

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? YES

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? NO

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: Discussions for Improving Case Data Entry Workflows

PURPOSE:

The CDC Office of Public Health Data, Surveillance, and Technology's (OPHDST's) Public Health Data Strategy is to "accelerate access to analytic and automated solutions to support public health investigations and improve health equity." The CDC provides various data quality monitoring, control, and feedback services (some concierge, some manual, some via email, etc.) to state, tribal, territorial, and local (STLT) health departments to facilitate case surveillance for various diseases. We are seeking small group discussion feedback to help with improving this service by easing the data entry, data correction, data deduplication, and/or data monitoring workload on the part of the STLT users of the service.

DESCRIPTION OF RESPONDENTS:

Respondents are non-federal STLTs. We will reach out to up to 50 staff members in the following capacities

- Case Reporting Data Entry
- Case Reporting Data Surveillance
- Case Reporting Data Analyst
- Case Reporting Data Manager

TYPE OF COLLECTION: (Check one)

Instruction: Please sparingly use the Other category

☐ Customer Comment Card/Complaint Form
☐ 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: __Victor Udoewa_____

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
State, local, or tribal governments: Public health authorities: Individual Interviews	15	1 hour	15 hours
State, local, or tribal governments: Public health authorities: 10 Dyad Interviews	20	1 hour	20 hours
State, local, or tribal governments: Public health authorities: 5 Triad Interviews	15	1 hour	15 hours
Totals	50	1 hour	50 hours

FEDERAL COST: The estimated annual cost to the Federal government is \$8550.

Staff (Contractor)	Estimated Hours	Hourly Rate	Total Cost
Skylight Technologist (discussion guide design, respondent outreach, moderation, analysis, reporting)	90	\$95	\$8550

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 ☐ 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, and CDC engagement panel members to volunteer in participating in a discussion to provide feedback to help with improving this service by easing the data entry, data correction, data deduplication, and/or data monitoring workload on the part of the STLT users of the service.
- B. Sampling plan: We plan to invite STLT staff members who have responsibilities in the following roles:
 - a. Case Reporting Data Entry
 - b. Case Reporting Data Surveillance
 - c. Case Reporting Data Analyst
 - d. Case Reporting Data Manager
- C. **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
 - ☐ Mail
 - ☒ Other, Zoom
- 2. Will interviewers or facilitators be used? ☒ Yes ☐ No

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

See Appendix A.