

**Request for Approval under the “Generic Clearance for the Collection of  
Routine Customer Feedback” HHS Online Customer Surveys (OMB Control  
Number: 0990-0379)**

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**TITLE OF INFORMATION COLLECTION:**

ASPR Listening Sessions

**PURPOSE:**

The U.S. Department of Health and Human Services, Assistant Secretary for Preparedness and Response (ASPR), Ms. Dawn O’Connell, will host three virtual listening sessions with public health and healthcare stakeholders to share her vision and priorities for ASPR and provide an opportunity for participants to share their organizations current priorities and challenges in addition to a facilitated conversation with Ms. O’Connell in her new role. From these engagements the senior leadership of ASPR will be confirming that in development of future organizational activities all are in line with the needs of the stakeholders.

**DESCRIPTION OF RESPONDENTS:**

Representatives of healthcare sector, public health sector, and health supply chain systems that are partners of the U.S. Department of Health and Human Services and support the mission of the Office of the Assistant Secretary for Preparedness and Response (ASPR).

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

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

Name: Alysia Durant

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

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected?  Yes – *name and contact information about representatives who provide responses on behalf of their organization*

2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974?  Yes  No - *for Privacy Act purposes, the responses, including the PII, will be records about the organizations (not “records about individuals”)*
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 hour |
|---|--------------------|--------------------|-------------|
| Public Health and Healthcare Stakeholders (Registration)      | 200                | 20 minutes         | 67          |
| Public Health and Healthcare Stakeholders (Listening Session) | 150                | 60 minutes         | 150         |
| <b>Totals</b>   | <b>350</b>         | 80 minutes         | <b>217</b>  |

**FEDERAL COST:** The estimated annual cost to the Federal government is \$1,481.40. *This cost is based on three FTE staff at the rate of \$49.38 per hour for a total of 30 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?

The distribution of individuals to receive this information for completion include stakeholders that represent the public health, healthcare, and private industry communities critical to fulfilling ASPR’s overall organizational mission. They are individuals which are regularly receiving information announcements and bulletins from ASPR.

**Administration of the Instrument**

1. How will you collect the information? (Check all that apply)  
 Web-based form  
 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.**