

## 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:**

National Electronic Disease Surveillance System Base System 7.x User Training Material Preference Survey

**PURPOSE:**

The National Electronic Disease Surveillance System (NEDSS) Base System (NBS) is a CDC-developed integrated information system that helps local, state, and territorial public health departments manage reportable disease data and send notifiable disease data to CDC. NBS provides a tool to support the public health investigation workflow and to process, analyze, and share disease-related health information. NBS also provides reporting jurisdictions with a NEDSS-compatible information system to transfer epidemiologic, laboratory, and clinical data efficiently and securely over the Internet.

The NBS team recently launched version 7.0, addressing defects and integrating modernized design interfaces. To ensure effective user adoption, we want to improve training materials by identifying preferred training materials for NBS 7.0 and subsequent versions. Understanding user preferences (videos, user guides, virtual trainings, etc.) will enhance the usability and accessibility of training resources.

**DESCRIPTION OF RESPONDENTS:**

There are 27 state, local, and territorial jurisdictions that are NBS users. Within a jurisdiction, NBS users can include data analysts, informaticians, and epidemiologists- all health department staff.

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

*Instruction: Please sparingly use the Other category*

- |  |  |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form          | <input checked="" type="checkbox"/> Customer Satisfaction Survey |
| <input 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.

Name: Lizzie Manning

To assist review, please provide answers to the following question:

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected? ☒ Yes ☐ 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 ☒ 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)
State, local, and territorial public health agencies	27	5 minutes	2.25 hours
<b>Totals</b>	<b>27</b>		<b>2.25 hours</b>

*Estimated Annualized Cost to the Federal Government*

Staff (FTE)	Estimated Hours	Hourly Rate	Total Cost
IT Specialist (GS-15 equivalent): survey design, creation of web-based survey, and data analysis	6 (0.01 FTE)	\$95	\$570
Qualtrics Platform Enterprise license	-	Monthly \$500	\$500
<b>Total</b>			<b>\$1070</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is \$1,070

**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)

- a. **Customer list that defines the universe of potential respondents:** There are 27 jurisdictions that currently use NBS.
- b. **Sampling plan:** We plan to invite all those on the list who are current NBS users.

**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

#### **Administration of the Instrument**

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

☒ Web-based or other forms of Social Media

☐ Telephone

☐ In-person

☐ Zoom

☐ Mail

☒ Other, Qualtrics web based survey. A link to the survey will be emailed to participants

2. Will interviewers or facilitators be used? ☐ Yes ☒ No

**Please make sure that all instruments, instructions, and scripts are submitted with the request.**

See Attachment A for above

1. Invitation email
2. Survey questions