

# **Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0920-0974)**

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## **TITLE OF INFORMATION COLLECTION**

Implementing Public Health Genomics in Your State: Resources from the CDC Office of Public Health Genomics Webinar Survey

## **PURPOSE**

The Office of Public Health Genomics (OPHG) will host a webinar introducing participants to OPHG resources that will help state and local public health agencies implement genomic and family health history activities. The resources that will be presented in the webinar include: a *Tier Table Database* classification system that ranks genetic tests according to level of evidence, a *State Toolkit* with examples of approaches and materials used by model state programs and the newly launched *Public Health Genomics Knowledge Base* (PHGKB) which is an open access, web-based, searchable suite of databases.

OPHG proposes a post webinar survey which will focus on the participant’s awareness, use, intent to use, barriers, and suggested improvements of the resources discussed in the webinar. Feedback from this particular audience is vital for OPHG because many of the resources that will be discussed in the webinar are designed to serve as an aid among this particular audience as well as others. Ideally, the resources could be used to facilitate early identification and treatment of individuals who may be predisposed to heritable disorders and genetic susceptibilities. These early identification and treatment methods may be used to diagnose and/or treat health disorders such as Lynch syndrome hereditary breast, ovarian, colorectal and endometrial cancers.

Ultimately, the feedback received from the survey will be used to identify and implement possible resource improvements which will enhance the utility of OPHG products and better serve its target audience.

## **DESCRIPTION OF RESPONDENTS**

Respondents to the survey will be the participants of the OPHG webinar. The participants will include representatives from state and local public health agencies, such as nurses, health educators, physicians, administrative staff, and epidemiologist.

## **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: Scott Bowen, (Deputy Director, OPHSS), msb4@cdc.gov

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

The survey will be sent to all registered webinar participants immediately following the event. The post web-based survey will include 22 questions. Individuals who choose to participate in the survey will take approximately 15 minutes to complete the survey. Given 150 potential respondents with 15 minutes to complete the survey, the total response burden will be 37.5 hours.

There will be no cost to the respondents other than their time to respond to the survey.

Category of Respondent	No. of Respondents	Participati on Time	Burden
Individuals	150	15min	37.5
<b>Totals</b>	<b>150</b>	<b>15</b>	<b>37.5</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is \$ 1351.50. There are no equipment or overhead costs. The average annualized cost to the Federal Government to collect this information is \$1351.50. This estimate is based on the time required for one senior CDC scientist (GS-14) to supervise, one senior CDC scientist (GS-14 equivalent), a Contractor and ORISE Fellow (GS 11- equivalent) to design the survey, analyze the data, and develop recommendations for improvement for OPHG based on survey results.

Staff or Contractor	Hours	Average Hourly Rate	Cost
ORISE Fellow (GS-11 equivalent) survey design, analysis and reporting	15	\$34.63	\$519.45
Contractor: survey design,	5	\$63.69	\$318.45
FTE (GS 14): survey analysis and reporting	5	\$64.20	\$321.00
FTE supervisor (GS-14): Provide oversight to the fellow and guidance on instrument development and Provide feedback on the final report.	3	\$64.20	\$192.60
<b>Totals</b>	<b>28</b>	<b>\$226.72</b>	<b>\$1351.50</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is \$ 1351.50

**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  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 survey will be sent electronically immediately after the webinar is over to all registered participants. OPHG has partnered with one of their stakeholders' Genetic Alliance, to host the webinar. Genetic Alliance has a pre-existing survey distribution system which they will use to distribute the tailored survey to all registered participants. Once the data is collected simple descriptive statistics will be completed.

**Administration of the Instrument: Web-based survey**

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.