

# **Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0920-1026)**

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**TITLE OF INFORMATION COLLECTION:** Satisfaction survey to solicit feedback on human papillomavirus (HPV) vaccination quarterly reports

**PURPOSE:**

CDC/NCIRD/Immunization Services Division (ISD) is currently assessing satisfaction with and utility of the human papillomavirus (HPV) vaccination quarterly reports to state and local immunization awardee programs. The quarterly reports are sent 4 times a year to immunization program managers and contain targeted data and recommendations for each immunization awardee as it relates to promoting HPV vaccination in their jurisdiction. Previous reports have focused on missed opportunities, the importance of the provider recommendation, and ACIP recommendations for use of the new nonavalent HPV vaccine. HPV quarterly report activities are authorized under the NCVIA at section 2102(a)(6) of the Public Health Service Act (42 U.S.C. 300aa-2(a)(6)). ISD will assess the extent to which program managers find the report to be useful, what circumstances they have used reports in, which data are most helpful, and whether there are any improvements that can be made to the reports. This information will be used by ISD staff to understand the ways in which the reports are used and will help staff improve the utility of future reports for immunization awardees. The data collection instrument (Attachments 1 and 2) is brief and consists of both closed and open ended questions. The data collected will not contain personally identifiable information and will not be published.

**DESCRIPTION OF RESPONDENTS:**

Individual immunization awardee program managers will be the audience of this evaluation survey. Each of the 50 states and 6 US city awardee programs have a program manager who is charged with preventing and controlling vaccine-preventable diseases and improving immunization coverage in their jurisdictions.

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

- |  |  |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form          | <input checked="" type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software) | <input 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: Liz Smulian (yld8)

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 [ ] 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
(3) State, local, or tribal governments	56	8/60	7 hours
<b>Totals</b>	56	8/60	7 hours

**FEDERAL COST:** The estimated annual cost to the Federal government is \$0

**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 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 is identified through the reporting requirements of CDC’s Immunization and Vaccines for Children Program Cooperative Agreement. Using the list of immunization awardee program managers maintained by the CDC immunization project officers, all 56 program managers will be contacted to ask to voluntarily participate in the survey.

**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? [ ] Yes [x] No

Attachments:

Attachment 1: HPV Quarterly Reports Satisfaction Survey

Attachment 2: Email to Participate in the HPV Quarterly Reports Satisfaction Survey