

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0920-1027)

TITLE OF INFORMATION COLLECTION: TB DST Reference Center for MTBC Assessment – **Online Survey**

PURPOSE: To assess customer satisfaction with the CDC/APHL Tuberculosis (TB) Drug Susceptibility Testing (DST) Reference Center by collecting feedback from stakeholders to improve service delivery. Information collected will determine if the recently-established DST Reference Center at the California Microbial Diseases Laboratory in Richmond, CA is achieving its primary mission of providing consolidated and quality-assured DST services for public health laboratories (PHL) processing fewer than 50 DSTs per year of Mycobacterium tuberculosis complex (MTBC) isolates. Analysis of data and incorporation of suggestions from stakeholders will guide program changes needed to improve delivery, quality, and turnaround time of DST services at the CA MDL DST Reference Center.

A web-based questionnaire will be designed and administered by APHL using Qualtrics software. The questionnaire contains 25 multiple choice or fill in the blank questions. Responses will be analyzed to plan and inform efforts to improve or maintain the quality of service to the public.

DESCRIPTION OF RESPONDENTS: APHL will field its customer service survey to the 24 PHL eligible to enroll in the National PHL DST Reference Center for MTBC. A 25-question online tool was created by APHL, CDC, and the National PHL DST Reference Center for MTBC and will be administered through Qualtrics, a web-based survey instrument. Each PHL will receive a unique survey link to participate in the survey and will have one month to complete the survey. The survey will be sent to the primary and secondary TB laboratory contacts used upon enrollment or to the APHL TB Contact on record. Progress can be monitored by APHL and reminder emails will be sent to ensure a 100% response rate.

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: Sue Carlson

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

No honorarium will be provided for participants of the online survey.

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden Hours
PHL	24	10/60	4
Totals	24	10/60	4

FEDERAL COST: The estimated annual cost to the Federal government is: \$10,000. This estimate is based on the cost to APHL to design and administer the online survey including analysis of collected data. APHL has received CDC funding to support the improvement of service delivery by the DST Reference Center.

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 respondent universe includes 24 state, local, and territorial public health laboratory TB supervisors or their designees located in low-volume laboratories who are eligible to enroll in the CDC/APHL DST TB DST Reference Center for first-line and second-line DST and MDDR testing services. These laboratories process fewer than 50 DSTs per year of MTBC isolates. Based on this criteria, TB supervisors representing Alaska, Colorado, District of Columbia, Delaware, Idaho, Indiana, Iowa, Kansas, Maine, Montana, Nebraska, New Hampshire, New Mexico, North Dakota, Oklahoma, Philadelphia, Puerto Rico, Rhode Island, South Carolina, South Dakota, Utah, Vermont, West Virginia, and Wyoming will be invited to participate.

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.