

**Request for Approval under the “Generic Clearance for the Collection of
Routine Customer Feedback” (OMB Control Number: 0920-1071)**

TITLE OF INFORMATION COLLECTION:

EDN User Assessment

PURPOSE:

In 2006, CDC established the Electronic Disease Notification System (EDN) to facilitate notifications and identify immigrants and refugees that require follow up in order to uphold CDC’s regulatory responsibility and address the challenges of a paper-based medical records system. The EDN system allows a clinic or health-care provider read-only access to overseas medical records of persons arriving in their local jurisdiction, including information on any vaccinations and pre-departure medical interventions. An OMB package for the EDN system is currently in development.

The purpose of this assessment is to determine the extent to which, and contributing factors of how, healthcare providers access EDN information in order to provide care for refugee patients, to understand how providers use EDN vaccination information for their clinic’s vaccination processes, and to identify unmet needs in EDN user support and training. The results of this assessment will be used to tailor the system to users’ needs.

DESCRIPTION OF RESPONDENTS:

EDN is accessed through a secure website and allows permitted users such as clinic staff and health care providers to see a list of new arrivals. Thirteen different internally assigned EDN user roles designate the level of access a user has. The respondents for the EDN User Assessment will be users that have Refugee Coordinator, TB/Refugee Coordinator, and Clinic-Level roles.

TYPE OF COLLECTION: (Check one)

- | | |
|--|---|
| <input type="checkbox"/> Customer Comment Card/Complaint Form | <input type="checkbox"/> Customer Satisfaction Survey |
| <input checked="" type="checkbox"/> Usability Testing (e.g., Website or Software | <input type="checkbox"/> Small Discussion Group |
| <input type="checkbox"/> Focus Group | <input type="checkbox"/> 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.
6. 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.

Name: Olivia Samson

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

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden
Private sector	318	15/60	80
State/local/tribal government	685	15/60	172
Totals	1003		252

FEDERAL COST: The estimated annual cost to the Federal government is \$1000. This represents the man-hours and associated costs for designing, administering, and analyzing results of this survey. __

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 the answer is yes, please provide a description of both below (or attach the sampling plan)? If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?

The universe of potential respondents are all currently credentialed EDN users. The sampled users will be the 1003 users assigned Clinic Level, Refugee Coordinator, or TB/Refugee Coordinator roles. These are not the only EDN User roles but include our respondents of interest—medical providers that are EDN users. This will also capture users who have successfully obtained access to EDN but have not used it (whis accounts for about 20% of the 1003 users).

Other groups (non-providers and/or non-users) will inadvertently be included because non-medical providers also hold Clinic Level, Refugee Coordinator, and TB/Refugee Coordinator user roles. In order to address this, the skip logic of the survey will be customized to further identify providers vs non-providers and EDN users vs. non-users.

The survey link will be sent via email to a list of EDN user contact emails (Att. 2). The survey will be live for 2 weeks. A second wave reminder email will be sent one week before the survey closes. The reminder email may be sent a second time during the second week.

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? [] 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 brief 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 brief 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.

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: If you answer yes to the question, please describe the incentive and provide a justification for the amount.

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.