

**Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0923-0047)**

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**TITLE OF INFORMATION COLLECTION:** *Council of State and Territorial Epidemiologists (CSTE) Feedback on Geospatial Capacity*

**PURPOSE:** *The Geospatial Research, Analysis, and Services Program (GRASP) is a program within the Agency for Toxic Substances and Disease Registry (ATSDR) whose mission is to provide leadership and expertise in the application of the concepts, methods, and tools of geography and geospatial information science to public health research and practice. Recently, GRASP was encouraged to provide guidance to the states and territories on utilizing geospatial applications and products during public health emergencies after providing support to the Zika response in Puerto Rico. The Council of State and Territorial Epidemiologists (CSTE) asked if GRASP could join their Disaster Epi Sub-committee meeting on December 21<sup>st</sup> 2016 to gather feedback directly from state and territorial epidemiologists.*

*The purpose of this data collection request is to gather feedback from state and territorial epidemiologists and other state officials about their current geospatial capacities during disaster or outbreak, as well as their needs. We are seeking to determine if they would benefit from further guidance on the subject matter. The proposed information collection consists of an online survey designed to: 1) gather feedback on the current use of geospatial resources by state and territory offices and 2) determine future needs in terms of training and guidance materials on geographic information system (GIS)-related material to support emergency preparedness and response.*

*Results of the proposed information collection will be used to improve GIS capacity and determine what guidance and informational materials may be most beneficial to prepare and share with the state and territory offices.*

*Respondents will participate in a 5-minute survey about their current geospatial capacities during disaster or outbreak and their current geospatial needs. Participation will be completely voluntary.*

**DESCRIPTION OF RESPONDENTS:** *State and Territorial Epidemiologists or public health officials*

**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 type="checkbox"/> Small Discussion Group                               |
| <input type="checkbox"/> Focus Group                                   | <input checked="" type="checkbox"/> Other: <u>Online Survey Questionnaire</u> |

**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: \_\_\_\_\_

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
State and Territorial Epidemiologists: online survey	25	5/60	2 hours
Public Health Officials: online survey	25	5/60	2 hours
<b>Totals</b>	<b>50</b>		<b>4 hours</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is \$178.50.

This cost reflects approximately 5 hours of salary (equivalent to GS-12) for one staff person to create the survey and assist with compiling and analyzing the results and drafting an internal report of the results.

The annual cost associated with respondent burden hours is approximately \$139.00 (determined using an average wage of \$33.39 per hour based on information from the Bureau of Labor Statistics Occupational Employment and Wages, May 2015, <https://www.bls.gov/oes/current/oes191041.htm>)

**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 Counsel of State and Territorial Epidemiologists (CSTE) is facilitating a presentation/discussion to their Disaster Epidemiology Sub-Committee so that we may gather information about state/territories' current GIS needs in disaster management. The online survey questionnaire will be offered as a way for participants to offer information beyond the discussion. This activity is to determine the viability of a potential proposal to create and provide outbreak disaster-related geospatial guidance to states. We will invite the entire universe of CSTE meeting attendees (n = 50) to participate in the online survey. CSTE owns a list of their email addresses and will use it to disseminate the survey. CDC will send the recruiting email to CSTE and CSTE will then forward the recruiting email containing a link to the online survey to all potential respondents. No personally identifiable information will be collected.*

### **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.**

List of attachments:

- Attachment A – CSTE Meeting Feedback (text)
- Attachment B – CSTE Meeting Feedback (online)
- Attachment C – Email invite for the CSTE Meeting Feedback

## **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.**

