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

TITLE OF INFORMATION COLLECTION: StopAnthrax™ Text Messaging Program Jurisdictional Pilot Test – User Satisfaction Feedback Collection

PURPOSE:

The Centers for Disease Control and Prevention (CDC) Healthcare Preparedness Activity (HPA), in collaboration with the Oak Ridge Associated Universities (ORAU) Oak Ridge Institute for Science and Education (ORISE), developed the StopAnthrax™ text messaging program (hereafter referred to as StopAnthrax™) to be activated following an anthrax incident in the United States.

StopAnthrax™ is a stand-alone text messaging program designed for adults to participate using their cellular phone. StopAnthrax™ uses interactive bi-directional tailored text messages for adults, parents, and pregnant women who have been given Strategic National Stockpile medical countermeasures (MCMs) for postexposure prophylaxis (PEP) of anthrax. These MCMs include amoxicillin, ciprofloxacin, doxycycline, and Anthrax Vaccine Adsorbed (AVA).

Representatives from Wisconsin and Illinois Health Departments will be incorporating StopAnthrax™ into their upcoming full-scale points of dispensing (POD) exercises for an anthrax incident. The purpose of this proposed information collection is to collect user feedback from exercise participants about the StopAnthrax™ program in order to improve the program.

The information collection goals are to

1. Identify potential issues or barriers to enrolling in StopAnthrax™ from a user's (local health department and participant) perspective.
2. Identify potential issues or barriers to participating in StopAnthrax™ from a user's perspective.
3. Collect users' opinions on StopAnthrax™ messaging.

Please see accompanying document *StopAnthrax™ Jurisdictional Pilot Test - Information Collection Procedures* for additional background information about the larger initiative of the StopAnthrax™ program and how it relates to the proposed information collection request.

DESCRIPTION OF RESPONDENTS:

The Centers for Disease Control and Prevention's (CDC) Healthcare Preparedness Activity (HPA) and Oak Ridge Associated Universities (ORAU) worked with Division of State and Local Readiness (DSLR) Project Officers to identify jurisdictions (city, region, state, territory, or tribe) incorporating the StopAnthrax™ program into their existing exercises who were willing to also incorporate the information collection into their existing full-scale Point of Dispensing (POD) exercises.

The information will be collected from participants of each jurisdiction's exercise as well as jurisdictional planning committee members and participating local health departments' exercise staff involved in the implementation of the StopAnthrax™ pilot test.

Respondents may include first responders, health department and hospital staff, Medical Reserve Corps volunteers, and volunteers from the general public.

TYPE OF COLLECTION: (Check one)

[ ] 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.
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: Dahna Batts

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 [ ] 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
(1) Individuals and Households	160	1	160
(2) Private Sector	500	1	500

(3) State Local or Tribal Governments	40	1	40
Totals			**700 hours**

FEDERAL COST: The estimated annual cost to the Federal government is $21,374.88. This cost is included in the subcontract with ORAU and consists of designing, implementing, and evaluating the information collection.

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 [X] 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?

Please see accompanying document *StopAnthrax™ Jurisdictional Pilot Test - Information Collection Procedures* for a description of methods used to select respondents.

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
2. Will interviewers or facilitators be used? [X] 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.