

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

TITLE OF INFORMATION COLLECTION: CDC Digital Health Tools Evaluation

PURPOSE:

The Digital Media Branch (DMB) in conjunction with FDA/CTP has developed digital health tools that include syndicated and interactive content related to teen tobacco use and smoking cessation. These tools will be released within the next few months and will provide an interactive experience for the user by providing them with up-to-date content that has been syndicated and curated for this purpose.

We would like to evaluate the digital health tools to determine the following: 1) Do end users prefer digital health resources that are syndicated and curated over digital health resources that lack these qualities? 2) Do syndicated and curated digital health resources have a greater audience engagement and impact over digital health resources that lack syndicated and curated qualities?

We would like to test the working digital products in their early stage of distribution to see if they meet audience needs and allow users to find public health information quickly and efficiently.

For more information on the protocol for administering the usability test, as well as the additional documentation provided please refer to attachment **A-PROTOCOL-**

List of Attachments

1. A-Protocol
2. B-Survey questions
3. C-Survey question screen shots
4. D-Digital health tools screen shots

DESCRIPTION OF RESPONDENTS:

This is a voluntary survey, participants will fall into the following category:

- Individuals

TYPE OF COLLECTION: (Check one)

- | | |
|---|---|
| ☐ Customer Comment Card/Complaint Form | ☐ 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: Carol Y. Crawford

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, will any information that is collected be included in records that are subject to the Privacy Act of 1974? [] Yes [x] No
3. If Yes, has an up-to-date System of Records Notice (SORN) been published? [] Yes [x] No

Gifts or Payments:

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

CDC is not directly offering an incentive to participants for their participation. However, CDC plans to contract with a company to recruit participants. CDC hasn't specified remuneration; however, the contractor may remunerate in order to get a broad range of participants. If they do, CDC will not be directing them to do so.

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden
Individuals	500	25/60	208
Totals	500		208

FEDERAL COST: The estimated annual cost to the Federal government is \$100,000 for the entire 1 time study.

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?

CDC plans to contract with a company to recruit participants. We have instructed the contracting company to identify

- o 500 general consumers

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.

Attachments are:

- Attachment A - CDC Digital Tools Survey Protocol
- Attachment B – Digital health tools survey questions
- Attachment C – Survey screen shots
- Attachment D – Digital health tools screen shots

Instructions for completing Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback”

TITLE OF INFORMATION COLLECTION: Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback on xxxx)

PURPOSE: Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

DESCRIPTION OF RESPONDENTS: Provide a brief description of the targeted group or groups for this collection of information. These groups must have experience with the program.

TYPE OF COLLECTION: Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

CERTIFICATION: Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

Personally Identifiable Information: Provide answers to the questions. Note: Agencies should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective.

Gifts or Payments: If you answer yes to the question, please describe the incentive and provide a justification for the amount.

BURDEN HOURS:

Category of Respondents: Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households; (2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected per row.

No. of Respondents: Provide an estimate of the Number of Respondents.

Participation Time: Provide an estimate of the amount of time (in minutes) required for a respondent to participate (e.g. fill out a survey or participate in a focus group)

Burden: Provide the Annual burden hours: Multiply the Number of Respondents and the Participation Time then divide by 60.

FEDERAL COST: Provide an estimate of the annual cost to the Federal government.

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. Please provide a description of how you plan to identify your potential group of respondents and how you will select them. If the answer is yes, to the first question, you may provide the sampling plan in an attachment.

Administration of the Instrument: Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g. for surveys) or facilitators (e.g., for focus groups) used.

Submit all instruments, instructions, and scripts are submitted with the request.