

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

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**TITLE OF INFORMATION COLLECTION:**

Customer Feedback on Previously Developed Health Messaging to Promote Vaccination Among Older African American Community Health Workers

**PURPOSE:**

The Office of Regional Health Operations (ORHO), within OASH, intends to administer an online survey to 500 non-Hispanic African American Community Health Workers (CHWs), over the age of 50, to provide customer feedback on previously developed health messages and promotional materials created to encourage uptake of the related to pneumococcal (pneumonia), herpes zoster (shingles), and COVID-19 vaccination. The information gathered from this survey will inform ORHO efforts related to increasing vaccine uptake of routine adult immunizations among older African Americans.

HHS recently released the National Strategic Plan for Vaccines 2021–2025. Objective 4 of this plan highlights the specific need to “reduce disparities and inequities, increase access to and use of routinely recommended vaccines across the lifespan.” Vaccinations are routinely recommended for children, adolescents, and throughout adulthood. However, vaccination uptake for adults is low, and disparities persist among racial and ethnic minority populations.

The survey objectives are as follows:

- Assess the effectiveness of culturally appropriate promotional materials to increase community knowledge of and confidence in herpes zoster and pneumococcal vaccine among African American community health workers over the age of 50 years; and
- Understand perceptions of risk, barriers, and cues to actions related to uptake of adult vaccines, including the new COVID-19 vaccine, among African American community health workers over the age of 50 years.

**DESCRIPTION OF RESPONDENTS:**

A total of 500 participants will be surveyed for this project. Respondents are Non-Hispanic African American Adults community health workers, over the age of 50. Community health workers are frontline, public health workers who are considered thought leaders within their communities.

Participants will be recruited through ORHO partnering agencies’ listserv. This list includes community health workers’ networks, faith-based networks, adult learning centers, and community-based organizations located

throughout the country. An invitation to participate in the survey will be sent via email. Email invitation script is attached.

**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 type="checkbox"/> Focus Group                                   | <input checked="" type="checkbox"/> Other: <u>Online Survey Questionnaire</u> |

**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

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Corstella Johnson  
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Name:

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

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected?  Yes  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  No

**BURDEN HOURS**

<b>Category of Respondent</b>	<b>No. of Respondents</b>	<b>Participation Time</b>	<b>Burden hours</b>
Community Health Workers (African American Adults over the age of 50) – Survey questionnaire	500	15	125
<b>Totals</b>	<b>500</b>		<b>125</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is \$150,000

**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 total of 500 participants will be surveyed for this project. Respondents are Non-Hispanic African American Adults and community health workers, over the age of 50. Community health workers are frontline, public health workers who are considered thought leaders within their communities. Additionally, ORHO will utilize “snowball” sampling, which allows existing participants to recruit their peers to participate in the survey.

**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.**