

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control No. 0920-1071)

TITLE OF INFORMATION COLLECTION: TB Care Finder

BACKGROUND:

Applicants for US residency are required to undergo a medical examination as part of the immigrant visa application process. One of the diseases screened for is tuberculosis (TB); applicants who are identified as having admissible TB conditions (see <https://www.cdc.gov/immigrantrefugeehealth/panel-physicians/tuberculosis.html#clearance>) are recommended to receive follow-up evaluations through their local health department after arrival in the United States.

CDC currently provides a service in connecting immigrants to care by providing information about these immigrants to the health department of the immigrant’s destination state so health departments can coordinate the recommended follow-up with immigrants arriving in their jurisdictions. However, scheduling follow-up appointments with the immigrants can be burdensome for the health departments, and immigrant contact information is sometimes outdated or incorrect.

PURPOSE: CDC is developing TB Care Finder, to improve CDC’s ability to connect immigrants with TB services in the United States. The TB Care Finder will serve as a web-based directory tool that will provide immigrants and other people needing TB services in the United States with information about state, territorial, and local public health TB control programs, including their contact information. Information available on the tool will also provide relevant educational TB materials and links as provided by health departments. Health departments will have the opportunity to enter their own information into the TB Care Finder portal and ensure the information remains up to date. Health departments also have the option to upload information in Spanish for improved accessibility.

The goal of this directory is to help immigrants in accessing the recommended post-arrival follow-up TB evaluation in the U.S. at their destination location. Immigrants using the tool will be able to look up and print out information uploaded about TB services at their destination. They can then use this information to proactively schedule appointments with the health department of jurisdiction to obtain the recommended follow-up. Although primarily developed as a tool for immigrants, the information in TB care Finder will be useful to anyone in the United States who is seeking TB-related care. Improving access to TB services for immigrants can contribute indirectly to U.S. TB elimination goals by improving detection of active TB cases in this population.

DESCRIPTION OF RESPONDENTS: Staff of state, territorial, and local TB control programs in the United States.

TYPE OF COLLECTION: (Check one)

☐ Customer Comment Card/Complaint Form
☐ Usability Testing (e.g., Website or Software)

☐ Customer Satisfaction Survey
☐ Small Discussion Group

☐ Focus Group
directory

☒ Other: Improve access to an web based

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: Omar Duran Pena

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

Category of Respondent	No. of Respondents	Participation Time	Burden
TB Control programs staff	150	60 min	150
Totals			

FEDERAL COST: The estimated annual cost to the Federal government is \$10 000

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?

Participants were selected as listed based on TB control programs current directories available to the public on the CDC/Division of Tuberculosis Elimination and the National TB Controllers Association (NTCA) websites:

<https://www.cdc.gov/tb/links/tboffices.htm>

<https://www.tbcontrollers.org/community/statecityterritory/>

This is the list of state, territorial and big city TB programs in the US who will be the respondents. Some states may invite sub-jurisdictions within their respective states to be direct respondents.

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”

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.