Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB Control Number: 0920-1027)

TITLE OF INFORMATION COLLECTION: Assessment of Asian-American and Pacific Islanders Community Health Organizations' (AAPCHO) Providers Knowledge, Attitudes, and Practices Regarding Latent TB Infection

PURPOSE: In order to for the United States to progress towards TB elimination, efforts must be made to test and treat populations at high-risk for latent TB infection (LTBI). Non-U.S.-born Asian Americans are one group who are at an elevated risk of having LTBI and subsequently are at risk for developing TB disease. One strategy to increase testing and treatment of this population is for Asian-American and Pacific Islanders Community Health Organizations (AAPCHO) to engage community health care providers in the AAPCHO network to understand their current knowledge, attitudes, and practices (KAPs) regarding LTBI testing and treatment and to identify potential solutions to improve LTBI testing and treatment within this community.

DESCRIPTION OF RESPONDENTS: Clinicians who are part of the AAPCHO community health center network. AAPCHO plan to send emails to clinicians already in their network for to their network of providers. AAPCHO will also send the flyers to their network contacts, who can choose to post them in their common staff areas to let people know about the survey.

[] Customer Comment Card/Complaint Form	[] Customer Satisfaction Survey
[] Usability Testing (e.g., Website or Software)	[] Small Discussion Group
[] Focus Group	[X] Other: Online survey of perceptions and
	opinions on latent TB infection.

CERTIFICATION:

I certify the following to be true:

TYPE OF COLLECTION: (Check one)

- 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 <u>not</u> raise issues of concern to other federal agencies.
- 4. The results are <u>not</u> intended to be disseminated to the public.
- 5. Information gathered will not be used for the purpose of <u>substantially</u> informing <u>influential</u> 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.

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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 [X] 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 Category of Respondent** No. of **Participation** Burden Respondents Time 15 minutes **Private Sector** 100 25 hours **Totals 100** 15 minutes 25 hours **FEDERAL COST:** The estimated cost to the Federal government is \$25,000. 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? Respondents to the online survey will include clinicians who are part of the AAPCHO community health center network. AAPCHO will send a recruitment email with a link to the online survey to their contacts. **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 2. Will interviewers or facilitators be used? [] Yes [X] No

Please make sure that all instruments, instructions, and scripts are submitted with the request.