

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

TITLE OF INFORMATION COLLECTION: Assessment of Pilot CDC Zika Text Message Service

PURPOSE: The purpose of this data collection is to understand users’ experiences with and attitudes toward the pilot CDC Zika Text Message Service to determine the feasibility, accessibility, and acceptability of this new system. Information will be used to enhance the system for broader implementation for Zika messaging and other public health emergencies.

DESCRIPTION OF RESPONDENTS: Individuals who are planning to travel internationally and who opt in to use the CDC Zika Text Message Service will be invited to participate in the data collection.

TYPE OF COLLECTION: (Check one)

- | | |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form | <input checked="" type="checkbox"/> Customer Satisfaction Survey |
| <input 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.

Name: Stefanie Erskine, Heather Joseph and Alicia May

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
International Travelers	1,000	5/60	84 hours
Totals			84 hours

FEDERAL COST: The only cost to the federal government is staff time.

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?

GovD will collect metrics related to the number of people who opt in and out of the service, the number of messages sent, and the keywords used to opt in. Initial phone number data will be de-identified. The text message system will make visible only the subscribers' area codes. CDC will have access to these metrics and aggregate data through daily reports and access to a metric dashboard site. Spanish responses will be translated into English and will be analyzed and stored with the English data. In addition, CDC will survey users to determine the content and usability of the system. Evaluators from CDC will not have access to subscriber area codes through the survey but will collect zip codes within the survey. At no time will PII be collected.

Individuals that subscribe to the text messaging service and are traveling to a country with local Zika virus transmission will be eligible and invited to complete the survey. People who are traveling to non-Zika countries will not receive a survey invitation. The invitation will come through in the form of a link within a Zika prevention text message. Users will be allowed to complete the survey one time during their entire course of receiving Zika text messages. Therefore, if a user completes the survey during the pre-travel phase they will not be allowed to complete it again even though they will receive a survey link during the trip, post-travel phase and pilot termination. CDC will include the survey link in a total of 4 messages, one each during the pre-travel, travel, and post-travel message sequences and one when the text message service pilot is terminated. These placements give subscribers multiple opportunities to complete the survey and allow CDC to solicit feedback from subscribers that opt out of the service and received a survey link but did not complete it. For example, users who subscribe to the service during the planning stage of their trip will receive 3 messages related to pre-travel Zika prevention. These subscribers will receive a link to complete the CDC survey as part of the last pre-travel text message, as the survey does not have identifiers, it is not possible to systematically prevent multiple survey completions. However, a screener question within the survey will either prevent the subscriber from completing the survey a second time or allow the

respondent to continue. Survey recipients have the option to complete the survey on their cell phones or online (if they copy the link into a web browser). We expect to receive approximately 100 surveys per month over the duration of the 6 month pilot.

The text message survey will be hosted on a CDC-external web-based site, Survey Monkey. Only CDC evaluation staff will have access to Survey Monkey to create, edit, and manage the surveys and analyze the subsequent responses. All data, from the GovD dashboard and surveys, will not have identifiers.

Data from the Zika text message service will be transferred to CDC and stored on CDC servers incrementally. As long as CDC enterprise is a client of GovD, GovD will store data pertaining to the text message service. When the relationship between CDC enterprise and GovD ends, GovD will deactivate the text message service account, effectively eliminating CDC and GovD data access. GovD will then purge the text message service data according to its existing data management plan. If the relationship continues, the data is stored indefinitely.

Administration of the Instrument

1. How will you collect the information? (Check all that apply)
 - Web-based or other forms of Social Media
 - Telephone (text)
 - 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.