

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0920-1071)

TITLE OF INFORMATION COLLECTION: Formative Evaluation of CDC Autocidal Gravid Traps in Puerto Rico

PURPOSE: One of the interventions designed to control *Aedes aegypti* and reduce risk of exposure to viruses that *Aedes aegypti* transmits (including chikungunya, dengue, and Zika) is the Centers for Disease Control and Prevention’s autocidal gravid trap (CDC-AGO). The trap is designed to attract and capture gravid female mosquitoes on a sticky substrate so that it not only reduces the survival of adult mosquitoes, but also keeps the female from producing offspring. Preliminary findings from a study in Puerto Rico indicated that “Lower incidence of chikungunya virus infection in the intervention compared with nonintervention communities occurred in the context of tenfold lower mosquito densities in the intervention areas with AGO traps. These preliminary findings suggest AGO traps might reduce virus transmission by reducing mosquito density.” (*MMWR*, 2016). Efforts are underway to purchase and place AGO traps in selected communities in Puerto Rico. However, since these traps are new and unfamiliar to most people and there are misconceptions about the types of interventions being used, it is important to learn the perceptions and perspectives of community members about the CDC-AGO trap.

This project proposes to conduct up to 6 focus group discussions (FGDs) with 8-10 participants in each discussion in Caguas, Puerto Rico, where the AGO traps may be distributed initially.

The goal of this project is to obtain feedback from participants in Caguas where the AGO traps may be distributed initially. It is vital to ensure that proposed distribution is acceptable to households to ensure that people will use them. The feedback received from participants will allow CDC to determine the acceptability as well as sustainability of the AGOs.

DESCRIPTION OF RESPONDENTS: Adults living in the neighborhoods where the AGO traps will ultimately be placed.

TYPE OF COLLECTION: (Check one)

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

Name: Lee Samuel

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. Participants will receive a \$15 token of appreciation.

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden
Adults (>18 years old) living in Caguas, Puerto Rico	60	1 hour	60 hours
Totals			60 hours

FEDERAL COST: The estimated annual cost to the Federal government is \$16,576.80.

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?

The vector team is working with community/neighborhood organizations and local municipality employees to identify adults living in the neighborhoods where the traps will likely be placed. The only eligibility requirement is being an adult residing in specific communities where AGO traps will be initially placed.

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.

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.

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.

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

Participation Time: Provide an estimate of the amount of time 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 responses and the participation time and 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.

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