Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB Control Number: XXXX-YYYY)

Instruction: This form should be completed by the primary contact person from the Program sponsoring the collection.

DETERMINE IF YOUR COLLECTION IS APPROPRIATE FOR THIS GENERIC CLEARANCE MECHANISM:

Instruction: Before completing and submitting this form, determine first if the proposed collection is consistent with the scope of the Collection of Routine Customer Feedback generic clearance mechanism. To determine the appropriateness of using the Collection of Routine Customer Feedback generic clearance mechanism, complete the checklist below.

*If you select "yes" to all criteria in Column A, the Collection of Routine Customer Feedback generic clearance mechanism **can** be used. If you select "yes" to any criterion in Column B, the Collection of Routine Customer Feedback generic clearance mechanism **cannot** be used.*

Column A	**Column B**
The information gathered will only be used internally to CDC. [X] Yes [ ] No	Information gathered will be publicly released or published. [ ] Yes [X] No
Data is qualitative in nature and not generalizable to people from whom data was not collected. [X] Yes [ ] No	Employs quantitative study design (e.g. those that rely on probability design or experimental methods) [ ] Yes [X] No
There are no sensitive questions within this collection (e.g. sexual orientation, gender identity). [X] Yes [ ] No	Sensitive questions will be asked (e.g. sexual orientation, gender identity). [ ] Yes [X] No
Collection does not raise issues of concern to any other Federal agencies. [X] Yes [ ] No	Other Federal agencies may have equities or concerns regarding this collection. [ ] Yes [X] No
Data collection is focused on determining ways to improve delivery of services to customers of a current CDC program. [X] Yes [ ] No	Data will be used to inform programmatic or budgetary decisions, for the purpose of program evaluation, for surveillance, for program needs assessment, or for research. [ ] Yes [X] No
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. [X] Yes [ ] No	

Did you select "Yes" to all criteria in Column A?

> If yes, the *Collection of Routine Customer Feedback* generic clearance mechanism may be appropriate for your investigation. You may proceed with this form.

Did you select "Yes" to any criterion in Column B?

> If yes, the *Collection of Routine Customer Feedback* generic clearance mechanism is **NOT** appropriate for your investigation. Stop completing this form now.

TITLE OF INFORMATION COLLECTION: App and Web Usability Study for CDC's STD Treatment Guidelines

PURPOSE:

The results of this information collection will contribute to CDC's Division of STD Prevention's (DSTDP) efforts to provide clinicians with quick and current STD treatment information. At present, DSTDP shares updated treatment guidelines with the public through the STD Treatment Guidelines Mobile Application (STD Treatment Guidelines App) and Website (STD Treatment Guidelines Site). The application is meant for quick clinical support, while the website provides in depth guidance and resources. The STD Treatment Guidelines will be updated in 2020. In preparation for the 2020 release's new content and design, DSTDP staff would like to conduct usability assessments with care providers who encounter STD's in their practice. DSTDP is tasking CDC's Informatics Innovation Unit with usability testing of the app and website guidelines. The goal of the study is to receive feedback on content, page layout, plain language, information architecture, findability, navigation flow, and overall usability of DSTDP's STD Treatment Guidelines application and website.

DESCRIPTION OF RESPONDENTS:

Respondents will include 45 care providers who encounter STD's in various clinical settings. Respondents will be required to speak and understand English and must be 18 years or older.

The following criteria will be used to select care providers:

- Falls into one of the following categories, in order of priority:
    1. Primary care (Medical Doctors—MDs, Nurse Practitioners—NPs, Physician Assistants—PAs)
    2. OB/GYN (MDs, NPs, PAs)
    3. Emergency rooms/urgent care (MDs, NPs, PAs)
    4. Pediatrics/adolescent medicine (MDs, NPs, PAs)
    5. STD specialty clinic providers (MDs, NPs, PAs)
    6. Dermatologists (important, but don't treat a lot of STDs)
- Years of experience (a range of experience will be represented)
- Preference will be given to 2015 STD Treatment Guidelines app users
    1. Devices used (a fairly even split of Android and iOS)

TYPE OF COLLECTION: (Check one)
Instruction: Please sparingly use the Other category

[ ] Customer Comment Card/Complaint Form
[X] Usability Testing (e.g., Website or Software
[ ] Focus Group
[ ] Customer Satisfaction Survey
[ ] Small Discussion 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.

Name:_____

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

Personally Identifiable Information:

1. Is personally identifiable information (PII) collected? [X] 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 [X] No
3. If Applicable, has a System or Records Notice 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

If Yes: Please describe the incentive. If amounts are outside of customary incentives, please also provide a justification

BURDEN HOURS

Category of Respondent	**No. of Respondents**	**Participation Time**	**Burden**
Health care providers: remote interviews	45	30 minutes	22.5 hours
Totals	**45**	30	**22.5**

FEDERAL COST: The estimated annual cost to the Federal government is $ 3,795.19.
This estimate includes: FTE's and fellows to draft the protocol, recruit participants, conduct the usability interviews, analyze the results from the interviews, and write a report for CDC's DSTDP team.

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?

[X] Yes [ ] No

If Yes: Please provide a description of both below (or attach the sampling plan)
If No: Please provide a description of how you plan to identify your potential group of respondents and how you will select them or ask them to self-select/volunteer

There is no official list of names or customers. However, IIU and DSTDP will recruit respondents using the methods below:

- Send out a mobile push notifications to all current STD Tx Guide app users asking for volunteers to provide feedback. Once users click on the notification it will forward them to a landing page where they can submit their contact information.
- Send an email blast to registered National STD Curriculum team. The email will consist of a link that forwards respondents to a landing page where they can submit their contact information.
- Create a static banner on the STD Treatment Guidelines web site asking for volunteers to provide feedback. Once users click on the banner it will forward them to a landing page where they can submit their contact information.

100% of respondents will provide their contact information and answer 5 screener questions through the landing page located: https://www.philab.cdc.gov/index.php/feedback/. IIU will contact users who fall into the desired criteria and schedule an interview.

Administration of the Instrument

1. How will you collect the information? (Check all that apply)
   [X] Web-based or other forms of Social Media
   [X] Telephone
   [ ] In-person
   [ ] Mail
   [ ] Other, Explain
2. Will interviewers or facilitators be used? [X] Yes [ ] No

IIU will conduct 45 remote interviews, each lasting approximately 30 minutes (Attachment A). The interviews will be conducted using Skype for Business over the computer or phone. The goal is to be able to interact and share screens remotely through Skype's web-based tool. However, if the participants do not have access to a computer, the interview will be held over the phone using the dial in number provided through the Skype meeting invite. An interviewer and a note taker will be present for the full duration. The respondents will consist of health professionals. The number of each respondent type will be as follows:

Remote Interviews

3. Health Care Providers: n=45
   a. Devices: n=23 iOS n=22 Android
   b. Desktops: n=45

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 concise 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 concise 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. The 'Other' category should be used only in the contexts in which the provided categories cannot reasonably apply.

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: As a general matter, incentives are not appropriate for customer service collections; however, incentives may be appropriate for focus groups or in-depth usability studies, especially when participants must travel to a site to participate. In the latter circumstance, the incentive should include travel costs. Customary incentives for focus groups in the Federal government are $40 for a one-hour interview and $75 for a 90-minute focus group. If you answer yes to the question, please describe the incentive and provide a justification for amounts other than those cited above; justifications should be limited to Federal studies of a similar design and subpopulation.

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.

<u>If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:</u>

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.