

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

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**TITLE OF INFORMATION COLLECTION:**

Immigrant, Refugee, and Migrant Health (IRMH) Website Redesign

**PURPOSE:**

The Division of Global Migration and Quarantine’s (DGMQ) Immigrant, Refugee, and Migrant Health Branch (IRMHB) is uniquely positioned to develop and deliver guidance and training on immigrant, refugee, and migrant health. One of the main delivery channels for IRMHB is its website.

The IRMHB website provides information on guidelines for disease screening and treatment both overseas and domestically, tracking and reporting diseases for these specific populations, responding to disease outbreaks, advising U.S. partners on health care for refugees, and educating and communicating with immigrant and refugee partners.

The goal of this project is to inform a redesign of [www.cdc.gov/immigrantrefugeehealth](http://www.cdc.gov/immigrantrefugeehealth) and build a website that meets the needs of both IRMHB and domestic and international partner organizations.

Our project objectives include:

1. Understanding the web and communication needs of IRMHB and its partner organizations
2. Understand user experience and usability of the IRMHB website
3. Identify changes that can be made during the IRMHB website redesign

The website redesign will focus on improving navigation, adding more visuals, applying digital first concepts, and decreasing overall email inquiries received from partners. This redesign effort will include in depth one on one interviews with select partner organizations.

Interviews will be conducted in-person or over the phone. Interviews are expected to last 45-60 minutes.

The recruitment script is included in Appendix A: Interview Recruitment Script, External  
The interview guide is included in Appendix B: Usability Testing Script, External.  
The internal CDC script is included in Appendix C: Usability Testing Script, Internal.  
The non-research determination is included in Appendix D.

**DESCRIPTION OF RESPONDENTS:**

Participants will be IRMHB’s branch select partner organizations. CDC will identify 20 interviewees; 5 stakeholders from each of the following content areas: Panel Physicians, Civil Surgeons, International Adoption, and Domestic Guidelines. Inclusion criteria are: >18 years of age; English-speaking; access to internet and Skype; have visited the IRMBH website; and have been identified by IRMBH as partners.

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

- Customer Comment Card/Complaint Form
- Usability Testing (e.g., Website or Software)
- Focus Group

- Customer Satisfaction Survey
- Small Discussion 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: Leticia Bligh

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

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected?  Yes  No (PII will be used for purposes of scheduling interviews only)
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 (Hours)
Select partner organization members	20	60/60	20
<b>Totals</b>			<b>20</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is **\$4063.25**.

The cost was calculated based on the cost for 2 staff to conduct the interviews and 5 CDC staff to analyze the data.

**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

CDC will identify partner organizations and their points of contact (POCs) for usability testing. With the deputy branch chief and team leads, the Redesign Team will establish the premise for the usability testing and the delivery of the interviews via e-mail or, if possible, during existing partner/IRMHB phone sessions.

### **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.**

**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.**