Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB Control Number: 0920-1050)

Instruction: This form should be completed by the primary contact person from the Program sponsoring the collection.

DETERMINE IF YOUR COLLECTION IS APPROPRIATE FOR THIS GENERIC CLEARANCE MECHANISM:

Instruction: Before completing and submitting this form, determine first if the proposed collection is consistent with the scope of the Collection of Routine Customer Feedback generic clearance mechanism. To determine the appropriateness of using the Collection of Routine Customer Feedback generic clearance mechanism, complete the checklist below.

*If you select "yes" to all criteria in Column A, the Collection of Routine Customer Feedback generic clearance mechanism **can** be used. If you select "yes" to any criterion in Column B, the Collection of Routine Customer Feedback generic clearance mechanism **cannot** be used.*

Column A	**Column B**
The information gathered will only be used internally to CDC. [X] Yes [ ] No	Information gathered will be publicly released or published. [ ] Yes [X] No
Data is qualitative in nature and not generalizable to people from whom data was not collected. [X] Yes [ ] No	Employs quantitative study design (e.g. those that rely on probability design or experimental methods) [ ] Yes [X] No
There are no sensitive questions within this collection (e.g. sexual orientation, gender identity). [X] Yes [ ] No	Sensitive questions will be asked (e.g. sexual orientation, gender identity). [ ] Yes [X] No
Collection does not raise issues of concern to any other Federal agencies. [X] Yes [ ] No	Other Federal agencies may have equities or concerns regarding this collection. [ ] Yes [X] No
Data collection is focused on determining ways to improve delivery of services to customers of a current CDC program. [X] Yes [ ] No	Data will be used to inform programmatic or budgetary decisions, for the purpose of program evaluation, for surveillance, for program needs assessment, or for research. [ ] Yes [X] No
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. [X] Yes [ ] No	

Did you select "Yes" to all criteria in Column A?

If yes, the *Collection of Routine Customer Feedback* generic clearance mechanism may be appropriate for your investigation. You may proceed with this form.

Did you select "Yes" to any criterion in Column B?

If yes, the *Collection of Routine Customer Feedback* generic clearance mechanism is **NOT** appropriate for your investigation. Stop completing this form now.

TITLE OF INFORMATION COLLECTION:
Centers for Disease Control and Prevention's National Contact Center (CDC-INFO) Interactive Voice Response (IVR) Satisfaction Survey (for Individual Respondents Who Inquirer by Phone)

PURPOSE:

The Centers for Disease Control and Prevention (CDC) seeks to obtain approval to conduct surveys of customers who call the CDC National Contact Center (CDC-INFO). CDC-INFO offers CDC health information in English and Spanish, to the general public and health care professionals who call the contact center (1-800-CDC-INFO). The phone survey is a part of an automatic Interactive Voice Response (IVR) system designed to improve service delivery and monitor caller satisfaction. The survey is deployed after each call interaction and is automated by touch tone (pressing key pad to select survey options); active consent is required in order to participate. The survey collects customer feedback on satisfaction with call agent handling and help received, how they intend to use the information, and customer demographic information (including gender, age, and ethnicity).

Once the information is collected, CDC-INFO staff will use analyze the survey data to

- Monitor satisfaction with quality of agents and responses, and improve program performance.
    - Lower than expected thresholds of reported customer satisfaction with agent handling will be reported to and addressed with CDC-INFO contractor.
    - Lower than expected thresholds of reported customer satisfaction with quality of responses will be addressed through internal improvement of prepared CDC responses and call flows for call agents.
- Assess CDC-INFO impact by measuring behavior change. Callers will be asked if they intended to use the information received to make a positive health behavior change (if applicable).
- Assess demographics (background information) of individuals calling CDC-INFO for health information, including gender, age, and ethnicity. This is to allow for potential targeted health messaging, and understand which groups are likely to call CDC-INFO for health information. Staff may also assess addition of new communication channels for reaching demographic groups with low access to CDC-INFO by phone.

DESCRIPTION OF RESPONDENTS:

Participation in the CDC-INFO phone survey is optional. Since 2006, the contact center has received more than 4.5 million phone and email inquiries from both Spanish and English speakers in the United States. Most inquiries are from the general public. Other customers usually include healthcare professionals, health departments and clinics, and international travelers. In 2018, CDC-INFO received an upper limit of 12,000 callers from the general public each month, and 1,800 callers from individuals from healthcare or public health settings. The phone survey has an average response rate of 23%.

TYPE OF COLLECTION: (Check one)
Instruction: Please sparingly use the Other category

[ ] Customer Comment Card/Complaint Form
[ ] Usability Testing (e.g., Website or Software
[X] Customer Satisfaction Survey
[ ] 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.

Name:_____Rudith Laine_____

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

If Yes: Please describe the incentive. If amounts are outside of customary incentives, please also provide a justification

BURDEN HOURS (Annual)

Category of Respondent	**No. of Respondents**	**Participation Time**	**Burden**
Individuals or Households	33,100	2/60	1,103
Totals			**1,103**

FEDERAL COST: The estimated annual cost to the Federal government is $2722.50. These costs are comprised of:

- Enhanced Call Routing (ECR) - $535.00
- ECR coding & Professional Recordings - $267.50
- Contractor support for reporting & analyzing customer call records (~10 hours a month) - $1,920

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 Yes: Please provide a description of both below (or attach the sampling plan)
If No: Please provide a description of how you plan to identify your potential group of respondents and how you will select them or ask them to self-select/volunteer

Our potential universe are individuals who call CDC-INFO with a legitimate health inquiry, mainly the general public, public health partners, and medical and healthcare providers seeking CDC health and safety information. Active consent is required in order to participate in the automated CDC-INFO phone survey that is deployed after each call. Callers who do not wish to participate can indicate so by touch tone, voice, or simply by hanging up. We estimate a 23% response rate based on past, average response rates to the IVR survey.

The Interactive Voice Response (IVR) survey is automated by phone system, and does not use a live interviewer or facilitator. Participants use their touch tone phone (pressing numbers on their keypad) to input responses to the survey. Responses are captured in the CDC-INFO contractor's IVR technology platform and a coded comma separated value (CSV) file is provided to CDC staff daily capturing survey responses.

Administration of the Instrument

1. How will you collect the information? (Check all that apply)
   - [ ] Web-based or other forms of Social Media
   - [X] 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.

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 concise 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 concise 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. The 'Other' category should be used only in the contexts in which the provided categories cannot reasonably apply.

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: As a general matter, incentives are not appropriate for customer service collections; however, incentives may be appropriate for focus groups or in-depth usability studies, especially when participants must travel to a site to participate. In the latter circumstance, the incentive should include travel costs. Customary incentives for focus groups in the Federal government are $40 for a one-hour interview and $75 for a 90-minute focus group. If you answer yes to the question, please describe the incentive and provide a justification for amounts other than those cited above; justifications should be limited to Federal studies of a similar design and subpopulation.

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.