

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0920-1050)

Instruction: This form should be completed by the primary contact person from the Program sponsoring the collection.

DETERMINE IF YOUR COLLECTION IS APPROPRIATE FOR THIS GENERIC CLEARANCE MECHANISM:

Instruction: Before completing and submitting this form, determine first if the proposed collection is consistent with the scope of the Collection of Routine Customer Feedback generic clearance mechanism. To determine the appropriateness of using the Collection of Routine Customer Feedback generic clearance mechanism, complete the checklist below.

If you select “yes” to all criteria in Column A, the Collection of Routine Customer Feedback generic clearance mechanism can be used. If you select “yes” to any criterion in Column B, the Collection of Routine Customer Feedback generic clearance mechanism cannot be used.

Column A	Column B
The information gathered will only be used internally to CDC. [X] Yes [] No	Information gathered will be publicly released or published. [] Yes [X] No
Data is qualitative in nature and not generalizable to people from whom data was not collected. [X] Yes [] No	Employs quantitative study design (e.g. those that rely on probability design or experimental methods) [] Yes [X] No
There are no sensitive questions within this collection (e.g. sexual orientation, gender identity). [X] Yes [] No	Sensitive questions will be asked (e.g. sexual orientation, gender identity). [] Yes [X] No
Collection does not raise issues of concern to any other Federal agencies. [X] Yes [] No	Other Federal agencies may have equities or concerns regarding this collection. [] Yes [X] No
Data collection is focused on determining ways to improve delivery of services to customers of a current CDC program. [X] Yes [] No	Data will be used to inform programmatic or budgetary decisions, for the purpose of program evaluation, for surveillance, for program needs assessment, or for research. [] Yes [X] No
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] Yes [] No	

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

If yes, the *Collection of Routine Customer Feedback* generic clearance mechanism may be appropriate for your investigation. You may proceed with this form.

Did you select “Yes” to any criterion in Column B?

If yes, the *Collection of Routine Customer Feedback* generic clearance mechanism is **NOT** appropriate for your investigation. Stop completing this form now.

Note: Use OMB format when asking race/ethnicity as well as gender questions.

TITLE OF INFORMATION COLLECTION: Clinical Practice Guideline Outreach and Communication Materials Feedback

PURPOSE: The Centers for Disease Control and Prevention (CDC), National Center for Injury Prevention and Control (NCIPC) supports partner outreach and engagement to strengthen CDC's ability to collaborate with clinical partners to increase use of the updated 2022 CDC *Clinical Practice Guideline for Prescribing Opioids for Pain* (2022 Clinical Practice Guideline). It is vital for CDC to strengthen the ability of healthcare organizations and professionals to address the drug overdose by equipping them with the most updated trainings and materials on CDC guidelines. The purpose of this collection is to obtain CDC's stakeholders' feedback of outreach and communication materials related 2022 Clinical Practice Guideline. CDC will solicit feedback from the Clinician Education Network (CEN) members using an anonymous online satisfaction survey (Att. 2 and 3). Results are intended to collect stakeholder feedback for CDC to improve programming and better understand strengths and weaknesses of the materials developed with this project. Additionally, this will complement CDC's ongoing work assessing the need for updating and expanding outreach, communication, and education materials promoting and supporting the implementation of the 2022 Clinical Practice Guideline.

Information will only be used internally so that improvements can be made regarding the CEN to help organizations better address the opioid crisis including drug overdose. Without these types of feedback, the Agency will not be able to improve current and future resources to meet clinician and health system needs.

DESCRIPTION OF RESPONDENTS:

Participation in the satisfaction survey will be voluntary. Users will provide feedback through an online survey hosted by Survey Monkey (Att. 3). Participants will include current CEN members, which currently include 16 member organizations. One representative from each organization will be requested to participate in the survey.

TYPE OF COLLECTION: (Check one)

Instruction: Please sparingly use the Other category

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

☒ 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.

Name: _____Karen Angel_____

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, is the information that will be collected included in records that are subject to the Privacy Act of 1974? [] Yes [X] No (not applicable)
3. If Applicable, has a System or Records Notice been published? [] Yes [X] No

Privacy Act does not apply for this information collection request (Attachment 1). Personal Private Information is not collected. All procedures have been developed, in accordance with federal, state, and local guidelines, to ensure that the rights and privacy of respondents will be protected and maintained.

Gifts or Payments:

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [] Yes [X] No

If Yes: Please describe the incentive. If amounts are outside of customary incentives, please also provide a justification.

BURDEN HOURS

Category of Respondent	Form Name	No. of Respondents	Participation Time	Burden (hours)
Program stakeholders	Feedback Survey (Att.2)	16	15/60	4
Totals				4

FEDERAL COST: The estimated annual cost to the Federal government is \$20,000

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?
[X] Yes [] No

If Yes: Please provide a description of both below (or attach the sampling plan)

The survey will be sent to all CEN member organizations, currently 16 asking them to complete a voluntary survey.

If No: Please provide a description of how you plan to identify your potential group of respondents and how you will select them or ask them to self-select/volunteer

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.