advanced methods, this panel approach has several advantages: speed, cost, access, and reduced burden.

Speed: Digital data collection supports quick data turnaround. About half of the completed questionnaires from a Web-enabled panel are received within the first 3-4 days of the assignment, a more rapid response than that of mailed surveys. Email reminders and phone calls have been found to increase online survey response rates. Additionally, the automated data collection allows results to be delivered to CDC in days or weeks, rather than months.

Cost: Recruitment and data collection activities that access an already existing panel save money compared with one-time costs.

- Costs of hardware and recruitment can be amortized over the life of the panel. This permits use of the expensive sampling techniques that help to achieve higher response rates without having to pass all the recruitment costs on to the client.

- The expense of collecting profile information on panel members is incurred just once, and then the profile data can be used in conjunction with data collected later. In cross-sectional designs, by contrast, demographic data must be collected with every survey.
- In traditional longitudinal cohort surveys, re-contact costs are much higher. Email is inexpensive and repeated call attempts are not needed because email does not require the respondent to be at home when a re-contact is attempted.

Access: With tens of thousands of members and minority groups oversampling, online panels have the diversity to enable the construction of small "tailor-made" samples. Response rates are higher than in mail or phone surveys because respondents have agreed to participate in a series of surveys over the period of their panel membership and they receive a package of incentives, so panel survey data tend to be more representative of individuals who are older and less educated.

Reduced Burden: Recruitment and data collection via web panels is self-administered, allowing respondents to complete the screening or survey at their convenience, in the comfort and privacy of their homes. In the case of online data collection of all types, the potential to include audio, video, and imagery can make the experience much more engaging and less burdensome than conventional telephone studies.

4. Efforts to Identify Duplication and Use of Similar Information

Health messages and materials developed by NCEZID are unique and original in their mix of intended audience, health behavior, concept, and execution. Therefore, in the majority of cases, CDC is not aware of the availability of similar information. NCEZID staff will review existing sources of data before seeking approval for a new data collection through this package.

5. Impact on Small Businesses or Other Small Entities

Healthcare providers or health professionals working at small practices, clinics, or non-profit organizations can be important intermediaries or target audiences for health messages, and therefore these audiences may be included in the sampling and recruitment for research. However, in almost all cases those individuals who are contacted for research have opted in to participate in research studies (as members of panels, described in Section 3). Sampling among these audiences will be kept to a minimum and widely dispersed—for example, a series of ten in-depth interviews of professionals across the country—to ensure small entities are not overburdened.

Much of the data collection under this System will be targeted at members of the general population who are part of web-based panels; in such instances a focus on small entities does not apply. Current panel members are individuals from the general population, and data collection via the online panel involve no burden to small businesses or entities.

For all respondent types and all data collection activities, questions have been held to the absolute minimum required for the intended use of the information.

6. Consequences of Collecting the Information Less Frequently

This System is designed to enable data collection and testing on a variety of distinct NCEZID topics. The Center's many different communication priorities, messages, and materials must be grounded in research and tested among target audiences, or else time and money may be wasted developing materials that cannot achieve their objectives. Subsequently, if draft materials and messages are not tested, poor execution can undercut a good concept. Each activity will be treated as a separate, one-time study with different respondents, and it is very unlikely that information be collected more than once from any given respondent.

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

There are no special circumstances. The data collection activities fully comply with the regulations and guidelines in 5 CFR 1320.5.

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

A. Federal Register Notice

A 60-day Federal Register Notice (Attachment 2) was published in the Federal Register on June 16, 2025, vol. 90, No. 114, pp. 25299-25300. CDC did not receive public comments related to this notice.

B. Outside Consultation

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. NCEZID staff will consult with communication specialists within CDC, with relevant Federal agencies and national associations that conduct health communication campaigns on related topics, and with contracted communications firm Weber Shandwick and its research arm KRC Research on best practices for health communications campaigns and associated data collection.

9. Explanation of Any Payment or Gift to Respondents

To cover the costs of participation and to boost response rates, participants in interviews, focus groups, and online surveys may receive, if warranted and justified, $0-$75 or the equivalent, depending on (a) incidence of qualifying participants in the population or sample pool, (b) time required to participate, and (c) approximate hourly rate for professional time. These factors, and the monetary amounts in this range, are consistent with current rates for participation in communication research studies.

Incentives will take the form of cash, gift certificates, or panel points, depending on the methodology. For focus groups and interviews, cash or gift certificates are prevalent. For online surveys, panel points (distributed and managed by panel providers) are the market research industry standard. As described at the end of this section, online panel surveys use an incentive program to improve response rates and maintain membership.

Reviewed literature revealed the payment of incentives can provide significant advantages to the government in terms of direct cost savings and improved data quality. 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. More background on the use of incentives is below.

Payments vs. Non-Monetary Incentives

Cash incentives have been shown to be most effective in increasing survey response rates for one-time surveys of panel members. This has been confirmed by a meta-analysis of 38 experiments and quasi-experiments[1] which found that non-monetary gifts were significantly less effective than cash in generating survey response; the analysis noted that offering prepaid monetary incentives yielded an average increase of 19.1 percentage points over comparison groups. Moreover, the impacts of monetary incentives seem greater than the impacts of promised charitable donations, lotteries for cash prizes, and other non-monetary rewards.

Reduced Data Collection Cost

Discussion of incentives as a technique to speed responses and expand response rates is not complete without mentioning the trade-off between the costs of incentives and the costs of reminders and other efforts to foster timely and complete participation. The goal is to find the highest response rate at the lowest overall cost to the government. In the National Adult Literacy Survey by Berlin and colleagues,[2] a $20 incentive resulted in not only higher response rates from the sample cohort, but also lower costs per completed case than the comparison group with a lower incentive. Importantly, the incentives provided higher response rates from adults with lower-than-average levels of education and basic literacy and numeracy skills.

Reduced Bias

The most important aspect of an incentive plan may be its potential for reducing response bias, underreporting bias, and similar sources of error. Incentives are necessary for message testing to ensure that those who are willing to participate reflect the target audiences. Failure to provide a basic incentive is likely to bias samples in the direction of well-educated individuals who are generally predisposed to be helpful.

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

NCEZID reviewed this submission and determined that the Privacy Act does not apply to data collections conducted according to the procedures described in this application (Attachment 6).

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1 Church, A.H. (1993). Estimating the Effect of Incentives on Mail Survey Response Rates: A Meta-Analysis. *Public Opinion Quarterly, 57,* 62-79.

2 Berlin, M., Mohadjer, L., Waksberg, J., Kolstad, A., Kirsch, I., Rock, D., & Yamamoto, K. (1992). An experiment in monetary incentives. In the American Statistical Association (ed.), *Proceedings of the American Statistical Association Section on Survey Research Methods* (pp. 393-398). Alexandria, VA: American Statistical Association.

Additionally, this project is exempt from IRB requirements (Section 11). The collection activities permitted under the System do not qualify as human subjects research and therefore do not require IRB review.

Overview of Privacy and Confidentiality

Although personal information (e.g., sex, age, and race) will be gathered in data collection activities, no personal identifiers (e.g., full name, address or phone number, social security number, etc.) will be collected or maintained. Surveys conducted through online panels will use already-established records systems. All data provided by respondents will be treated in a secure manner and will not be disclosed, unless otherwise compelled by law.

Prior to participating in any data collection activities, respondents will be advised of the nature of the activity and its sponsor (CDC), the length of time it will require, and that participation is purely voluntary. Respondents will be assured that no penalties will occur if they wish not to respond to the information collection as a whole or to any specific questions. Additionally, all participants will be informed that their responses will be treated in a secure manner, that all data will be safeguarded closely, and that no individual identifiers will be used in study reports. These procedures conform to ethical practices for collecting data from human participants.

All data will be stored in secured electronic files at a contractor's office. Data files will be retained by the contractor for a period of no more than three years and then destroyed. In reports, all presentation of data will be in aggregate form, and no links to individuals will be preserved. Reports will not include identifiable information on respondents.

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

Institutional Review Board (IRB)

NCEZID's Human Subjects Advisor has determined that information collection is not research involving human subjects. IRB approval is not required (Attachment 7). Each gen-IC submission will include a separate human subjects determination.

Sensitive Questions

The majority of questions available for use in this System are not of a sensitive nature. However, it will at times be necessary to ask questions considered to be of a sensitive nature in order to (a) recruit target audiences who may be at risk for certain diseases based on behaviors or attitudes, and (b) test messages and materials related to specific sensitive health topics.

- Potentially sensitive *screening question* topics in this System (used to identify target audiences) include: pregnancy status and pregnancy intention; sexual orientation; history of sexual activity and behaviors; history of certain health conditions and experience with vaccination or treatment; and residency status in the United States.
- Potentially sensitive *content question* topics in this System (asked as part of formative and testing activities) include: experiences with certain health conditions (prevention measures taken

or not taken, testing, diagnoses, treatment, vaccination); and related questions asked of providers/patients.

Screening questions ensure that data collection activities are conducted among those groups who are intended audiences of NCEZID's communications. Depending on the topic or disease, some of these audiences are likely to include those at greater risk because of sexual history, pregnancy status, travel history, and other factors. In such cases, using these screening questions is a necessary component of recruiting the right audiences. Similarly, research questions about health-related experiences (asked during surveys, focus groups, or interviews) are often necessary to understand the context of respondents' reactions to test stimuli or to inform the development of messages and materials meant for the audiences in question.

To reduce fear or stigma of disclosing sensitive information, several steps will be taken:

- Respondents will be told all information provided will be treated in a secure manner and will not be disclosed unless otherwise compelled by law.
- Respondents will be informed that participation is voluntary and that they need not answer any question that makes them feel uncomfortable or that they simply do not wish to answer.
- In qualitative activities (interviews and focus groups), respondents will be asked to use first names only when speaking about their experiences or the experiences of others.
- Where appropriate, respondents within a given focus group will share demographic traits and share many of the criteria that may be sensitive (sexual orientation, experience with certain health conditions, etc.)
- Where appropriate, interviewers or focus group moderators will share demographic traits with participants (race or ethnicity, sex, language, etc.)
- Interviewers will be trained to ask questions in a sensitive, nonjudging manner and to handle any subsequent discussion skillfully.
- When such numbers are available and appropriate, participants will be provided with specific agency hotline numbers to call in case they have a question or concern about the sensitive issue.
- Where appropriate, one of three race/ethnicity question formats will be used, allowing flexibility to balance analytic needs, respondent burden, and federal standards.

All online surveys are self-administered and allow respondents to complete the surveys at their convenience, in the comfort and privacy of home, without direct interaction with other participants or members of the data collection team.

12. Estimates of Annualized Burden Hours and Costs

A. Estimated Annualized Burden Hours

The total estimated annualized hourly burden anticipated for all data collection methods would be approximately 3,431 hours.

The tables below (Tables A12A-A12B) estimate the total annual cost to the respondents for all activities. Respondents are divided into two groups: general public (individuals or households) and healthcare and specialty audiences. The specific audience for any activity under this package cannot be predetermined

because each will be dictated by the parameters of the individual surveys or set of focus groups or interviews. However, it is anticipated that most surveys will be conducted among broad segments of the American public (individuals), most in-depth interviews will be conducted among healthcare providers or other narrower or harder-to-reach audiences and focus groups will be split between the two types.

The table assumes the following activities in a given year for this package: 10 online surveys of 1,000 respondents (general public); 6 sets of 12 in-depth interviews (healthcare and specialty audiences), and 6 sets of 12 focus groups [split between the general public (3 sets) and healthcare and specialty audiences (3 sets)]. Focus groups assume 8 participants per group. Additionally, the table assumes 10 possible respondents will be screened for every 1 qualifying participant.

Table A12A. Estimated Annualized Burden Hours

Type of Collection	Type of Respondent	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours
RMT_Online survey (Attachment 4a)	General Public	10,000	1	10/60	1,667
RMT_Screening (In-depth interview and focus groups) (Attachment 3)	General Public	2,880	1	5/60	240
	Healthcare and specialty audiences	3600	1	5/60	300
RMT_Online focus groups (Attachment 4b)	General Public	288	1	2	576
	Healthcare and specialty audiences	288	1	2	576
RMT_Online in-depth interviews (Attachment 4c)	Healthcare and specialty audiences	72	1	1	72
Total		17,128	-	-	3,431

According to the U.S. Bureau of Labor Statistics (BLS) May 2024 National Occupational Employment and Wage Estimates,[3] the average hourly wage for all occupations is $32.66. This amount has been used to calculate cost of participation for the general public audience. The same BLS source shows the

3 U.S. Bureau of Labor Statistics, https://www.bls.gov/oes/current/oes_nat.htm#29-0000.

average hourly wage for “healthcare practitioners and technical occupations” is $50.59; this has been used to calculate the cost of participation for the healthcare and specialty audiences. The total annualized burden cost is estimated at $129,054.10 per year.

B. Estimated Annualized Burden Costs

Table A12B. Estimated Annualized Burden Costs

Type of Collection	Respondent Type	Total Burden Hours	Hourly Wage	Total Respondents Costs
RMT_Online survey (Attachment 4a)	General public	1,667	$32.66	$54,444.22
RMT_Screening (In-depth interview and focus groups) (Attachment 3)	General public	240	$32.66	$7,838.40
	Healthcare and specialty audiences	300	$50.59	$15,177.00
RMT_Online focus groups (Attachment 4b)	General public	576	$32.66	$18,812.16
	Healthcare and specialty audiences	576	$50.59	$29,139.84
RMT_Online in-depth interviews (Attachment 4c)	Healthcare and specialty audiences	72	$50.59	$3,642.48
Total	-	3,431	-	$129,054.10

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

There are no costs to respondents other than their time to participate.

14. Annualized Cost to the Government

The average estimated annual cost to the Federal government for conducting the message testing activities proposed in Table A12B is $1,103,628. This total cost includes approximately $1,020,000 for contractual costs of vendors performing work on behalf of CDC (e.g., design of activities, data collection, analysis, and reporting), and $83,628 for personnel costs for Federal employees involved in project oversight activities. These costs are based on estimates of both direct expenses incurred (recruitment, incentives, survey or focus group platform hosting, transcription services) and hours of professional time incurred by vendors such as Weber Shandwick and KRC Research which are under contract with NCEZID and may perform much of these data collection activities.

Table A14. Annualized Cost to the Government

Cost Category	Est. Annualized Contractual Costs	Est. Annualized Federal Personnel Costs	Est. Annualized Total Costs
Online surveys: general public *(10 surveys of 1,000 individual)*	$261,000	$33,451 *24 hours per GS14 staff x 10 Surveys*	$294,451
In-depth interviews: healthcare & specialty audiences *(6 sets of 12 interviews)*	$226,000	$20,071 *24 hours per GS14 staff X 6 IDIs*	$246,071
Focus groups: healthcare and specialty audiences *(3 sets of 12 groups)*	$317,000	$15,053 *36 hours per GS14 staff X 3 FGs*	$332,053
Focus groups: general public *(3 sets of 12 groups)*	$216,000	$15,053 *36 hours per GS14 staff X 3 FGs*	$231,053
Total	$1,020,000	$83,628	$1,103,628

Oversight and review of all materials and reports will be conducted by two federal government employees who are co-leading the project. Both are GS-14 health communication specialists. Their work will include providing oversight to KRC Research and guidance and support for NCEZID staff who are conducting surveys, interviews, and focus groups. The estimate includes 20 hours for Health communication specialist 1 and 24 hours for Health Communication Specialist 2. Estimated cost is tabulated based on these two employees' current hourly wages (locality-adjusted GS pay table for Atlanta-area workers).

Health Communication Specialist 1: $76.56/hour

Health Communication Specialist 2: $62.82/hour

- 24h x $139.38 (combined hourlys for 2 FTEs) = $3,345.12 X 10 surveys = $33,451.20
- 24h x $139.38 (combined hourlys for 2 FTEs) = $3,345.12 X 6 IDIs = $20,070.72
- 36h x $139.38 (combined hourlys for 2 FTEs) = $5,017.68 X 3 FGs = $15,053.04
- 36h x $139.38 (combined hourlys for 2 FTEs) = $5,017.68 X 3 FGs = $15,053.04
  TOTAL: $83,628

15. Explanation for Program Changes or Adjustments

This is a Reinstatement of a Generic information collection request (ICR). Changes have been made to the sex and race/ethnicity questions to align with recent Executive Orders and updated federal guidance.

16. Plans for Tabulation and Publication and Project Time Schedule

A. Project Time Schedule

Survey data will be tabulated into crosstab data files for easy interpretation of results. Qualitative data will be transcribed for analysis. As needed, qualitative coding may be implemented to assist in extracting themes from transcripts.

Project timelines will vary, depending on the program requirements and the program itself. Message testing ordinarily requires at least one to two weeks to organize, and at least one to two weeks to implement. Timing may vary by methodology and complexity of audience recruitment.

B. Publication

There are no imminent plans to publish results from collections under this package. There are two main reasons for this. First, objectives: it is not a primary goal of this System to collect data that is useful for the public in and of itself; rather, data collected are useful primarily to inform NCEZID decision making about the development and refinement of health promotion communications and associated activities. Second, methodology: the data collections under this package are largely not generalizable to larger populations in a statistically representative way. Although care will be taken to ensure that sampled participants meet the criteria for the audiences in question, many of the data collections will be qualitative (and thus not generalizable) or quantitative but based on rapid convenience sampling methods from online panels. Such results are intended to be directional only.

However, NCEZID may wish to publish or reference some results, with appropriate context, in reports about communications approaches, best practices, or lessons learned that may be of interest to other professionals within and outside of CDC. Should this be the case, the package submitted for that data collection should describe this intent and describe the limitations of the data and its generalizability. These same limitations must be referenced clearly in any publication.

If a data collection *is* intended to be generalized (unlikely), additional details on an appropriate rigorous methodological approach must be included as part of the submission under this umbrella.

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

The display of the OMB Expiration date is not inappropriate.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.

Attachments

Attachment 1: Authorizing Legislation

Attachment 2: Published 60-Day FRN

Attachment 3: Screening and Recruitment Question Bank

Attachment 4A: Surveys Message and Content Testing Bank

Attachment 4B: Focus Groups Message and Content Testing Bank

Attachment 4C: In-Depth Interviews Message and Content Testing Bank

Attachment 5: Interview and Focus Group Consent Form

Attachment 6: Privacy Impact Assessment

Attachment 7: Human Subjects Determination

Attachment 8: Rapid Message Testing & Development System Expedited Review Form