

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? Yes

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? No

*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:

Jurisdictional Staff Feedback to Improve Case Interview Training

PURPOSE:

CDC is partnering with the Council of State and Territorial Epidemiologists (CSTE) and a workgroup of public health staff from state and local jurisdictions to improve service. CDC provides support to jurisdictions in improving the collection of surveillance data for reportable diseases, as well as the quality and completeness of those data. CDC funds jurisdictions for some surveillance activities. CDC also provides public health surveillance, and public health emergency response services based on surveillance data, to support the U.S. population, including populations that face discrimination or are at disproportionate risk of health conditions due to systemic inequities. The goal of this project is to improve CDC public health services to support jurisdictions in collecting case investigation data for surveillance, particularly among disproportionately affected populations such as people experiencing homelessness, people who have substance use disorders, and people with disabilities, through improving the quality of training materials funded by CDC to be provided free of charge by jurisdictional public health departments.

DESCRIPTION OF RESPONDENTS:

Potential respondents will include jurisdictional public health staff at the state and local level, as well as subject matter experts in homelessness, disability, and populations with substance use disorders.

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: Kristie E. N. Clarke, MD MSCR

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

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 (In hours)
Jurisdictional public health staff members survey	90	20 min	30
Jurisdictional public health staff members focus groups	67	60 min	67
Subject matter experts in populations of focus (i.e., populations experiencing homelessness, substance use disorder, or disability) survey	15	20 min	5
Subject matter expert participants in focus groups	5	60 min	5
Totals	177		107

FEDERAL COST: The estimated annual cost to the Federal government is \$7,895. This is based on pay for four positions. The first position estimate is based on the time required for one contractor to design survey and focus group guide and reach out to subject matter experts and the jurisdictional workgroup members for voluntary participation, including scheduling focus groups. The second position is for a contractor to coordinate receipt of survey data. The third position is a contractor to conduct a descriptive analysis of results of survey and a rapid qualitative analysis of the focus group data. The fourth position is for a junior technical consultant contractor to facilitate six hour-long focus groups.

Estimated Annualized Cost to the Federal Government

Staff (FTE)	Estimated Hours	Hourly Rate	Total Cost
<i>Contractor- Project Lead: Design of multi-choice survey and focus group guide; outreach to jurisdictional workgroup members and subject matter experts</i>	25 (0.01 Contractor)	\$100/hour	\$2500
<i>Contractor- Technical Consultant: Coordination of receipt of survey data</i>	10 (0.01)	\$195/hour	\$195

	Contractor)		
Contractor- Subject Matter Consultant: Rapid descriptive analysis of major focus group themes and descriptive analysis of multi-choice survey data	40 (0.01 Contractor)	\$115/hour	\$4,600
Contractor- Junior Technical Consultant: Facilitation of 6 one-hour focus groups	6	\$100/hour	\$600
Survey software- no cost will use existing account of CSTE with Qualtrics	N/A	\$0	\$0
Total			\$7,895

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)

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

CSTE has convened a workgroup of public health staff from 15 jurisdictions who have been contributing input during training development and will be offered the opportunity to voluntarily pilot test the draft training and provide feedback via the online multiple choice survey and/or focus group qualitative feedback. CSTE has subcontracted with a workforce development group (Rocky Mountain Public Health Training Center at the Center for Public Health Practice at the Colorado School of Public Health), which has subject matter experts in the training populations of focus in their public health program who will be offered the opportunity to voluntarily review the draft training and give feedback via both mechanisms (brief survey and focus group).

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? [X] 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 concise 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 concise 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. The ‘Other’ category should be used only in the contexts in which the provided categories cannot reasonably apply.

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: As a general matter, incentives are not appropriate for customer service collections; however, incentives may be appropriate for focus groups or in-depth usability studies, especially when participants must travel to a site to participate. In the latter circumstance, the incentive should include travel costs. Customary incentives for focus groups in the Federal government are \$40 for a one-hour interview and \$75 for a 90-minute focus group. If you answer yes to the question, please describe the incentive and provide a justification for amounts other than those cited above; justifications should be limited to Federal studies of a similar design and subpopulation.

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.