Request for Approval under the Generic Clearance "CDC I-Catalyst Program" (OMB Control Number: 0920-1158)

TITLE OF INFORMATION COLLECTION: NCEZID COMMUNITY-BASED MOSQUITO SURVEILLANCE - MHPS

PURPOSE: CDC has provided funding and technical assistance in the development of a surveillance, education, and community engagement app called Kidenga (http://Kidenga.org), launched in the fall of 2016, to help prevent and control the spread of Aedes mosquito-borne diseases like Zika, dengue, and chikungunya in US-Mexico border communities. Developing a flexible and responsive framework for neighborhood-level environmental management is paramount to controlling mosquito populations, and without significant community engagement, mosquito control programs have often failed. The Health Belief Model suggests that 'cues to action', in conjunction with other factors can improve the chances of the recipient of the cue performing health behaviors. In a survey conducted by partners at the Arizona Department of State Health Services, participants ranked targeted weather-based alerts of mosquito risk as a top feature that would motivate them to use the Kidenga app regularly, and over 70% of pregnant women surveyed reported interest in such weather-based alerts. Therefore, the CDC Kidenga team seeks to explore potential solutions for better engaging pregnant women and their families in mosquito-control in their environments through the Kidenga app. With this innovation, pregnant women, their families, and ultimately the communities using this app may improve their capacity to take action in mosquito control at the most critical risk periods.

Therefore, to succeed in building useful app features for pregnant women, and maternal health providers, the Kidenga team seeks to talk with Maternal Child Health providers to better understand the end-user, the problem, and the appropriate solutions. Ultimately, the team aims to develop an innovative, low-resource approach to facilitate improved community engagement in mosquito control.

DESCRIPTION OF RESPONDENTS:

Populations and customers to be interviewed include clinical and non-clinical Maternal-Child Health providers (physicians, Doulas, Community Healthcare Workers, Promatoras).

| 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 | [x] Other: one-on-one interviews |

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 <u>not</u> raise issues of concern to other federal agencies.
- 4. The results are <u>not</u> intended to be disseminated to the public.
- 5. Information gathered will not be used for the purpose of <u>substantially</u> informing <u>influential</u> 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: <u>Juliana K. Cyril; Director -Office of Technology and Innovation - OADS CDC</u> Team Lead - <u>Alba Phippard, NCEZID</u>

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 [X] N/A

Gifts or Payments:

| Is an incentive (e.g., m | oney or reimbursement of ex | cpenses, token of ap | preciation) provided to |
|--------------------------|-----------------------------|----------------------|-------------------------|
| participants? [] Yes [] | X] No | | |

BURDEN HOURS

| Type of Respondents | Form Name | No. of Respondents | No. of Responses per Respondent | Avg. Burden per Response (in hrs.) | Total Burden (in hrs.) |
|------------------------------------|--------------------|-----------------------|------------------------------------|--|------------------------------|
| Mataural Child | 1 | 50 | 4 | 00//0 | 0.5 |
| Maternal-Child Health providers | Interview Guide | 50 | 1 | 30/60 | 25 |
| Total | | | | | 25 |