## Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0920-1071)

**TITLE OF INFORMATION COLLECTION:**

Tuberculosis Education Materials for Classified Immigrants

**PURPOSE:**

The U.S.-Mexico Unit (USMU) within DGMQ at the Centers for Disease Control and Prevention (CDC) is interested in providing information to immigrant applicants with a TB classification as a strategy to encourage follow-up upon US arrival.

These class TB conditions are:

* B1, a designation given to individuals who have abnormal X-rays, but do not have active, infectious TB
* B2, a designation given to individuals who have a positive test for TB infection, but a normal X-ray and no evidence of infectious, active TB.

USMU has worked with the panel clinics in Mexico, as well as the US consular section in Juarez, Mexico, where the panel clinics are located, to develop preliminary educational materials for the classified immigrants. USMU identified the need to create these communication materials in plain language Spanish.

The purpose of the information collection for which approval is sought is to garner feedback on CDC’s educational materials with members of the target audiences. The results of field-testing will provide recommendations for improving and finalizing the materials, which will ultimately improve immigrant knowledge about TB conditions and US-based follow-up. Ultimately, the goal is to reach Mexican TB classified immigrant populations by producing culturally and linguistically appropriate health education materials.

Seventy respondents will be recruited to complete the interviews (40 Spanish-speaking pre-immigration applicants at the panel clinics in Juarez, Mexico and 30 post-immigration individuals in San Diego and El Paso). Of those seventy, 25 B1s and 15 B2s will be interviewed in Mexico, and 20 B1s and 10 B2s will be interviewed in the US. Since the draft materials are slightly different for the two different audiences (and since interviews will be done in two locations), there are four different interview guides:

* Attachment C: Key Informant Interview Guide in Mexico for B1 Classifications
* Attachment D: Key Informant Interview Guide in Mexico for B2 Classifications
* Attachment E: Key Informant Interview Guide in USA for B1 Classifications
* Attachment F: Key Informant Interview Guide in USA for B2 Classifications

Attachments A and B are the sample education materials for which we are seeking qualitative feedback. Attachment A has draft materials for B1 classifications; attachment B is for B2 classifications.

The information collected will help ensure that immigrant applicants with a TB classification have an effective, efficient, and satisfying experience with the Agency’s education efforts. Feedback will contribute directly to the improvement of the program.

**DESCRIPTION OF RESPONDENTS**:

Participants will be immigrant applicants at the designated immigration clinics in Ciudad Juarez, Mexico (known as panel clinics) and newly entered immigrants from Mexico, who speak Spanish, as their primary language and who have a TB classification after their immigration examination. The respondent universe consists of 12,000 individuals each year.

**TYPE OF COLLECTION:** (Check one)

[ ] Customer Comment Card/Complaint Form [ ] Customer Satisfaction Survey

[X] Usability Testing (e.g., Website or Software [ ] Small Discussion Group

[ ] Focus Group [ ] 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: \_\_Kathy Moser\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 [ ] 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**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of Respondent**  | **No. of Respondents** | **Participation Time** | **Burden (Hours)** |
| Immigration applicant in Mexico | 40 | 110/60 | 74 |
| Mexican immigrant in the U.S. | 30 | 110/60 | 55 |
| **Totals** |  |  | **129** |

**FEDERAL COST:** The estimated annual cost to the Federal government is **$7,850**

**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 [ X ] No

Purposive non-probability sampling will be used in order to recruit 40 Spanish-speaking pre-immigration applicants at the panel clinics in Juarez, Mexico and 30 post-immigration individuals for key informant interviews. Pre-immigration applicants will be recruited at each of the two designated panel clinics. Post-immigration individuals will be recruited in El Paso and in San Diego public health clinics. The materials being evaluated are designed for this very specific audience, and purposive non-probability sampling is needed for this type of population.

**Administration of the Instrument**

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

[ ] Web-based or other forms of Social Media

[ ] Telephone

[X] In-person

[ ] Mail

[ ] Other, Explain

1. Will interviewers or facilitators be used? [X] 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”

**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.**