## Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0920-1050)

**TITLE OF INFORMATION COLLECTION:** CDC Taxonomy Testing

**PURPOSE:**

The Office of the Associate Director for Communication’s (OADC) Division of Digital Media (DDM) has oversight for CDC’s digital communication including websites and has also served as the COVID response JIC Web Team and JIC Social Media team. DDM maintains the CDC.gov taxonomy to which all CDC.gov websites must adhere. The taxonomy provides a common structure to support content and navigation so CDC websites are organized for an optimal experience across CDC sites. CDC is creating its first comprehensive taxonomy

Taxonomy is key to CDC visitors finding health information on the website and it is vital that the website navigation continues to be easy and intuitive for our visitors. In order to ensure the success of finding important CDC health content via the new CDC taxonomy, we need to ask taxonomy-related questions on a variety of CDC websites so we can observe navigational behavior and website impressions across numerous topic websites within CDC. The information collected from participants will help ensure that CDC.gov website visitors can successfully use the new CDC taxonomy across all CDC websites.

Sessions will be conducted the Fall of 2022 through the Summer of 2023 as needed and based on participant availability. Each session will last about 15 minutes and will be conducted remotely using web-based tools. A participant can only participate once.

For additional information please refer to the following:

**List of Attachments**

1. A-Fast Track Form (this form)
2. B-PRA – Part 2
3. C-Testing Plan
4. D-Consent Form
5. E-Instructions
6. F-Activities

**DESCRIPTION OF RESPONDENTS**:

Participation in this usability test is voluntary. Participants will be selected from lists of CDC contacts including states and partners to CDC programs and include Healthcare Providers (nurses, clinicians, etc.,) Public Health Professionals, and members of the General Public.

**TYPE OF COLLECTION:** (Check one)

[ ] Customer Comment Card/Complaint Form [ ] Customer Satisfaction Survey

[X] Usability Testing (e.g., Website or Software) [ ] Small Discussion Group

[ ] Focus Group

[X ] Other: \_\_\_Tree and Card Sort activities\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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: Catherine Jamal (Catherine Kellam)

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

**BURDEN HOURS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of Respondent** | **No. of Respondents** | **Participation Time** | **Burden** |
| Healthcare Providers (nurses, clinicians, etc.,) Public Health Professionals, and General Public | 300 | 15 | 4500 minutes / 75 hours |
| **Totals** | **300** | **15** | **4500 minutes / 75 hours** |

**FEDERAL COST:** The estimated annual cost to the Federal government is **$2,400.**

**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**

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 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?

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**Administration of the Instrument**

1. How will you collect the information? (Check all that apply)

[x] Web-based or other forms of Social Media

[ ] Telephone

[ ] In-person

[ ] Mail

[ ] Other, Explain

1. Will interviewers or facilitators be used? [] Yes [ X] No