Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery

Extension

0920-1027

Supporting Statement A

April 15, 2026

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A. JUSTIFICATION

1. Circumstances Making the Collection of Information Necessary

The Centers for Disease Control and Prevention (CDC), National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) requests a three-year extension to the previously OMB approved Generic Clearance information collection request (ICR) entitled, "*Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery*" (OMB #: 0920-1027, exp. 06/30/2026).

This information collection is authorized by Section 301 of the Public Health Service Act (42 U.S. Code, Sec. 241(**Att 1a**) and Executive Order 12862 (**Att 1b**). Executive Order 12862 directs Federal agencies to provide service to the public that matches or exceeds the best service available in the private sector. As a means of ensuring our programs are effective and meet our customers' needs, the CDC/NCHHSTP (hereafter "the Agency") utilizes this generic clearance to collect qualitative feedback on our service delivery. For the purposes of this Generic Clearance, qualitative feedback means information that provides useful insights on perceptions and opinions but are not statistical surveys yielding quantitative results that can be generalized to the population of study.

This collection of information is necessary for the Agency to gather customer and interest holder feedback in an efficient, timely manner, in accordance with our commitment to improving service delivery, enhancing public trust, and prioritizing Gold Standard Science. Qualitative data collected from our customers and partners helps CDC ensure that they have effective, efficient, and satisfying experiences with the Agency's programs. This feedback provides valuable insights into customer or partner perceptions, experiences and expectations, provides an early warning of service and/or quality issues, and focuses attention on areas where communication, training, or operational adjustments might improve delivery of products or services. These collections are a useful tool in facilitating ongoing, collaborative, actionable communication between the Agency and its customers and interest holders. Such feedback contributes directly to improving CDC's program management efforts. In the previous 3-year approval period, the Center used 350 burden hours over 8 collection activities. However, we anticipate more robust usage of this mechanism over the next three years due to CDC's renewed emphasis on public trust and accountability, prioritization of Gold Standard Science, and recommitment to high quality customer and interest holder experiences.

2. Purpose and Use of Information Collection

As with previous approvals, the Agency will only submit collections for approval under this Generic Clearance meeting the following conditions:

1. Information gathered is used solely on an internal basis for general service improvement and program management purposes and is not intended for release outside of the agency;
2. Information gathered will not be used for the purpose of substantially informing influential policy decisions;
3. Information gathered will yield qualitative information; the collections will not be designed or expected to yield statistically reliable results or used as though the results are generalizable to the population of study;

4. The collections are voluntary;
5. The collections are low burden for respondents (based on considerations of total burden hours, total number of respondents, or burden hours per respondent) and are low-cost for both the respondents and the Federal Government;
6. The collections are non-controversial and do not raise issues of concern to other Federal agencies;
7. Any 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 near future;
8. Except for information needed to provide token of appreciation for focus group or key informant participants and cognitive laboratory studies, personally identifiable information (PII) is collected only to the extent necessary and is not retained.

If these conditions are not met, the Agency will submit an information collection request to the Office of Management and Budget (OMB) for approval through the normal Paperwork Reduction Act (PRA) process.

Collection types under this Generic Clearance include, but are not limited to:

- Customer comment cards/complaint forms
- Small discussion groups
- Focus Groups of customers, potential customers, delivery partners, or other interest holders
- Key informant interviews of customers, potential customers, implementing partners, or other interest holders
- Cognitive laboratory studies, such as those used to refine questions or assess usability of a website
- Qualitative customer satisfaction surveys (e.g., post-transaction surveys; opt-out web surveys)
- In-person or virtual observation testing (e.g., website or software usability tests)
- Other observational methods (e.g., direct observations, ethnography)

The Agency has established a manager/managing entity to serve for this generic clearance and will conduct an independent review of each information collection to ensure compliance with the terms of this clearance prior to submitting each collection to OMB.

3. Use of Improved Information Technology and Burden Reduction

If appropriate, data collection will occur electronically and/or use online collaboration tools to reduce both Government and respondent burden.

4. Efforts to Identify Duplication and Use of Similar Information

This information collection represents NCHHSTP/CDC's attempt to gather qualitative feedback data on CDC services and programs. There is currently no information available that can substitute

for the responses to the data collection instruments and provide essential program improvement information. No similar data are gathered and/or maintained by the Agency or are available from other sources known to the Agency.

5. Impact on Small Businesses or Other Small Entities

Some surveillance or research activities involve data collection from small business (e.g. medical offices) or small governmental entities; therefore, methods and instrument development activities may also be conducted with these groups. If such activities are conducted, these businesses will be approached in the same manner as the individuals we normally recruit: we will ask the organization to identify the appropriate staff members with whom to conduct the activities. In some studies, no small businesses will be involved in the data collection activities. The methods used to minimize burden on small businesses or other small entities will be explained in each study submitted under this Generic Clearance.

6. Consequences of Collecting the Information Less Frequently

Because this generic clearance covers a wide range of qualitative customer service and partner feedback, each individual project submitted under this Generic Clearance will clearly define the specific data collection methods and procedures. Individual data collections will be time-limited, except in the cases of key informant interviews conducted during usability testing of websites or software where respondents may have to be approached several times on the same or similar application under refinement. There are no legal obstacles to reducing the burden.

7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

This request fully complies with the regulation 5 CFR 1320.5.

8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside Agencies

In accordance with 5 CFR 1320.8(d), a 60-day notice for public comment was published in the Federal Register Vol. 91, No. 28, February 11, 2026, page 6221 (**Att 2**). One public comment was received.

This Generic data collection was developed by NCHHSTP as a way to collect qualitative customer service and programmatic feedback from its partners and collaborators. As such, there were no consultations outside of CDC.

9. Explanation of Any Payment or Gift to Respondents

A review of survey methodologists and practitioners in October, 1992, The “Symposium on Providing Incentives to Survey Respondents,” sponsored jointly by OMB and the Council of Professional Associations on Federal Statistics (COPAFS), considered a number of incentive-related issues, including the impacts on response rates, biases, and incentive types, recommended OMB “seriously consider the use of incentives” for surveys that target difficult-to-engage

respondent populations, surveys that are long or time consuming, surveys with items that are potentially sensitive or require detailed record keeping, surveys for which relatives serve as gatekeepers to respondent access, and surveys that are part of longitudinal panels."

In many cases incentives will not be necessary, but when they are, incentives will not exceed $40 per hour for such intensive interviews like focus groups and cognitive interviews unless compelling evidence is provided that recruitment is very difficult for a particular subgroup.

Tokens of appreciation may be offered in cash or kind for these activities for several reasons:

- Eligibility criteria for respondents are usually very specific. Some of these criteria are determined by the subject matter of the survey or intervention study (e.g., questions or interventions may be relevant only to people with certain health conditions). The more specific the subject matter, the more difficult it is to recruit eligible respondents; tokens of appreciation may help to attract them.
- Qualitative and cognitive interviews require an unusual level of mental effort, as respondents are asked to explain their mental processes as they hear the question, discuss its meaning and point out any ambiguities, and evaluate the acceptability of response options that are provided.
- Respondents are usually asked to travel to an interview site, which involves transportation and parking expenses. Many respondents may also incur additional expenses such as leaving their jobs during business hours or making arrangements for child care. This may be especially true of some key respondents who may be economically disadvantaged but would provide valuable information in the development of these projects.
- Some major metropolitan areas may be highly saturated with other research activities (e.g., academic research initiatives), which typically provide remuneration and may compete for respondents' time.

10. Protection of the Privacy and Confidentiality of Information Provided by Respondents.

The NCHHSTP Information Systems Security Officer and Privacy Office will review and assess each Generic IC submitted under this Generic Clearance for applicability of 5 U.S.C. § 552a to determine if the Privacy Act does or does not apply to the collection.

If a confidentiality pledge is deemed useful and feasible, the Agency will only include a pledge of confidentiality that is supported by authority established in statute or regulation, that is supported by disclosure and data security policies that are consistent with the pledge, and that does not unnecessarily impede sharing of data with other agencies for compatible confidential use. If the agency includes a pledge of confidentiality, it will include a citation for the statute or regulation supporting the pledge.

In such cases, when the individual data collection activities do require respondents to provide identifying or potentially identifying information to local project staff and/or answer sensitive questions, the information will be removed from any data sent to CDC, and CDC will, at no time, have access to any local data that contains identifiers. Local project staff will verify that any individually identifiable information that has been collected during the course of their activities has been removed from information transmitted to or shared with CDC.

If CDC or its representative is receiving and/or storing personal identifiable information as a part of a specific project, then the Privacy Act may apply and the specific actions required to ensure the security of that information will be discussed in the documentation for each project submission.

Certificates of confidentiality may be sought for individual data collection activities that involve sensitive and potentially identifiable information at the local project level. Also, depending on the specifics of the project, the assurance of confidentiality afforded in accordance with Section 308(d) of the Public Health Service Act (42USC242m) and the Confidential Information Protection and Statistical Efficiency Act (PL-107-347) may apply.

As methods and materials may differ between individual projects, appropriate human subjects review procedures will be conducted for each project as they are developed. Projects will acquire IRB approval when appropriate and submit documentation.

Participation in development activities is strictly voluntary. Respondents will be provided with an informed consent form prior to the start of information collection, and will be allowed to ask questions about the project before deciding whether to participate or not. These forms will be included in each individual collection request. The consent form describes the purpose of the study, specifies specific procedures that will be conducted, and describes protections for the respondent's privacy and confidentiality.

On occasion, interviewing respondents about sensitive topics requires that we do not collect personal identifiers at any point. Collection of these identifiers may place the respondent at risk of potential harm resulting from breach of confidentiality. In these cases, a waiver of documentation of informed consent is requested (i.e., no respondent signatures on a consent form), but the same consent and confidentiality protection information is still imparted to the respondent.

Persons participating in all projects conducted or sponsored by CDC will be informed that their data will be maintained in a secure manner, and that the data will only be used for purposes stated in the consent form. Although the identities of respondents may be known to local project personnel who conduct interviews and interact with respondents, data collected regarding such sensitive topics will not be stored or accessed in a Privacy Act system of records, and the respondents' identifying information will not be submitted to CDC. Only authorized project staff will be allowed to have access to study information (whether identifiable or not) and all information will be kept in a locked cabinet and/or locked office with limited access.

Information might be collected electronically or on paper (depending on the individual information collection request). Electronic means include handheld devices, computer-assisted self-interview (CASI), audio computer-assisted self-interview (ACASI), computer-assisted telephone interview (CATI), web-based surveys, or other point of service collection devices. Paper copies are the common mode for Focus group interviews.

Electronic data collection and data management systems used for these activities will comply with the current encryption security standards from National Institute of Standards and Technology (NIST) Federal Information Processing Standards (FIPS), which meet or exceed Advanced

Encryption Standards (AES). Each individual request under this generic clearance will provide adequate descriptions of information systems that will be used in their study.

If CDC, or its representative, receives and/or stores personal identifiable information, then the Privacy Act may or may not apply. Each individual collection will be evaluated separately. Generally all individually identifiable information collected by local partners would be unlinked or stripped from the data base that is submitted to CDC. Web-based methods for survey or intervention delivery may also be evaluated under this generic approval, and may involve the hosting of a website in order to conduct the evaluation. There will be no websites or internet content directed at children under the age of 13. Individual collection requests submitted under this generic approval will describe any web-based material involved.

11. Institutional Review Board (IRB) and Justification for Sensitive Questions

IRB Approval

Generic IC's submitted under this Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery ICR will not require IRB approval but will nonetheless be assessed for applicability. If necessary, the appropriate IRB approval will be obtained before commencement of any activity under this Generic Clearance. Projects that need IRB approval will be submitted with a copy of the approval document. If the study has been determined to be exempt from IRB, a copy of the exemption determination will be attached. If the appropriate CDC official has determined that the data/ information collection is not research involving human subjects, the information collection submitted under this generic clearance will state that IRB approval is not required.

Sensitive Questions

Questions of a sensitive nature are not applicable under this Generic Clearance. At times, however, the diseases that will be covered by these information collections may involve sexual attitudes and practices, use of illegal substances or other matters that are commonly considered private. Race and ethnicity data, as well as diagnoses of medical conditions that may affect employability or insurability may also be viewed as sensitive or even threatening by a portion of respondents. The reasons for collection of sensitive information and their application for the improvement of CDC's prevention efforts for the specific population sub-group will be addressed in specific requests. The procedures used to obtain consent and the content of the consent form will also be explained and justified. In no case will a participant's social security number be obtained.

12. Estimates of Annualized Burden Hours and Costs

A variety of instruments, platforms, and modalities will be used to collect information from respondents and will vary according to the individual Generic IC submission. The annualized response burden is estimated at 9,690 hours.

12.A - <u>Annualized Burden Hours</u>

Type of Collection	No. of Respondents	Annual Frequency per Response	Hours per Response	Total Hours

Online surveys	10,500	1	30/60	5,250
Discussion Groups	280	1	2	560
Focus groups	640	1	2	1,280
Website/app usability testing	2,000	1	30/60	1,000
Interviews	800	1	2	1,600
Totals	14,220			9,690

12.B - Annualized Burden Costs

Under this Generic Clearance, there are no costs to respondents. Any and all respondent costs will be defined in subsequent Generic IC proposals submitted under this Generic Clearance. All identified respondent costs for each subsequent Generic IC, if any, will align with the HHS Conceptual Framework. As discussed in the introduction to Chapter 4, HHS currently assumes that benefits plus indirect costs equal approximately 100 percent of wages. In other words, multiplying wages by a factor of 2 provides an estimate of the fully loaded wage rate.

13. Estimates of Other Total Annual Cost Burden to Respondents and Record Keepers

CDC does not anticipate providing start up or other related costs to private entities. There have been no costs to respondents or record keepers resulting from this collection of information.

14. Annualized Costs to the Government

Actual annualized costs to the government will vary depending on the specific needs of the individual information collection activity. Generally, each activity will involve participation of at least one CDC project officer (GS-12 or 13 levels) who will be responsible for the project design, obtaining necessary approvals, providing project oversight, and analysis and dissemination of the results. The CDC project officer will provide remote and onsite technical assistance to the local areas implementing the data collection. Travel may be required to provide this technical assistance. In some cases, a CDC administrative staff person's time may also be required (GS-7 or 9 levels). All identified costs to the government for each subsequent Generic IC, if any, will align with the HHS Conceptual Framework. As discussed in the introduction to Chapter 4, HHS currently assumes that benefits plus indirect costs equal approximately 100 percent of wages. In other words, multiplying wages by a factor of 2 provides an estimate of the fully loaded wage rate. An estimated average cost per individual activity is listed below, but detailed costs will be submitted with each individual collection request.

Cost Category	Estimated Annualized	Wage Rate	Fully Loaded

			Cost	Multiplier	Cost
CDC Travel (4 Trips)			$12,500.00	--	$12,500.00
Cooperative Agreements, Task orders, or Contracts for implementation or information management			$325,000.00	--	$325,000.00
Federal Government Personnel Costs	CDC Project Officer (GS-12/13)	50% time	$56,278.00	x 2	$112,556.00
	CDC Administrative Staff (GS-7/9)	25% time	$16,317.75	x 2	$32,635.50
Total Annualized Cost to Government			$410,095.75		$482,691.50

15. Explanation for Program Changes or Adjustments

This Extension does not include any changes to the burden hours from the previous approval. While the inputs have not changed, the Annual Cost to the Federal Government for this Extension reflects an updated calculation methodology based upon Chapter 4 of the HHS Conceptual Framework.

16. Plans for Tabulation and Publication and Project Time Schedule

Feedback collected under this generic clearance provides useful information, but it does not yield data that can be generalized to the overall population. Findings will be used for general service improvement but are not for publication or other public release.

Although the Agency does not intend to publish its findings, the Agency may receive requests to release the information (e.g., congressional inquiry, Freedom of Information Act requests). The Agency will disseminate the findings when appropriate, strictly following the Agency's "Guidelines for Ensuring the Quality of Information Disseminated to the Public" and will include specific discussion of the limitation of the qualitative results discussed above. Proposed timelines will be submitted for each individual data collection activity.

17. Reason(s) Display of OMB Expiration Date is Inappropriate

The display of the OMB expiration date is not inappropriate.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.