

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0920-14UQ)

TITLE OF INFORMATION COLLECTION: Assessment Branch (AB) Partner Data
Assessment Project

PURPOSE:

CDC/NCIRD/ Immunization Services Division’s Assessment Branch (AB) is currently assessing the extent to which national, state, and local vaccination coverage data are accessible to support immunization awardees’ programmatic planning and implementation needs. The results from this assessment project will be used to update the current vaccination coverage data delivery mechanisms.

Vaccination coverage data collected by AB are necessary to evaluate Immunization Program activities and monitor distribution and use of vaccines. Data are collected for 56 Immunization Programs nationally, including all 50 states and six cities receiving immunization funding from CDC. State and local Immunization Programs use vaccination coverage data to identify segments of their service population that may not be fully vaccinated and are therefore at risk of acquiring and transmitting vaccine-preventable diseases. Some vaccination coverage data collected by AB are available in publications and online tables, however, these data are complex and often presented in highly technical formats. Immunization Program staff members without backgrounds in survey epidemiology or statistics may not easily understand these data. This lack of understanding may limit the ability of Immunization Programs to determine which segments of their population are in need of recommended vaccinations, deliver the needed vaccinations to these population segments, and encourage public acceptance of these vaccinations when offered.

AB will work with our primary Immunization Program audience to assess what data are currently used, how the data are accessed, and where there are gaps in data. Based on the results of this assessment, we will revise current data delivery mechanisms to ensure CDC’s partners have access to the necessary data to ensure Immunization Program success.

The project will be completed in an iterative process. The first step will assess the data needs of our primary audience, including Immunization Program Managers and Federal Assignees in state Immunization Programs as well as Communication Officers and Policy Officers in Health Departments, through key informant interviews. CDC will conduct 11 small group interviews to elicit open ended responses to inform us of awardees’ vaccination coverage data needs, analysis capacity, access issues, and technical assistance needs. The data collection instrument (Attachment A; Key Informant Interview Guide) was pilot-tested with one awardee to ensure the interview process is minimally burdensome to awardees and includes only necessary questions.

Initial findings will be used to develop a future online survey of Immunization Program awardees. Additionally, CDC will provide a summary of the information gathered to identified Immunization Program awardees that are directly affected by the CDC service. Any reference to this data will be reinforced by the understanding that the information gathered yields qualitative information and that the collections are not designed or expected to yield statistically reliable results. Additionally, they will not be used as though the results are generalizable to the population of study.

List of attachments:

A – Key Informant Interview Guide

- B – Interview Scheduling Email
- C – Interview Confirmation Email

DESCRIPTION OF RESPONDENTS:

The following individuals from a single awardee will be included in each of the key informant interview calls:

- Immunization and Vaccines for Children Cooperative Agreement Awardee Immunization Program Manager
- Communication Officer
- Policy Officer
- Federal Assignee to the awardee Immunization Program

If additional expertise is needed, the Immunization Program Manager would identify another person to participate. The projected respondents for this data collection include four respondents from one awardee who volunteered to pilot-test the data collection instrument and provide structured feedback.

TYPE OF COLLECTION: (Check one)

- | | |
|---|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form | <input type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software | <input checked="" 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: Stacie Greby (sig6)

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
(3) State, local, or tribal governments	54	50/60	45 hours
Totals	54	50/60	45 hours

FEDERAL COST: The estimated annual cost to the Federal government is \$4,563_____

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?

The universe of Immunization Program Managers (PM) is identified through the reporting requirements of CDC's Immunization and Vaccines for Children Program Cooperative Agreement. The communications, policy, and other immunization staff participating in the focus group will be identified by the PM.

Selection of awardees was stratified by the 10 CDC Immunization Project Officers (PO), with the intent of selecting one awardee for each PO at CDC Headquarters. Selection was then determined to ensure a mix of known factors such as Immunization Information System (IIS) capacity (strong to none), vaccination coverage by age group (high and mixed), Immunization Program capacity (e.g., high turnover, strong data use), and data reporting areas within the state. One awardee volunteered participation and assisted with the development of the interview guide through a pilot session and structured feedback.

PMs are asked to invite the Immunization Program or Health Department Communications Officer, Policy/Legislative Officer, and Federal Assignee to the call. The PM may invite one other participant if they feel they need that person's expertise on the call, e.g., an Immunization Program epidemiologist.

Administration of the Instrument

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

Attachments:

A – Key Informant Interview Guide

B – Interview Scheduling Email

C – Interview Confirmation Email

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.