

## 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:** MVPS CaseBridge Product Testing

**PURPOSE:**

CaseBridge is a new suite of self-service features in the Message Validation, Processing, and Provisioning System (MVPS) portal. Jurisdictions currently use MVPS to onboard and send National Notifiable Diseases Surveillance System (NNDSS) case surveillance data to CDC. The purpose of this usability test is to:

- Assess usability of CaseBridge
- Identify areas of improvement for CaseBridge
- Assess overall clarity of language and messaging in CaseBridge
- Gauge state, tribal, local, and territorial public health agencies STLTs' perception of CaseBridge's value

**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. Each respondent will participate in 8 one-hour user tests.

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

*Instruction: Please sparingly use the Other category*

- |   |   |
|---|---|
| <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.

Name: Marion Anandappa

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 [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
State, Tribal, or local public health government staff	24	8 hours	192 hours
<b>Totals</b>			<b>192 hours</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is \$2,480

<i>Staff</i>	<i>Estimated Hours</i>	<i>Hourly Rate</i>	<i>Total Cost</i>
CDC Contractor time- conducting usability testing	8	\$155	\$1,240
CDC Contractor time- preparing for useability testing	8	\$155	\$1,240
<b>Total</b>			<b>\$2,480</b>

**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:**
- b. **Sampling plan:**

The intention is to invite current users of MVPS that use different local surveillance systems in their jurisdiction. We have an existing list of STLT surveillance system and informatics points of contact as well as what surveillance system each jurisdiction is using.

**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

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.