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: ReportStream Usability Survey

PURPOSE:

ReportStream is the CDC's intermediary platforms that streamlines public health data transfer for health care organizations and public health entities. The purpose of this usability test is to inform how ReportStream communicates clearly with state, tribal, local, and territorial public health agencies (STLTs) and health care organizations. Specifically, we want to identify which terms or concepts are most confusing to our audience that we can clarify in future communication. We will be presenting them with text to review and share feedback on what they understood or did not understand. When we learn what concepts and terms we can make more clear, we will use it to better communicate with our audiences and help them use ReportStream for their public health data transfer.

DESCRIPTION OF RESPONDENTS:

Respondents are state, local, and territorial public health agency staff or public health organization staff who work in roles that are involved with sending or receiving public health data. This can include: health department directors, IT staff, informatics staff, epidemiologists, administrators, among other types of staff working in public health settings.

TYPE OF COLLECTION: (Check one)
Instruction: Please sparingly use the Other category

[ ] Customer Comment Card/Complaint Form
[X] Usability Testing (e.g., Website or Software
[ ] Focus Group
[ ] Customer Satisfaction Survey
[ ] Small Discussion 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:_JT Williams_____

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

Personally Identifiable Information:
1. Is personally identifiable information (PII) collected? [ ] Yes [N] 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 [X] 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**
Public health agency and public health organization staff	40	10 minutes	6.66 hours
Totals			**6.66 hours**

FEDERAL COST: The estimated annual cost to the Federal government is__$_*638.15*

Staff	***Estimated Hours***	***Hourly Rate***	***Total Cost***
GSA Designer III – Survey development	*2*	127.63	*255.26*
GSA Designer III – Survey analysis and reporting	*3*	*127.63*	*382.89*
Total			*638.15*

<u>If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:</u>

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:** As part of the CDC Data Modernization Initiative (DMI), we have asked State, Territory, Local, Tribal (STLT) health department staff, CDC engagement panel members, and members of partner organizations such as: (CSTE, BCHC, ASTHO, and/or NACCHO) -- as well as a variety of medical and environmental health professional associations. In this sign-up sheet, they listed their organization, health department (if applicable), type of organization (e.g., local, state, territory, partner), and area(s) of expertise.

b. Sampling plan: We plan to invite all those on the list who meet our inclusion criteria to take the survey. The only inclusion criteria is that their current role involve reporting public health data in some way. It will exclude roles that are purely focused on analyzing public health data or other tasks, as ReportStream does not directly help with those functions.

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)
   [X] Web-based or other forms of Social Media
   [ ] Telephone
   [ ] In-person
   [ ] Mail

2. Will interviewers or facilitators be used? [ ] Yes [X] No

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

See Appendix A for above