

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

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**TITLE OF INFORMATION COLLECTION:**

Assessing Satisfaction with Training and Technical Assistance Provided to PICH and REACH Awardees

**PURPOSE:**

The Division of Community Health (DCH) supports the following cooperative agreements: Partnerships to Improve Community Health (PICH) and Racial and Ethnic Approaches to Community Health (REACH). PICH and REACH awardees are implementing population-based interventions that address poor nutrition, low physical activity, tobacco use and exposure, and lack of access to chronic disease prevention or risk reduction opportunities. Through service providers contracted by DCH, PICH and REACH awardees receive remote training and technical assistance services in 3 domains: (1) communications, (2) evaluation, and (3) program implementation.

DCH plans to collect information needed to assess awardees’ satisfaction with services, their perceptions about the utility of the services, and recommendations for improvement. Forty (40) feedback surveys will be collected for each service domain. The same survey instrument will be used for all information collection.

Findings will be used solely for program improvement.

**DESCRIPTION OF RESPONDENTS:**

Respondents will be program directors, managers, or staff associated with 88 cooperative agreements. Of the 88 cooperative agreements, 39 are PICH awards and 49 are REACH awards.

Type of Awardee	No. of Awardees
PICH Awardees	39
REACH Awardees	49
Total	88

Training and TA services are provided upon request, therefore, each awardee may receive multiple training and TA services.

**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: Tim LaPier

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 [ 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**

The same survey instrument will be used for all information collection.

Category of Respondent	No. of Respondents	Participation Time	Burden
PICH or REACH program directors, managers, or staff	120	20/60	40

**FEDERAL COST:** The estimated annual cost to the Federal government is **\$282,975**. This includes costs of CDC oversight of a contractor; and the contractor’s costs for instrument development, pilot testing, data collection, coding and entry, quality control, data analysis, and report writing.

**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.

Training and technical assistance are provided, upon request, to PICH and REACH awardees. Contact information for PICH and REACH awardees is available from CDC records on the cooperative agreements and service requests.

Services are provided in 3 domains: (1) communications, (2) evaluation, and (3) program implementation. DCH's goal is to collect 40 feedback surveys for each service domain (total of 120 feedback surveys). Information will be collected until DCH receives the target number of responses for each domain. Individuals who receive services will receive an email invitation with a link to a web-based survey. Those who do not complete the web-based survey will be offered the option to participate in a telephone interview, in which an interviewer will read the questions to the respondent and enter responses into the web-based survey.

Respondents comprise a convenience sample based on actual utilization of services. The sample is determined by characteristics of the services provided, not by characteristics of the respondents.

Participation is voluntary.

#### **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.**

#### **Instructions for completing Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback”**

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**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.**

**Attachments**

1. Introductory/Invitation E-Mail
2. Reminder E-Mail
3. Remote Technical Assistance Survey (screen shots)
4. Telephone Interview Protocol for completing the Remote Technical Assistance Survey
5. Thank You E-Mail