## 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:** 2024 Epidemic Intelligence Service (EIS) Conference and Match Customer Service Feedback Surveys

**PURPOSE:**

The Centers for Disease Control and Prevention (CDC) seeks to obtain Office of Management and Budget (OMB) approval to collect feedback on the 2024 Epidemic Intelligence Service (EIS) conference and match processes that occurred between April 15, 2024 through May 8, 2024.

EIS program plans and facilitates a conference to: 1) provide a forum for EIS Officers, alumni, and other public health professionals to engage in the scientific exchange of current epidemiologic topics, and 2) provide an opportunity for incoming EIS Officers to be recruited by supervisors of potential EIS positions at federal, state, local, tribal, and territorial public health host sites. This year, the EIS conference will be in-person and include an online component for participants to view sessions and presentations remotely through the online eventPower conference platform. The EIS program is also facilitating in-person recruitment for the EIS Class of 2024. The 2024 EIS conference and match activities will commence on April 15, 2024 beginning with EIS 2024 recruitment activities and will conclude on May 8, 2024 once EIS officers are matched to host site positions. During the conference, there will also be a series of scientific presentations; this will occur from April 23, 2024 through April 26, 2024.

CDC is requesting OMB approval to collect feedback on the EIS conference and match process to a) identify ways to improve future conference and match activities and b) ensure the EIS conference and match meets the goals and the needs of attendees. The EIS program intends to use the results of these data to improve the logistics, communication, and quality of the EIS conference and match for the future.

| **Survey Title** | **Purpose** | **Survey Topic** | **Target Audience** | **Anticipated Launch Date** |
| --- | --- | --- | --- | --- |
| Attachment 1: 2024 EIS Conference Customer Service Feedback Survey | Assess the participant experience with the 2024 EIS conference | 2024 EIS Conference | Registered conference participants | April 26, 2024 |
| Attachment 6: 2024 EIS Match Customer Service Feedback Survey | Assess the participant experience with the 2024 EIS recruitment and match process | 2024 EIS Recruitment and Match | Participants of the 2024 EIS Recruitment and Match | May 9, 2024 |

There are two different customer satisfaction surveys included within this GenIC:

* Attachment 1: 2024 EIS Conference Customer Service Feedback Survey
  + Attachment 2: 2024 EIS Conference Customer Service Feedback Survey Screenshots
  + Attachment 3: 2024 EIS Conference Customer Service Feedback Survey Invitation Email
  + Attachment 4: 2024 EIS Conference Customer Service Feedback Survey Reminder Email
  + Attachment 5: 2024 EIS Conference Customer Service Feedback Survey Recruitment Flyer
* Attachment 6: 2024 EIS Match Customer Service Feedback Survey
  + Attachment 7: 2024 EIS Match Customer Service Feedback Survey Screenshots
  + Attachment 8: 2024 EIS Match Customer Service Feedback Survey Invitation Email
  + Attachment 9: 2024 EIS Match Customer Service Feedback Survey Reminder Email

**DESCRIPTION OF RESPONDENTS**:

Respondents for the **2024 EIS Conference Customer Service Feedback Survey** (Attachment 1) will be registered conference attendees and will include CDC staff, state and local health department employees, academic and university employees, and other non-CDC participants.

Respondents for the **2024 EIS Match Customer Service Feedback Survey** (Attachment 6) will be 2024 incoming EIS officers and position recruiters (e.g., supervisors, current EIS Officers, others) that participate in the recruitment and match process. Position supervisors include local, state, and federal government employees.

No personally identifiable information (PII) will be collected; should any respondents provide PII, it will not be retained.

**TYPE OF COLLECTION:** (Check one)

*Instruction: Please sparingly use the Other category*

[ ] Customer Comment Card/Complaint Form [ **X** ] Customer Satisfaction Survey

[ ] Usability Testing (e.g., Website or Software [ ] Small Discussion Group

[ ] 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 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: Sarina Juma, MPH

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 [ ] 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 [ **X** ] No

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

**BURDEN HOURS**

The **2024 EIS Conference Customer Service Feedback Survey** (Attachment 1) is a web-based survey with 11 questions. Respondents will take approximately 3 minutes to complete the survey through SurveyMonkey. The estimate for burden (hours) is based on results from a pilot version of this survey that volunteer CDC employee participants completed. Based on previous conference surveys, we estimate that 4,000 individuals will register for conference and 30% of registered attendees will respond to the survey. Therefore, we are seeking approval to collect feedback from up to 1,200 individuals. This is a one-time survey. There will be no direct costs to the respondents other than their time to respond to the survey. Given 1,200 respondents with a response time of 3 minutes each, the total response burden will be 60 hours.

The **2024 EIS Match Customer Service Feedback Survey** (Attachment 6) is a web-based survey with 33 questions. The survey is designed with specific branching logic so that each respondent will only be required to answer at most 22 questions. Approximately half of the survey questions are intended for incoming EIS officers and the other half of questions are intended for recruiters. Respondents will take approximately 6 minutes to complete the survey through SurveyMonkey. The estimate for burden (hours) is based on results from a pilot version of this survey that volunteer CDC employee participants completed. We are seeking approval to collect feedback from approximately 275 individuals: 47 incoming EIS officers and up to 228 recruiters across 76 host sites (3 recruiters per host site on average). This is a one-time survey. There will be no direct costs to the respondents other than their time to respond to the survey. Given 275 respondents with a response time of 6 minutes each, the total response burden will be 28 hours.

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of Respondent** | **No. of Respondents** | **Participation Time** | **Burden** |
| EIS Conference Customer Service Feedback Survey | 1,200 | 3/60 | 60 hours |
| EIS Match Customer Service Feedback Survey | 275 | 6/60 | 28 hours |
| **Totals** | **1,475** |  | **88 hours** |

**FEDERAL COST:**

The average annualized cost to the Federal Government to collect this information is $2,113.50. This estimate is based on the time required for one FTE (GS-13) to supervise and for one FTE (GS-12) to design the survey, develop the web-based survey, implement the survey, analyze the data, and develop recommendations based on the results.

|  |  |  |  |
| --- | --- | --- | --- |
| **Staff or Contractor** | **Hours** | **Average Hourly Rate** | **Cost** |
| FTE (GS-12): Design survey, create web-based survey, disseminate survey, analyze data, and report results. | 30 | $44.18 | $1,325.40 |
| FTE (GS-13): Provide guidance on data analysis. Provide feedback on the final report. | 15 | $52.54 | $788.10 |
| **Totals** | 45 |  | $2,113.50 |

**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? [ ] Yes [ **X** ] 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

Our potential respondent pool consists of all EIS Conference registered attendees and all incoming officers and position recruiters (specifically primary and secondary supervisors) who participated in the 2024 EIS match process.

The **2024 EIS Conference Customer Service Feedback Survey** (Attachment 1) will be administered as a web-based survey that is embedded within the EIS conference platform. Two methods of survey recruitment will be used:

1. The interactive conference platform will display a flyer to invite attendees to complete the 2024 EIS Conference Customer Service Feedback Survey and will include a link to the survey (Attachment 5).
2. On Friday, April 26, 2024, following the conclusion of scientific presentations at EIS conference, an invitation email (Attachment 3) with a link to the survey will be sent to all registered conference attendees. Respondents will be given two weeks to respond to the survey. A reminder email (Attachment 4) will be sent three times; one at the beginning of week 2, one the day before the survey closes, and one on the day that the survey closes.

Respondents will have to complete the survey in one sitting. Respondents cannot return to edit or complete the survey. The survey will close 14 days after it opens.

The **2024 EIS Match Customer Service Feedback Survey** (Attachment 6) will be administered as a web-based survey. On Thursday, May 9, 2024 following the completion of all interviews, an invitation email (Attachment 8) with a link to the survey will be sent to all incoming EIS officers and position recruiters that participated in the match process. Respondents will be given 2 weeks to respond to the survey. A reminder email (Attachment 9) will be sent three times: one at the beginning of week 2, one the day before the survey closes, and one on the day that the survey closes. Respondents will have to complete the survey in one sitting. Respondents cannot return to edit or complete the survey. The survey will close 14 days after it opens.

**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

1. Will interviewers or facilitators be used? [ ] Yes [ **X** ] 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.**