**Attachment 3**

**Request for Approval Under Generic Clearance for CDC Fellowship Programs Assessments (OMB Control Number: 0920-1163)**

**TITLE OF INFORMATION COLLECTION:**National Environmental Public Health Internship Program (NEPHIP) Outcome Assessment

*Instruction: This form should be completed by the primary project representative at the CIO sponsoring the genIC, after consultation with the Center, Institute, or Office (CIO) PRA contact. An FTE is required to serve as the primary investigator for all information collection requests. The completed form should be routed from the PRA contact to DSEPD Information Collection Request Liaison Fátima Coronado,* *fcoronado@cdc.gov**.*

*Instruction: Please provide no more than two sentences for each item in this box.*

Goal of the study: The purpose of this data collection is to inform the Water, Food, and Environmental Health Services Branch (WFEHSB) within the National Center for Environmental Health (NCEH) service improvement and ongoing program management activities.

Intended use of resulting data: Results will allow WFEHSB to identify areas for improvement and to determine achievement of intended outcomes for the National Environmental Public Health Internship Program (NEPHIP). WFEHSB will use the results to inform recruitment of future interns and host health departments, ensure interns’ service benefits host health departments, and improve overall management and delivery of the internship program.

Methods to be used to collect data: Web-based assessment instrument with quantitative and qualitative items.

Subpopulation to be studied: Up to 67 alumni who completed the NEPHIP within the last three years and up to 61 supervisors from health departments that hosted interns who completed NEPHIP within the previous three years. Alumni respondents might work in governmental agencies, nongovernmental organizations, or other settings.

How data will be analyzed: Descriptive analysis will be used for quantitative items and content analysis for qualitative items. Results will be reported in aggregate and stratified by type of respondent (i.e. program alumni or supervisor/mentor).

**CIO or Division PRA Contact**Name: Stephanie Davis
Email: sgd8@cdc.gov
Phone: 770.488.3676

**Project Representative**

*Instruction: Complete the fields below with information about the project lead.*

Name: Justin Gerding

Title: Section Lead

Affiliation (CIO/Division): National Center for Environmental Health/ Division of Environmental Health Science and Practice

Email: iud0@cdc.gov

Phone: 770.488.3972

**Abbreviated Supporting Statement A**

**DETERMINE IF YOUR INVESTIGATION IS APPROPRIATE FOR THIS GENERIC CLEARANCE MECHANISM**

*Instruction: Before completing and submitting this form, first determine if the proposed investigation is appropriate for the Data Collection for CDC Fellowship Programs Generic ICR mechanism. Complete the checklist below. If you select “yes” to all criteria in Column A, the Data Collection for CDC Fellowship Programs Generic IR mechanism* ***can*** *be used. If you select “yes” to any criterion in Column B, the Data Collection for CDC Fellowship Programs Generic ICR mechanism* ***cannot*** *be used.*

|  |  |
| --- | --- |
| **Column A** | **Column B** |
| Information gathered is intended for CDC fellowship service improvement and program management purposes.[ X] Yes [ ] No | The investigation is conducted to contribute to generalizable knowledge. [ ] Yes [ X ] No |
| Data collection will be completed in 90 days or less.[ X] Yes [ ] No | Data collection is expected to require greater than 90 days. [ ] Yes [ X ] No |
| No incentive (e.g., money, reimbursement of expenses, token of appreciation) will be provided to participants.[ X] Yes [ ] No | An incentive (e.g., money, reimbursement of expenses, token of appreciation) will be provided to participants.[ ] Yes [ X ] No |

Did you select “yes” to **all** criteria in Column A? YES

If so, the *Data Collection for CDC Fellowship Programs* Generic ICR might be appropriate for your investigation. You may proceed with this form.

Did you select “yes” to **any** criterion in Column B? NO

If so, the *Data Collection for CDC Fellowship Programs* Generic ICR is not appropriate for your investigation. Stop completing this form now and consult your PRA contact about alternatives.

**PURPOSE**

*Instruction: Provide a brief description of the collection purpose and how it will be used. If this is part of a larger study or effort, please include this in your explanation.*

The purpose of this data collection request is to collect feedback on the National Environmental Public Health Internship Program (NEPHIP). The Water, Food, and Environmental Health Services Branch (WFEHSB) within the National Center for Environmental Health (NCEH) has provided funding through a cooperative agreement to the National Environmental Health Association (NEHA) in support of a summer internship program for college students interested in pursuing a career in environmental health since 2015. The internship program supports participants as they complete a 10-week internship with state, tribal, or local public health departments. The internship program is designed to contribute to the WFEHSB mission to improve health outcomes through a competent, sustainable, and empowered environmental public health workforce.

The proposed information collection is a one-time collection focusing on alumni who completed the program in the last three years (i.e., 2016-2018) and supervisors/mentors of alumni that completed the program in the last three years. Supervisors that hosted interns for multiple years will receive only one survey with up-to two additional questions.

The proposed data collection consists of an assessment instrument designed to: 1) collect information about both the host health department supervisors’ and alumni’s experiences in the internship program; 2) identify ways in which the internship program can be improved based on alumni and host health department satisfaction; and 3) understand the program’s potential impact on the alumni’s future careers. Results of the proposed information collection will be used to improve the administration of the internship program.

Internship alumni and host health department supervisors are important program stakeholders, and it is imperative for WFEHSB to understand the extent to which their needs are met. This data collection focuses on stakeholder assessment of training and experiences NEPHIP should provide and intermediate program outcomes. (i.e., how well the internship program prepares participants for a career in environmental public health and if the internship benefits host sites). Participants and supervisors cannot assess these outcomes during their fellowship programs because they take time to occur. The proposed data collection is designed to answer the following two primary assessment questions:

1. To what extent does the internship program (i.e., alumni and service provided) meet public health agency needs?
2. How well did the internship program prepare alumni for jobs and career progression in environmental public health?

Results will allow WFEHSB to efficiently identify 1) areas for internship program improvement and 2) training needs that NEPHIP can address. Specifically, WFEHSB staff along with NEHA will use the results to inform recruitment of interns and host health departments, ensure interns’ service provides benefit to host sites, and improve the overall management and delivery of the internship program.

Respondents will participate in a 10-minute survey about their satisfaction and experiences with the internship program. Participation will be completely voluntary. This quick, low-burden assessment is instrumental in helping WFEHSB learn about stakeholder perspectives and will yield immediate results that can quickly be used. This information is not available from any other source. This information collection is not a full evaluation or part of larger evaluation efforts.

**DESCRIPTION OF RESPONDENTS**

*Instruction: Provide a brief description of the group(s) targeted for this information collection. These groups must have experience with the program.*

*Check all that apply*.

[ ] Potential applicants or applicants

[ ] Current fellows (nonfederal employees)

[ X ] Alumni

[ X ] Mentors or supervisors

[ ] Employers of alumni

[ ] Other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TYPE OF COLLECTION**

*Instruction: Check all that apply.*

[ ] Focus group

[ ] Face-to-face interview

[ ] Telephone interview

[ ] Self-administered hard copy questionnaire

[ X ] Self-administered Internet questionnaire

[ ] Self-administered electronic questionnaire (e.g., fillable form)

[ ] Other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CERTIFICATION**

*Instruction: Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.*

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 noncontroversial and does not raise issues of concern to other Federal agencies.
4. Information gathered will be used primarily to inform programs of efficiency and effectiveness of fellowship programs and will not be used for the purpose of substantially informing influential policy decisions.
5. 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.
6. With the exception of information needed to contact participants, personally identifiable information (PII) is collected only to the extent necessary and is not retained.
7. If this genIC requires collections of race and ethnicity data, the questions are consistent with HHS policy and standard OMB classifications.
8. A copy of the IRB approval or exemption determination with description of participation consent and secure collection, storage, and management of participant data and information is attached.
9. A currently valid OMB control number and expiration date is displayed in the upper-right corner at the beginning of the data collection instrument.
10. The following statement is displayed at the bottom of the first page of the data collection instrument or will be read to the participant prior to data collection: “Public reporting burden of this collection of information is estimated to average [number of] minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).”
	1. If the Privacy Act applies, the following statement is also included: “The Privacy Act applies to this information collection. The requested information is used toward assessment and continuous quality improvement of CDC fellowship activities and services. CDC will treat data/information in a secure manner and will not disclose, unless otherwise compelled by law.”
11. A Part II Worksheet is included in this submission.

Certified by CDC Sponsoring Program Division or CIO PRA Oversight Official:

Name:Stephanie Davis

Date of Certification (MM/DD/YYYY): 06/24/2019

Email: sgd8@cdc.gov
Phone: 770.488.3676

To assist review, please provide answers to the following questions:

**Personally Identifiable Information**

1. Is personally identifiable information (PII) collected? [X] Yes [ ] No

CDC will obtain PII for contact information on respondents from NEHA.

1. If Yes:
	1. Is the information that will be collected included in records that are subject to the Privacy Act of 1974?
	[ ] Yes [X] No

 CDC has no plans to retrieve assessment responses by PII.

* 1. Please provide justification for collecting PII: CDC requires the PII to invite respondents to participate in the survey; however, the RedCap software allows CDC to collect anonymous responses (i.e., no names, email addresses, IP addresses, or other contact information attached to results) and still track email invitations. This is possible because tracking information is tied to the email invitation, not the assessment results.
	2. Please describe efforts to use existing PII to avoid duplication (e.g., information from the Fellowship Management System [OMB No. 0920-0765], FedScope): Not applicable
1. In advance of any data collection, the following statement will be provided directly to the participant (e.g., in a written statement on a survey tool prior to beginning a questionnaire, read to participant prior to interview): “The Privacy Act applies to this information collection. The requested information is used toward assessment and continuous quality improvement of CDC fellowship activities and services. CDC will treat data/information in a secure manner and will not disclose, unless otherwise compelled by law.” Not applicable

**Sensitive Questions**

*Instruction: If sensitive questions will be asked, provide justification and specific use.*

There will be no sensitive questions included in this data collection.

**BURDEN HOURS**

*Instruction: Complete Table 1 using the following column headings to calculate the burden hours for respondents.*

* **Category of Respondents:** *Identify who you expect the respondents to be in terms of the following categories: (1) Potential applicants/applicants, (2) Current fellows (nonfederal employees), (3) Alumni, (4) Mentors or supervisors, (5) Employers of alumni, (6) Other (please describe).*
* **Form Name***: Include the type of data collection (e.g., “Electronic survey*
* *of fellowship applicants,” “Telephone interview of recent graduates”).*
* **No. of Respondents*:*** *Provide an estimate of the number of respondents.*
* **No. of Responses per Respondent*:*** *Provide the number of times the same respondent will be contacted for data/information collection.*
* **Average Burden per Respondent (in hours):***Provide an estimate of the amount of time required for a respondent to participate (e.g., time required to fill out a survey or participate in a focus group).*
* **Total Burden Hours:** *Provide the total burden hours by multiplying as follows:
([No. of Respondents] x [No. of Responses per Respondent] x [Average Burden per Respondent]) in each row. Then total the rows.*

We estimate approximately 67 nonfederal alumni and 61 nonfederal supervisors (128 total) will complete the Electronic Assessment Instrument of NEPHIP Alumni and Supervisors. All information is collected electronically. The estimated burden per response is 10 minutes and the total burden is 21 hours.

**Table 1. Estimated Burden**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Category of Respondent** | **Form Name** | **No. of Respondents** | **No. of Responses per Respondent**  | **Average Burden per Respondent (in hours)** | **Total Burden Hours** |
| Alumni (i.e., completed the NEPHIP within the last three years) | Electronic Assessment Instrument for NEPHIP Alumni and Supervisors | 67 | 1 | 10/60 | 11 |
| Supervisors or Mentors (i.e., supervised or mentored an intern who completed the NEPHIP in the last three years) | Electronic Assessment Instrument for NEPHIP Alumni and Supervisors | 61 | 1 | 10/60 | 10 |
| **Totals** |  | **128** |  |  | **21** |

**FEDERAL COST**

**Table 2. Estimated Cost to the Government**

|  |  |  |  |
| --- | --- | --- | --- |
| **Staff or Contractor** | **Average Hours** | **Average Hourly Rate** | **Total Cost** |
| GS-14 FTE Equivalent: Project oversight, technical assistance on data collection, analysis, reporting.  | 45 | 52.82 | $2,376.90 |
| ORISE Fellow (GS-9 step 1 equivalent): data collection, analysis, reporting | 40 | 25.92 | $1,036.80 |
| **Total** |  |  | **$3,413.70** |

Link to U.S. Office of Personnel Management Pay Tables: <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/2019/general-schedule/>.

**PROJECT SCHEDULE**

*Instruction: Provide an estimated schedule indicating start dates, allowing sufficient time for delays and unforeseen circumstances. Sample activities and time schedules are provided; please modify as needed.*

|  |
| --- |
| **Project Time Schedule** |
| **Activity** | **Time Schedule** |
| Identify whether collection of IIF is needed | At least 6 months prior to data collection to allow time to plan and collect IIF  |
| Design methods and data collection instruments | At least 5 months prior to data collection |
| IRB determination | At least 4-5 months prior to data collection |
| Pilot test instrument (if new) | At least 4 months prior to data collection |
| Develop genIC request | At least 3-4 months prior to data collection |
| Submit genIC to ICRO (then ICRO into ROCIS) | 3 months prior to data collection |
| Receive OMB approval for genIC | At least 1 month prior to data collection |
| Implement data recruitment and collection | As soon as genIC is approved or as indicated by the genIC data collection plan |
| Analyze data as planned | Approximately within 3 months of close of data collection |
| Produce technical report and lay audience fact sheets  | Approximately within 6 months of close of data collection: communicate to leadership, program, or stakeholders about results and recommendations for improvement or actions |
| Submit findings for scientific publications, manuscript, or presentation, if applicable | 6 months or more from close of data collection, if applicable |

**Abbreviated Supporting Statement B**

**Selection of targeted respondents**

*Instruction: Please provide a description of how you plan to identify your potential group of respondents and how you will select them.*

Respondents will consist of alumni of the NEPHIP program that completed the program within the last three years (i.e., 2016-2018) and host health department supervisors or mentors who hosted an intern within the same time frame (i.e., 2016-2018). Program records estimate a maximum of 128 respondents. No sampling will be employed.

**Administration of the instrument**

*Instruction: Identify how the information will be collected.*

1. How will you collect the information? (Check all that apply)

[ ] Telephone

[ ] In-person

[ ] Hard copy

[X] Other, explain: Electronic (see Attachment A: NEPHIP Assessment Instrument Web Version and Attachment B: NEPHIP Assessment Instrument Word Version)

1. Will trained interviewers or facilitators be used? [ ] Yes [X] No

The following procedural steps will be followed to conduct the data collection:

1. Internship program staff from NEHA will provide contact lists of alumni and supervisors who meet the specified criteria for selection of targeted respondents. Contact lists will include name, email address, and type of respondent (i.e., alumni, health department supervisor or mentor). This contact list will be kept secure in password-protected files on a secure network drive that is only accessible to WFEHSB.
2. WFEHSB staff will compile the internship program contact lists into a combined list and remove duplicate names (i.e., supervisors who sponsored more than one intern).
3. One week before data collection begins, WFEHSB staff will email the selected alumni and supervisors to inform them about the survey and to encourage participation (**see Attachment C- NEPHIP Assessment Announcement**).
4. WFEHSB staff will send all selected respondents an email invitation to complete the web-based assessment (developed in REDCap) (**see Attachment** D**- NEPHIP Assessment Email Invitation**).
5. Respondents will have 20 business days to respond to the web-based assessment.
6. WFEHSB staff will send up to three reminder emails to non-responders encouraging participation prior to the assessment close date (**see Attachments E, F, G- NEPHIP Assessment Reminder Emails 1, 2, 3**).
7. WFEHSB will close the survey no more than 20 business days after initial administration. This request is for a single data collection that will end when the assessment is closed.

**Methods to maximize response**

*Instruction: Provide a brief description of the procedures planned to maximize response rates.*

Although participation in this information collection is voluntary, WFEHSB will make every effort to maximize the response rate. WFEHSB will collect data via a web-based assessment instrument, which will allow respondents to complete and submit their responses electronically. This method was chosen to reduce the overall burden on respondents and allow respondents to complete the assessment at their own convenience. Importantly, the web-based assessment allows WFEHSB to use extensive skip patterns so that respondents will skip items that are not relevant or applicable.

In addition, sending up to three reminder emails to non-responders is intended to encourage participation prior to the assessment close date.

WFEHSB designed the survey instrument to collect the minimum information necessary. The survey consists of a total of 43 items; however, most respondents will receive a subset of these items. Alumni will receive about 18 questions, and supervisors will receive about 14 questions. The actual number will vary by respondent (e.g., some items only apply to alumni who are currently working in environmental health, or may be skipped based on responses to previous questions). Skip patterns are programmed into the electronic assessment instrument in REDCap (see Attachment A- NEPHIP Assessment Instrument Web Version) and explained in text in the Word version of the survey (see Attachment B- NEPHIP Assessment Instrument Word Version).

WFEHSB also pilot tested the assessment instrument to ensure that it was user-friendly and easy for respondents to understand and complete (see pilot testing section below).

Before sending the email invitation to complete the assessment, WFEHSB staff will send an announcement to all targeted respondents. The announcement will encourage potential respondents to participate and inform them about the importance of the assessment and how findings will be put into action to improve the internship program. The assessment will include an introduction that informs potential respondents of what the project is asking, why it is being asked, who will have access to the data, how the results will be used, and how the findings will be put into action.

WFEHSB will have a staff contact available for respondents to confirm legitimacy of the data collection, ask questions, voice concerns, or seek technical assistance. This person will be instructed not to record the identity of the caller. The assessment invitation and reminder emails will include an option for respondents to opt out of receiving additional emails.

**Analysis plan**

*Instruction: Provide a brief description of the analysis plan, including quality control procedures, and estimation procedures*

Data will be downloaded from REDCap into Microsoft Excel and R for analysis. WFEHSB will conduct descriptive analyses for quantitative items, including frequency distributions.

The team will conduct content analysis for qualitative items to identify major themes or patterns in the data. All data will be kept secure in password-protected files on a secure network drive that is only accessible to WFEHSB. All results will be reported in the aggregate and stratified by type of respondent (i.e., alumni, supervisors or mentors).

WFEHSB will prepare a summary report and share it with stakeholders including NEHA and NCEH leadership. The team will also engage stakeholders in a collaborative process to interpret findings and generate practical, immediate recommendations for program improvement. If appropriate, WFEHSB may disseminate the results more broadly (e.g., to other CDC internship programs or in a manuscript submitted for publication in a peer-reviewed journal). If results are disseminated outside of WFEHSB, authors will clearly describe the scope of the data collection, types of respondents, and lack of direct generalizability to internship programs external to WFEHSB.

Additionally, NEHA will have the option to receive a data set that does not include responses that could be used to identify a specific individual (e.g., an open-ended field). Providing data to NEHA will allow them to conduct additional analyses that might be useful in improving the internship program.

**Pilot testing**

*Instruction: Provide a brief description of pilot-test efforts.*

Six CDC employees and current ORISE fellows pilot-tested the web-based assessment instrument. To ensure that the pilot test would provide an accurate time estimate for respondents with different skip patterns, the pilot test included responses as alumni only and supervisor only. The average time and range for each group, including time for reviewing instructions and completing the survey, is as follows:

• Alumni only: average 7 minutes (range 5–10 minutes)

• Supervisor only: average 7 minutes (range 5–10 minutes)

The estimate for burden hours is based on average times from the pilot test, using the higher estimate for the alumni only or supervisor only category (10 minutes).

*Instruction: Describe efforts to improve or refine the instruments based on the pilot-test findings and feedback.*

[ ] No changes necessary, based on pilot-test findings and feedback.

[X] Changes (please describe): Skip-logic pattern corrected in one instance. Demographic questions, including what state the health department was located in, were removed based on comments from pilot testers.

**Consultation on statistical aspects**

Were outside agencies, partners, or organizations consulted on statistical aspects of the design?

[ ] Yes

[X] No

*If yes, list the following information of all persons consulted.*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency/organization (e.g., companies, state or local governments): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please ensure that all instruments, instructions, and scripts are submitted with this request.**

**List of Attachments**

Attachment A – NEPHIP Assessment Instrument (Web Version)

Attachment B – NEPHIP Assessment Instrument (Word)

Attachment C – NEPHIP Assessment Announcement

Attachment D – NEPHIP Assessment Email Invitation

Attachment E – NEPHIP Assessment Reminder Email 1

Attachment F – NEPHIP Assessment Reminder Email 2

Attachment G – NEPHIP Assessment Reminder Email 3

Attachment H – NEPHIP Assessment HSR Determination

**DATE SUBMITTED TO DSEPD INFORMATION COLLECTION REQUEST LIAISON (ICRL)**

*Instruction: Please indicate the date (MM/DD/YYYY) the request is submitted to the ICRL.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email the completed form to the DSEPD Information Collection Request Liaison, Fátima Coronado, at** **fcoronado@cdc.gov****.**