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:

Epi Info™ User Survey

PURPOSE:

Epi Info™ is a free and open-source software for epidemiologists and public health professionals that was developed by the Informatics Services Branch within Division of Health Informatics and Surveillance (DHIS). Epi Info™ is customized epidemiological software that can be downloaded from the CDC Internet site at http://www.cdc.gov/epiinfo/. Epi Info™ supports data collection, management, and analysis for outbreak investigations, surveys, and surveillance. The Epi Info™ tools are used widely within CDC and its training programs, by U.S. state and territorial health departments, and international institutions.

The purpose of the Epi Info™ user survey is to inform future improvements to the software and user support services so that Epi Info™ will be more efficient and effective for users domestically and internationally. An online survey will be conducted to collect information about use of Epi Info™, opinions about Epi Info™, suggestions for improvements, feedback on user training and support, use of other software tools, user and organizational characteristics, and technological resources and capabilities.

DESCRIPTION OF RESPONDENTS:

Potential respondents will include current or past domestic or international Epi Info™ users at CDC, state, local, territorial, or tribal (SLTT) public health departments or other partners, such as non-profit organizations and universities. Because the Epi Info™ software is available for free to anyone who wants to download and use it, potential respondents could also include members of the general public.

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 <u>not</u> raise issues of concern to other federal agencies.
4. The results are <u>not</u> intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of <u>substantially</u> informing <u>influential</u> policy decisions.

Name:__José Aponte_____

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 [X] 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 (In hours)
(1) Individuals or Households	1100	20/60	367
Totals	1100	20/60	367

FEDERAL COST: The estimated annual cost to the Federal government is $8,184. This is based on pay for three positions and the license for Qualtrics software. The first position estimate is based on the time required for one contractor to design and create the web-based survey (pay grade to be equivalent to GS-12). The second and third positions are for a Public Health Advisor (GS-13) for survey deployment, survey support, and data management (cleaning, analysis, reporting) and a Statistician (GS-14) for providing oversight and guidance on data analysis and feedback on the final report.

Estimated Annualized Cost to the Federal Government

Staff (FTE)	*Estimated Hours*	*Hourly Rate*	*Total Cost*
Contractor (GS-12 equivalent): survey design, creation of web-based survey	*50 (0.01 Contractor)*	*$48.41/hour*	*$2,420*
Public Health Advisor (GS13) Survey deployment, survey support, data management (cleaning, analysis, reporting)	*21 (0.01 FTE)*	*$53.16/hour*	*$1,116*
Statistician (GS14) Provide oversight and guidance on data analysis. Provide feedback on the final report.	*21 (0.01 FTE)*	*$53.16/hour*	*$1,116*

License for Qualtrics software			*$3,532*
Total			***$8,184***

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

All current, former, and potential future users of Epi Info™ users are eligible to participate in the online survey. Some users will be identified from lists maintained by CDC of individuals who have interacted with the Epi Info™ program through discussions, consultations, and/or training (see Table 1 below). These lists include contact information (email addresses) that will be used to send email communications inviting the individual to voluntarily participate in the user survey.

Table 1. Source of Information for email addresses of potential respondents as of 1/13/2023

Source of Information[1]	Count
Epi Info™ Confluence	661
Epi Info™ JIRA	1278
Recent Epi Info™ Training Rosters	225
Epi Info™ partners recommended by Epi Info™ team and listening session participants	63
Unique Emails[1]	**1516**

[1]Individuals may appear in more than one information source.

A link to the online questionnaire will also be posted on selected websites, such the Epi Info™ website and CDC intranet home page. Since CDC does not maintain a complete list of Epi Info™ users, this will allow feedback to be gathered from the broader community of users not identified in the information sources above. The link to the online questionnaire may also be distributed by selected public health associations and organizations whose members are likely users of Epi Info™.

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 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.