

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0923-0047)

TITLE OF INFORMATION COLLECTION: Heat and Health Tracker Evaluation Survey

PURPOSE: The Centers for Disease Control and Prevention (CDC) launched the [Heat and Health Tracker](#) (HHT) to provide timely, local-level, heat- and health-related illness information to the public. The HHT features: 1) historic, current, and projected heat; 2) real-time, daily data on heat-related illness; 3) county-specific information on heat risk combined with vulnerabilities data, like the environmental justice index (EJI); 4) customizable maps with downscaled population and community data; and 5) guidance and resources for heat preparedness and response from CDC and other credible sources. HHT has not yet been evaluated since its launch in July 2020.

The Climate and Health Program's Evaluation team is designing a customer feedback evaluation that seeks to better understand if and how intended customers are using HHT, whether it is a beneficial tool for their decision-making efforts, and how it can be improved to better meet their needs and be more user-friendly. The specific goals of the evaluation, and in particular this survey, is to understand 1) what priorities relating to heat and heat-related illness data respondents have (to allow us to deduce how the tool can be improved to be more responsive to those priorities); 2) if and how customers are interacting with HHT for in their heat monitoring, preparedness and response work; 3) whether HHT is being used for decision-making, emergency planning, public health action, policy, and or/resource allocation, particularly at the state or community level; and 4) if it is being used for any of the above, how is it being used.

DESCRIPTION OF RESPONDENTS: Respondents for this survey include state and local health officials working at the intersection of climate and health in their jurisdiction. The specific audience will include:

- 11 CDC’s Climate and Health Program recipients
- 33 CDC’s Environmental Public Health Tracking Network recipients
- 20 members of the Association of State and Tribal Health Officials’ (ASTHO) climate workgroup
- 7 members of the National Association of County and City Health Officials’ (NACCHO) climate workgroup

TYPE OF COLLECTION: (Check one)

- | | |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form | <input checked="" type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software) | <input type="checkbox"/> Small Discussion Group |
| <input type="checkbox"/> Focus Group | <input type="checkbox"/> 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.

X

Kathryn Sisler
Health Scientist

3/7/2023__

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

Personally Identifiable Information:

1. Is personally identifiable information (PII) collected? [] Yes [x] No Survey will not collect PII.
2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? [] Yes [] No Not applicable
3. If Applicable, has a System or Records Notice been published? [] Yes [] No Not applicable

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
State, local, or tribal governments- Heat and Health Tracker Evaluation Survey	71	15 minutes	18 hours
Totals	71		18 hours

FEDERAL COST: The estimated annual cost to the Federal government is \$3,353.

Details: staff time, no contract or additional funding. Expecting 2 weeks or 80 hours of time to deploy, analyze, and summarize the data. Hourly wage of GS-12 FTE (\$41.91) x 80 hours.

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

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?

A convenience sampling strategy will be used. A partner/recipient directory, which includes each state or local health officials' name and business email will be used to identify potential respondents. The 71 respondents identified above will be provided an online link (Attachment A), using the email address from the directory to access the HHT Evaluation Survey (Attachment B - REDCap).

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: The survey platform REDCap will be used for data collection.
2. Will interviewers or facilitators be used? Yes No

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

Attachment A: Email Invitation for Heat and Health Tracker Evaluation Survey
Attachment B. Heat and Health Tracker Evaluation Survey (REDCap)
Attachment B. Heat and Health Tracker Evaluation Survey (Word)
Attachment C. STARS Determination

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.