

## **Request for Approval Under Generic Clearance for CDC Fellowship Programs Assessments (OMB Control Number: 0920-1163)**

---

**TITLE OF INFORMATION COLLECTION:** *Epidemic Intelligence Service / Laboratory Leadership Service (EIS/LLS) Alumni Survey (2023)*

*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.*

*Instruction: Please provide no more than two sentences for each item in this box.*

**Goal of the study:** To conduct follow-up surveys of alumni and foster continuous program improvement in the Center for Disease Prevention and Control (CDC) Epidemic Intelligence Service (EIS) fellowship program and Laboratory Leadership Service (LLS) fellowship program.

**Intended use of resulting data:** Data will be used by EIS and LLS fellowship program staff to monitor program outcomes related to alumni. Leadership will also use the data to guide alumni survey development and implementation of other CDC alumni surveys in the future.

**Methods to be used to collect data:** Data will be collected through two web-based data collection instruments that will include open and closed-ended questions. One instrument will be specific to alumni 1-year post-graduation and another instrument will be specific to alumni 3- and 5-years post-graduation.

**Subpopulation to be studied:** Individuals who have completed an EIS/LLS fellowship (classes of 2020, 2018, and 2016).

**How data will be analyzed:** Descriptive statistics will be used to analyze quantitative data. Qualitative data analysis will be conducted on open-ended survey responses.

### **CIO or Division PRA Contact**

Name: \_\_\_Carter Clinebell\_\_\_

Email: \_\_\_sei1@cdc.gov\_\_\_

Phone: \_\_\_404-498-6424\_\_\_

### **Project Representative**

*Instruction: Complete the fields below with information about the project lead.*

Name: \_\_\_Caitlin McColloch\_\_\_

Title: \_\_\_Health Scientist/Program Evaluator\_\_\_

Affiliation (CIO/Division): \_\_\_NCSTLTPHIW/DWD\_\_\_

Email: \_\_\_oqo4@cdc.gov\_\_\_

Phone: \_\_\_404-498-0023\_\_\_

## 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.*

<b>Column A</b>	<b>Column B</b>
Information gathered is intended for CDC fellowship service improvement and program management purposes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	The investigation is conducted to contribute to generalizable knowledge. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Data collection will be completed in 90 days or less. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Data collection is expected to require greater than 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
No incentive (e.g., money, reimbursement of expenses, token of appreciation) will be provided to participants. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	An incentive (e.g., money, reimbursement of expenses, token of appreciation) will be provided to participants. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Did you select “yes” to **all** criteria in Column A?

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?

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**

*Instruction: Provide a brief description of the collection purpose and how it will be used. If this is part of a larger study or effort, please include this in your explanation.*

The Epidemic Intelligence Service (EIS) is CDC's long-standing, premier fellowship in applied epidemiology. EIS provides public health service through experiential learning and serves as a natural conduit to future generations of public health responders and leaders. CDC’s Laboratory Leadership Service (LLS) program provides high-quality training that focuses on biosafety, quality management systems, and management and leadership competencies. Both programs are managed by the Epidemiology and Laboratory Workforce Branch (ELWB) in the Division of Workforce Development (DWD). The ELWB requests Office of Management and Budget (OMB) approval to collect data from EIS and LLS alumni. Data collected will be used to answer key program assessment questions, specifically:

1. What kinds of positions do alumni take after the fellowship/program?
  - a. In what settings are post-fellowship positions?
  - b. What kind of work are alumni engaged in?
  - c. To what extent/how are alumni advancing in their careers?
  - d. To what extent do alumni serve as public health leaders?
2. To what extent does the fellowship/program prepare alumni for post-fellowship roles?
  - a. To what extent are alumni using the fellowship/program competencies?
  - b. What competencies were not addressed during the fellowship/program that are needed in current roles?
3. To what extent are alumni engaged in the fellowship/program?
  - a. How are alumni engaged in serving as mentors or supervisors to current fellows/students?

CDC is requesting OMB approval to collect data from alumni to ensure our programs are meeting their intended outcomes. EIS and LLS staff will use these results for program improvements.

### **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.*

*Check all that apply.*

- Potential applicants or applicants
- Current fellows (nonfederal employees)
- 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
- 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 H21-8 Atlanta, Georgia 30329; ATTN: PRA (0920-1163).”
  - 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: Marion Carter, PhD  
 Date of Certification (MM/DD/YYYY): 11/13/2023  
 Email: acq0@cdc.gov  
 Phone: 404-639-8035

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

**Personally Identifiable Information**

1. Is personally identifiable information (PII) collected? [ ] Yes [ x ] No
2. If Yes:
  - a. Is the information that will be collected included in records that are subject to the Privacy Act of 1974?  
 [ ] Yes [ ] No

- b. Please provide justification for collecting PII: \_\_\_\_\_
- c. Please describe efforts to use existing PII to avoid duplication (e.g., information from the Fellowship Management System [OMB No. 0920-0765], FedScope):  
\_\_\_\_\_
- 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.*

The survey will NOT ask personal identifiers such as name and email address. We do intend to ask demographic questions, including race, ethnicity, gender, and age. These questions will be optional for all survey respondents. This information is important to understanding how demographics might impact outcomes.

### **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**

<b>Category of Respondent</b>	<b>Form Name</b>	<b>No. of Respondents</b>	<b>No. of Responses per Respondent</b>	<b>Average Burden per Respondent (in hours)</b>	<b>Total Burden Hours</b>
EIS alumni year 1	EIS Alumni Survey Year 1	60	1	25/60	25
EIS alumni years 3 or 5	EIS Alumni Survey Year [3/5]	143	1	20/60	48
LLS alumni Year 1	LLS Alumni Survey Year 1	5	1	25/60	2
LLS alumni years 3 or 5	LLS Alumni Survey Year [3/5]	12	1	20/60	4
<b>Totals</b>		<b>220</b>	<b>1</b>		<b>79</b>

Overall all responses, the average burden per response is 21.55 minutes.

## **FEDERAL COST**

**Table 2. Estimated Cost to the Government**

<b>Staff or Contractor</b>	<b>Average Hours</b>	<b>Average Hourly Rate</b>	<b>Total Cost</b>
GS-13 Health Scientist: <i>Coordinate survey design, creation, and approval; analyze LLS data and report results</i>	80	49.84	\$3,987
GS-12 Health Scientist: <i>Support survey design and creation, analyze EIS data and report results</i>	40	43.31	\$1732.40
GS-13 Public Health Analyst: <i>Provide guidance and feedback</i>	10	58.14	\$581.40
<b>Total</b>	<b>130</b>		<b>\$6,300.80</b>

Link to U.S. Office of Personnel Management Pay Tables: <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/2019/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.*

<b>Project Time Schedule</b>	
<b>Activity</b>	<b>Time Schedule</b>

Design methods and data collection instruments	Most of this work happened in 2019, but the surveys were never launched. We revised these in June 2023.
Human subjects determination	Happened in 2019 and again after revisions in August 2023.
Pilot test instrument	September 2023
Develop genIC request	September 2023
Submit genIC to ICRO (then ICRO into ROCIS)	October/November 2023
Receive OMB approval for genIC	October/November 2023
Implement data collection	As soon as genIC is approved or as indicated by the genIC data collection plan
Analyze data as planned	Approximately within 3 months of close of data collection
Produce technical and summary report	Approximately within 6 months of close of data collection: communicate to leadership about results and recommendations for improvement or actions

### **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.*

All EIS and LLS alumni for whom we have current email addresses will be asked to complete a survey. Email addresses will be provided by the programs. We will conduct an internet search for missing email addresses.

#### **Administration of the instrument**

*Instruction: Identify how the information will be collected.*

1. How will you collect the information? (Check all that apply)

- Electronic
- Telephone
- In-person
- Hard copy
- Other, explain: \_\_\_\_\_

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

## **Methods to maximize response**

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

Advance notification via the email invitations to the data collection instrument (see Att. C Email Invite) will be used to maximize response rates. The email invitation introduction will contain the purpose of the information collection and directions for completing the web-based data collection instrument. The introduction will emphasize the importance of input from EIS and LLS alumni for the purpose of measuring program outcomes. The web-based format is expected to increase the response rate because it will ease administration of the assessment. Additionally, at least three reminder emails (see Att. D Email Reminder) will be sent to those who have not yet completed and who have partially completed a survey.

Given that data will be collected from alumni who are volunteering to complete the alumni survey, it is reasonable to expect that the response rates will progressively decline as more time passes between when an alumnus graduated from the program and when they receive the survey. That is, it is expected that the response rate for the alumni survey administered 1 year post-graduation will be better than the alumni survey administered 3 and 5 years post-graduation.

## **Analysis plan**

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

An Excel spreadsheet of the data will be exported from the online survey platform and stored on a CDC-secured location. Descriptive statistics will be calculated in Excel or R. Open-ended responses will be qualitatively analyzed.

## **Pilot testing**

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

The alumni surveys were piloted with 5 public health professionals in September 2023 to assess the clarity of the questions and response categories and estimated time required to complete the data collection.

*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): \_\_\_Minor formatting and wording edits were made after pilot testing.\_\_\_

## **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 DWD 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 DWD PRA Coordinator Carter Clinebell [sei1@cdc.gov](mailto:sei1@cdc.gov)**