Attachment 3

Request for Approval Under Generic Clearance for CDC Fellowship Programs Assessments (OMB Control Number: 0920-16ARO)

TITLE OF INFORMATION COLLECTION: CDC Undergraduate Public Health Scholars (CUPS) Program Assessment – Alumni Survey

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 goal of this information collection request (ICR) is to obtain approval for one data collection instrument to assess the quality and value of the CDC Undergraduate Public Health Scholars (CUPS) program.

Intended use of resulting data:
Information will be used to inform program improvement and document evidence of outcomes and impact to inform future programming.

Methods to be used to collect data:
Data will be collected using an online data collection instrument.

Subpopulation to be studied:
Respondents consist of individuals who participated in the CUPS program.

How data will be analyzed:
Quantitative data will be analyzed using descriptive and inferential statistics where appropriate. Qualitative data analysis will be conducted on open-ended responses.

CIO or Division PRA Contact
Name: _____
Email: _____
Phone: _____

Project Representative
Instruction: Complete the fields below with information about the project lead.
Name: __Kai Young_____
Title: ___Health Scientist_____
Affiliation (CIO/Division): DDPHSIS/OMHHE/OD___
Email: __Deq0@cdc.gov_____
Phone: __404-639-2217_____

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

The purpose of this ICR is to collect information from CUPS alumni to a) assess program quality, and b) document program outcomes to demonstrate impact and inform decision making about future program direction. The result of these surveys may be published in peer-reviewed journals and/or in non-scientific publications such as practice reports and/or fact sheets. Links to these publications will be provided on the CDC website, https://www.cdc.gov/features/studentopportunities/index.html.

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.

The respondents are individuals who participated in the CDC Undergraduate Public Health Scholars (CUPS) program from 2012 to 2017 for whom current contact information is available through CUPS grantees. Since 2012, approximately 200 students participated in the CUPS program every year. In this data collection, respondents will vary in the time since participated in the CUPS programs with the longest being 8 years after participating in the CUPS program, and the shortest being 3 years. The maximum number of potential respondents is 1,200 respondents.

Check all that apply.

[ ] Potential applicants or applicants
[ ] Current fellows (nonfederal employees)
[X] Alumni
[ ] 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)."
    a. 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: _____
Date of Certification (MM/DD/YYYY):_____
Email: _____
Phone: _____

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

Personally Identifiable Information

1. Is personally identifiable information (PII) collected? [X] Yes [ ] No
2. If Yes:
    a. Is the information that will be collected included in records that are subject to the Privacy Act of 1974?
    [X] Yes [ ] No
    b. Please provide justification for collecting PII: Identifying information will be solely used to 1) contact participants should the participants agree to be contacted for follow-up interviews, and 2) to identify non-respondents for assessing response rate and describing the demographic characteristics of non-respondents in comparison to respondents using the information provided by CUPS grantees.
    c. Please describe efforts to use existing PII to avoid duplication (e.g., information from the Fellowship Management System [OMB No. 0920-0765], FedScope): Existing PII provided by CUPS grantees will be used to identify and describe the demographic information of non-respondents in comparison to respondents, so the response rate and representativeness of the data can be assessed and reported.
    d. 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."

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

This data collection is not research involving human subjects. No information will be collected that is of sensitive nature.

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.*

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	CUPS Alumni Survey	1,200	1	25/60	500
Totals		**1,200**	1		**500**

FEDERAL COST

Table 2. Estimated Cost to the Government

Staff or Contractor	Average Hours	Average Hourly Rate	Total Cost
1 FTE: Instrument Development, Implementation, Analysis, and Reporting (GS-13, Step 8)]	**500**	**$52.19**	**$26,095**
Total			**$26,095**

Link to U.S. Office of Personnel Management Pay Tables: https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/2016/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	September 2019 – January 2020 (completed)
Design methods and data collection instruments	Sept 2019 – January 2020 (completed) At least 5 months prior to data collection
IRB (or Project) determination	January 2020 (in process) At least 4-5 months prior to data collection
Pilot test instrument (if new)	January 2020 (completed) At least 4 months prior to data collection
Develop genIC request	January 2020 (completed) At least 3-4 months prior to data collection
Submit genIC to ICRO (then ICRO into ROCIS)	February 2020 3 months prior to data collection
Receive OMB approval for genIC	March – May 2020 At least 1 month prior to data collection
Implement data recruitment and collection	July1 - August 15, 2020
Analyze data as planned	September 30, 2020 Approximately within 3 months of close of data collection

Produce technical report and lay audience fact sheets	October 30, 2020 6 months after the 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	November/December 2020 9 months from the close of data collection

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.

The respondents are individuals who participated in the CDC Undergraduate Public Health Scholars (CUPS) program from 2012 to 2017 for whom current contact information is available through CUPS grantees.

Administration of the instrument
Instruction: Identify how the information will be collected.

1. How will you collect the information? (Check all that apply)
   [X] Electronic
   [ ] Telephone
   [ ] In-person
   [ ] Hard copy
   [ ] Other, explain: _____

2. Will trained interviewers or facilitators be used? [ ] Yes [ ] No [X] N/A

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

Advanced notification via the email invitation by CUPS grantees (i.e., host site administrators) will be used to maximize response rates. The email invitation introducing the survey will contain the purpose of the data collection and instructions for completing the web-based survey. The introduction will emphasize the importance of this information collection. The web-based format for this information collection is expected to also increase the response rate as it facilitates and eases the administration of the information collection. Additional reminder emails will be used to maximize the response rate.

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

Data will be downloaded to Excel for analysis. No identifiable information describing respondents will be included in the analyzed data and aggregate reports. All identifying information will be kept secure, stored in a password-protected file, and will only be accessible by the primary project investigator, Kai Young, or a designated data manager if the primary project investigator is not available.

Aggregated reports will include descriptive statistics of alumni demographic/background information, exposure to and interest in public health and health-related fields, alumni's education attainment and employment status, as well as their perceptions of whether their participation in CUPS program has increased their interest in public health and health equity, and influenced their career choices.

Qualitative data analysis will be conducted on open-ended responses if appropriate.

Pilot testing

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

Three CDC public health professionals pilot tested the survey instrument. The assessment included clarity of questions and response categories and the time required to complete the survey. The average time to complete the survey was 21 minutes (range: 17-25 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): Changed the order of response categories from strongly agree to strongly disagree, and changed the skip patterns so they are more explicit.

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.

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.