## Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0920-0919)

**TITLE OF INFORMATION COLLECTION:**

Customer Service Feedback Survey of 2015 EIS Conference

**PURPOSE:**

The Centers for Disease Control and Prevention (CDC) seeks to obtain Office of Management and Budget (OMB) approval to collect feedback for the 2015 Epidemic Intelligence Service (EIS) Conference hosted from April 20–24, 2015. The EIS Conference is held on an annual basis with the primary purpose of providing a training experience of scientific presentation (oral or poster) for EIS officer. The overall EIS Conference goals are to provide an opportunity for scientific exchange around current epidemiologic issues; to highlight of the breadth of epidemiologic investigations at CDC; to provide a venue for strengthening the EIS professional network; and to provide a forum for the recruitment for CDC and state and local health departments to recruit EIS officers for EIS host assignments, EIS graduates into leadership positions, and potential applicants to the EIS training program. CDC is requesting OMB approval to collect feedback to ensure that the EIS Conference is meeting its goals and the needs of its attendees. The intended use of the resulting data is to improve the logistics, communication, and quality of the sessions when planning future conferences.

**DESCRIPTION OF RESPONDENTS**:

Respondents to the Customer Service Feedback Survey (Attachment 1, Survey Word and Attachment 2, Survey Screenshots) will be registrants of the 2015 EIS conference. Conference registrants come from a variety of fields, some of which include local, state, and federal government employees; EIS Officers; researchers; health care providers; health educators; and policy makers.

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

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

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

[ ] Focus 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:** **M. Kathleen Glynn, DVM, MPVM**

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**

The feedback survey will be web-based and include 28 questions. Respondents will take approximately 10 minutes to complete the survey through Survey Monkey. This estimate is based on piloting the survey with four CDC staff. For the 2014 EIS Conference, approximately 1,800 people registered for the conference, approximately 1,100 of the registrants were non-federal employees, and 1,017 people (both federal and non-federal) answered the survey. The number of registrants and attendees increases every year because of the growing network of professionals who graduate from and are interested in the EIS Program. Therefore, for the 2015 EIS Conference, we are asking to collect feedback from approximately 2,000 non-federal registrants (i.e., local and state government employees; EIS Officers; researchers; health care providers; health educators; and policy makers). Given 2,000 respondents with a response time of 10 minutes each, the total response burden will be 333 and 20/60 hours. There will be no direct costs to the respondents other than their time to respond to the survey.

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of Respondent**  | **No. of Respondents** | **Participation Time** | **Total Burden Hours** |
| Individuals | 2,000 | 10/60 | 333 and 20/60 hours |
| **Total** | 2,000 | 10/60 | 333 and 20/60 hours |

**FEDERAL COST:**

The average annualized cost to the Federal Government to collect this information is **$1,817.30.** This estimate is based on the time required for one senior CDC scientist (GS-13/14) to supervise, and for one CDC full time employee (GS-12) and one CDC contractor (GS-9 equivalent) to design the survey, develop the web-based survey, implement the survey, analyze the data, and develop recommendations for improving the 2016 EIS Conference based on the results.

|  |  |  |  |
| --- | --- | --- | --- |
| **Staff or Contractor**  | **Hours** | **Average Hourly Rate** | **Cost** |
| Contractor survey design, create web-based survey, implementation, analysis, and reporting (GS-9 equivalent)  | 40 | $24.23  | $969.20 |
| FTE survey design, implementation, analysis, and reporting (GS-12)  | 15  | $35.14  | $527.10  |
| FTE Supervisor (GS-14) | 6 | $64.20 | $385.20 |
| **Totals** |  |  | $1881.50 |

**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?

The 2015 EIS Conference Customer Service Survey will be administered as a web-based survey. Flyers (Attachment 3, EIS Conference Feedback Flyer) asking conference attendees to complete the survey will be posted and included in the EIS Conference program packet. At conclusion of the conference, an invitation email (Attachment 4, Invitation Email) with a link to the survey will be sent to all 2015 EIS Conference registrants who provided an email address. Respondents will be given 2 weeks to respond to the survey. They will have to complete it in one sitting as they cannot return to edit or complete the survey and the survey does not track individual responses. A reminder email (Attachment 5, Reminder Email) will be sent twice: one at the beginning of week 2 and on the day that the survey closes.

**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

**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.**