## 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:**

Centers for Disease Control and Prevention’s National Contact Center (CDC-INFO) Interactive Voice Response (IVR) Satisfaction Survey (for Individual Respondents Who Inquire by Phone)

**PURPOSE:**

The Centers for Disease Control and Prevention (CDC) seeks to obtain approval to conduct surveys of customers who call the CDC National Contact Center (CDC-INFO). CDC-INFO offers CDC health information in English and Spanish, to the general public who call the contact center (1-800-CDC-INFO). The phone survey is a part of an automatic Interactive Voice Response (IVR) system designed to improve service delivery and monitor caller satisfaction. The survey is deployed after each call interaction and is automated by touch tone (pressing keypad to select survey options); active consent is required in order to participate. The survey collects customer feedback on satisfaction with call agent handling and help received, satisfaction with the response received, trust in CDC’s health information.

Once the information is collected, CDC-INFO staff will analyze the survey data to:

* Monitor satisfaction with the CDC-INFO call services and improve program performance.
	+ Lower than expected thresholds of reported customer satisfaction with service or quality of responses (whether their health question was answered or not) will be reported to and addressed through internal system improvement (if needed).
* Monitor satisfaction with the quality of agent interaction.
	+ Lower than expected thresholds of reported customer satisfaction with agent handling will be reported to and addressed with CDC-INFO contractor.
* Measure the public’s trust in CDC to provide accurate health information, following the A-11 OMB guidance.
* Monitor the reason people use the telephone service over other forms of communication, including if we’re serving those who may not have internet access.

**Changes since last submission**

In 2025, CDC-INFO removed information about race and ethnicity from phone survey instruments.

**DESCRIPTION OF RESPONDENTS**:

Participation in the CDC-INFO phone survey is optional. Since 2006, the contact center has received more than 7.7 million phone and email inquiries from both Spanish and English speakers in the United States. Most inquiries are from the general public. Other customers usually include healthcare professionals, health departments and clinics, and international travelers. In 2024, CDC-INFO had over 36,228 survey responses via phone with an average response rate of 16%.

**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: Jennifer Hondel Stanko

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**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of Respondent**  | **No. of Respondents** | **Participation Time** | **Burden** |
| Individuals or Households | 93,000 | 3/60 hr | 4,700 |
| **Totals** |  |  | **4,700** |

**FEDERAL COST:** The estimated annual cost to the Federal government is $2722.50. These costs are comprised of:

* Enhanced Call Routing (ECR) - $535.00
* ECR coding & Professional Recordings - $267.50
* Contractor support for reporting & analyzing customer call records (~10 hours a month) - $1,920

**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

Our potential universe are individuals who call CDC-INFO with a legitimate health inquiry, mainly the general public, public health partners, and medical and healthcare providers seeking CDC health and safety information. Active consent is required in order to participate in the automated CDC-INFO phone survey that is deployed after each call. Callers who do not wish to participate can indicate so by touch tone, voice, or simply by hanging up. We estimate a 23% response rate based on past, average response rates to the IVR survey.

The Interactive Voice Response (IVR) survey is automated by phone system, and does not use a live interviewer or facilitator. Participants use their touch tone phone (pressing numbers on their keypad) to input responses to the survey. Responses are captured in the CDC-INFO contractor’s IVR technology platform and a coded comma separated value (CSV) file is provided to CDC staff daily capturing survey responses.

**Administration of the Instrument**

1. How will you collect the information? (Check all that apply)

[ ] Web-based or other forms of Social Media

[X] 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.**