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.

TITLE OF INFORMATION COLLECTION: Focus groups to provide feedback on the FY 2024 Public Health Data Strategy goals and milestones.

PURPOSE:

This effort is part of OPHDST strategy and Data Modernization Initiative (DMI) efforts. The purpose of these focus groups is to inform how CDC prioritizes and sets milestones for future products and services. Specifically, we want to identify state, local and territorial (STLT) health agency staff and public health partner view points, to incorporate their feedback into the next version of the goals and milestones. We will be presenting them with a set of problem statements and asking them to describe the match to their own problems, the challenges of solving the problem, and the risks of not solving the problem.

DESCRIPTION OF RESPONDENTS:

Respondents are state, local, and territorial public health agency staff or public health organization partner staff who work in roles that are impacted by the decisions and priorities that CDC makes. This can include: health department directors, data standards and legal strategists, IT staff, informatics staff, epidemiologists, administrators, nurses, among other types of staff working in public health settings. Partner organizations we'd like to include (but not limited to):

- CSTE
- NACCHO
- Big Cities
- ASTHO
- APHL
- JPHTS
- Tribal nations

TYPE OF COLLECTION: (Check one)
Instruction: Please sparingly use the Other category

[ ] Customer Comment Card/Complaint Form   [ ] Customer Satisfaction Survey
[ ] Usability Testing (e.g., Website or Software   [ ] Small Discussion Group
[X] Focus 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 <u>not</u> raise issues of concern to other federal agencies.
4. The results are <u>not</u> intended to be disseminated to the public.

5. Information gathered will not be used for the purpose of <u>substantially</u> informing <u>influential</u> policy decisions.

Name:_Suzanne Soroczak_____

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

Personally Identifiable Information:
1. Is personally identifiable information (PII) collected? [ ] Yes [N] 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
3. If Applicable, has a System or Records Notice been published? [ ] Yes [X] No

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	No. of Respondents	Participation Time	Burden
3. State, local, or tribal governments	200	1.5 hour	300 hours
Totals			**300 hours**

FEDERAL COST: The estimated annual cost to the Federal government is
_____$___1249.02____

Staff	Estimated Hours	Hourly Rate	Total Cost
Digital Services Expert (GS-15)	4	$87.93	$351.72
Digital Services Expert (GS-15)	10	$87.93	$879.30
License for Mural.co software (if applicable) **Total**			$18.00 ***$1249.02***

<u>If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:</u>

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)
   a. **Customer list that defines the universe of potential respondents:** As part of the CDC Data Modernization Initiative (DMI), we have asked State, Territory, Local, Tribal (STLT) health department staff, CDC engagement panel members, and members of partner organizations such as: (CSTE, BCHC, ASTHO, and/or NACCHO) -- as well as a variety of medical and environmental health professional associations. In this sign-up sheet, they listed their organization, health department (if applicable), type of organization (e.g., local, state, territory, partner), and area(s) of expertise.
   b. Sampling plan: We plan to invite all those on the list who meet our inclusion criteria for the focus groups. The focus groups will be segmented by organization type and job role.
       i. For example: we will work with CSTE to invite a subsection of their members to participate. We will look for participants with the job titles of epidemiologist, IT systems, director of health, and informatics. We will also look for representatives from STLTs across the nation.

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
[X] Other, Explain Mural.co coworking board

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

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

See Appendix A for above