Request for Approval under the "Voluntary Partner Surveys to Implement Executive Order 12862" (OMB Control Number: 0906-0084)

TITLE OF INFORMATION COLLECTION: Follow up: ASPR/ Strategic National Stockpile (SNS) Dissemination and HRSA-Supported Health Centers use of JYNNEOS vaccine.

PURPOSE: The purpose of this brief follow up is to gain helpful feedback on the recent (October 3, 2024, deadline) dissemination and use of the JYNNEOS vaccine, to prevent the spread of mpox. ASPR/Strategic National Stockpile (SNS) made this vaccine available to HRSA-supported health centers in a very short window (from 9/15/24 thru 9/27/2024). The short window was determined by the fast-approaching expiration date of the vaccine. HRSA Bureau of Primary Health Care (BPHC) would like to assess how well this process worked for refining it for future use and if health centers were able to make use of the vaccine to treat more patients than would have been able to be treated without this additional supply from ASPR.

DESCRIPTION OF RESPONDENTS: Respondents are the CEOs and/or Clinical Directors of each HRSA-supported health center.

TYPE OF COLLECTION: (Check one)

[ ] Customer Comment Card/Complaint Form
[ ] Usability Testing (e.g., Website or Software)
[ ] Focus Group
[X] Customer Satisfaction Survey
[ ] Small Discussion Group
[ ] 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: Cheryl Thompson_____

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

Personally Identifiable Information:

1. Is personally identifiable information (PII) collected? [ ] Yes [X] No
2. If yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974? [ ] Yes [ ] No N/A
3. If yes, has an up-to-date System of Records Notice (SORN) been published? [ ] Yes [ ] No N/A

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 Hours Total***
CEOs and/or Clinical Directors of HRSA-supported health centers	100	5-Minutes	8.33 Hours
Totals	100		8.33 Hours

* In ROCIS, the burden hours are rounded down because the burden is under 8.5 hours.

FEDERAL COST:

The estimated annual cost to the federal government is $480.90 (One GS-14, Step 7 conducting final review and tabulation of responses for four hours, hourly wage of $80.15 multiplied by 1.5 to account for overhead costs).

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? [X] 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 list of HRSA-funded health centers that will be included in this customer service follow up are the list of approximately 100 health centers that requested and received the JYNNEOS vaccine from ASPR/SNS between 9/15/2024 and 9/27/2024.

Administration of the Instrument

1. How will you collect the information? (Check all that apply)
   [X] Web-based or other forms of Social Media
   [ ] Telephone

[ ] In-person
[ ] Mail
[ ] Other, Explain

2. Will interviewers or facilitators be used? [ ] Yes [X] No

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