

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0920-0919)

TITLE OF INFORMATION COLLECTION: Pilot Messaging Campaign Follow-up Survey

PURPOSE:

The National Center on Birth Defects and Developmental Disabilities (NCBDDD) has developed a pilot messaging campaign to send short health-related video messages via Multimedia Messaging Service (MMS) to subscribers’ mobile phones. This pilot campaign will send a short video message to NCBDDD’s disability partners promoting vaccination of children with neurological conditions against the flu. The follow-up survey, administered via Survey Monkey, is designed to evaluate the quality of this video message in content, style and delivery. The survey is designed to be easy to use and easy to access. Feedback will be used to improve future messaging campaign strategy.

DESCRIPTION OF RESPONDENTS:

The respondents will be voluntary subscribers to this messaging service from the Association of University Centers on Disability’s (AUCD’s) Health and Disability Special Interest Group. Completion of this survey will be voluntary. The Health and Disability Special Interest Group has approximately 50-65 members at any given time, and based on informal preliminary interest, CDC anticipates about half of these individuals to respond to the survey. We will blast an email message with an embedded link to the survey to the group through an intermediary at AUCD and all will be eligible to participate.

TYPE OF COLLECTION: (Check one)

- | | |
|---|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form | <input checked="" type="checkbox"/> Customer Satisfaction Survey |
| <input checked="" type="checkbox"/> Usability Testing (e.g., Website or Software) | <input type="checkbox"/> Small Discussion Group |
| <input type="checkbox"/> Focus Group | <input type="checkbox"/> Other: _____ |

CERTIFICATION:

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
6. The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.

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To assist review, please provide answers to the following question:

Personally Identifiable Information:

- 1. Is personally identifiable information (PII) collected? Yes No
- 2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? Yes No
- 3. If Applicable, has a System or Records Notice been published? Yes No

Gifts or Payments:

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? Yes No

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden
Private sector: AUCD Health and Disability SIG member	65	5/60	5
Totals	65		5

FEDERAL COST: The estimated annual cost to the Federal government is \$400.

If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:

The selection of your targeted respondents

- 1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe?
 Yes No

If the answer is yes, please provide a description of both below (or attach the sampling plan)? If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?

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We do not have a roster of AUCD’s Disability and Health SIG. We will blast an email message with an embedded link to the survey to the group through an intermediary at AUCD and all will be eligible to participate. In this email, respondents will be informed that their participation is strictly voluntary. The only information in identifiable form (IIF) that will be obtained are the participants’ phone numbers for registering for the service. This IIF will be maintained at the

focus group facility in its proprietary files. These personal identifiers will not be linked to survey data transmitted to CDC.

Administration of the Instrument

1. How will you collect the information? (Check all that apply)
 - Web-based or other forms of Social Media
 - Telephone
 - In-person
 - Mail
 - Other, Explain
2. Will interviewers or facilitators be used? Yes No

Please make sure that all instruments, instructions, and scripts are submitted with the request.