## Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0920-0956)

**TITLE OF INFORMATION COLLECTION:** Solve the Outbreak Mobile Application Survey

**PURPOSE:**

“Solve the Outbreak” is a new way to learn about epidemiology and public health. It’s a free, interactive app that lets you take on the role of an EIS officer, also known as a Disease Detective. In the real world, CDC’s EIS officers are on the front lines, investigating new outbreaks wherever they occur. In the app, users have to figure out what disease they’re dealing with and how the outbreak started.

We see mobile devices as a growing arena to engage people on health topics. We also know that younger audiences are interested in apps, and began to look at ways the app could help CDC reach its educational goals. There has always been great interest in CDC’s disease detectives, and the apps space seemed like a perfect match for developing engaging, interactive ways to learn about science, epidemiology, and how disease detectives solve outbreaks. By taking educational health information and putting it in the context of an interactive app, it’s our hope that we’ll increase overall knowledge and interest in health, science, and epidemiology, especially among teens and young adults.

The Solve the Outbreak survey is administered via a push notification on a user’s mobile device. The push notification will link to a webpage so users can complete the survey. The information collected from our users will help ensure that users have an effective and satisfying experience with the application. This feedback will provide insights into our user’s perceptions, experiences and expectations of the app. These collections will allow for ongoing, collaborative and actionable communications between the Agency and the app users. It will also allow feedback to contribute directly to the improvement of the app.

**DESCRIPTION OF RESPONDENTS**:

This is a voluntary survey, participants generally fall into the following groups: individuals interested in public health, students, teachers and educators, public health professionals, scientists and researchers, or healthcare providers.

**TYPE OF COLLECTION:** (Check one)

[ ] Customer Comment Card/Complaint Form [X] Customer Satisfaction Survey

[ ] Usability Testing (e.g., Website or Software [ ] Small Discussion Group

[ ] Focus Group [ ] 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.

Name:\_\_\_\_Sharon McAleer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected? [ ] Yes [X] No
2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? [ ] Yes [X] 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 [X] No

**BURDEN HOURS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of Respondent**  | **No. of Respondents** | **Participation Time** | **Burden** |
| General Consumer | 500 | 5/60 | 42hours |
| **Totals** | **500** |  | **42Hours** |

**FEDERAL COST:** The estimated annual cost to the Federal government is \_\_\_$3,610\_\_\_\_\_\_\_\_\_

**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 [X] 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?

* It is voluntary. Whoever chooses to click on the feedback tab has the option to take the survey or decline it.

**Administration of the Instrument**

1. How will you collect the information? (Check all that apply)

[X] Web-based or other forms of Social Media

[ ] Telephone

[ ] In-person

[ ] Mail

[ ] Other, Explain

1. Will interviewers or facilitators be used? [ ] Yes [X] No