

**Request for genIC Approval
(genIC) Feedback Survey for Community Counts Data Viz Tool**

OMB Control No. 0920-1154 (exp date: 9/30/2024)

CIO: NCBDDD/DBD

PROJECT TITLE: (genIC)Feedback Survey for Community Counts Data Viz Tool

PURPOSE AND USE OF COLLECTION: The Division of Blood Disorders (DBD) is requesting a approval for a new information collection clearance, under the established 0920-1154 generic, for data collection to evaluate the use and impact of the Community Counts Data Visualization Tool (hereafter “CC Data Viz Tool”). Community Counts is a public health monitoring program funded by the Centers for Disease Control and Prevention’s DBD. The objective of Community Counts is to gather and share information about common health issues, medical complications, and causes of death that affect people with bleeding disorders who receive care at federally funded Hemophilia Treatment Centers within the U.S. Hemophilia Treatment Center Network.

The CC Data Viz Tool is a web-based interactive visualization of de-identified data from the Community Counts project. It displays information such as the number of patients enrolled in the project, demographic information, frequencies of different bleeding disorders, treatments, and more. The CC Data Viz Tool was launched on the public Community Counts website in May 2019, two modules were added in winter of 2019, and a new module will be added in 2023. The intent of this data collection is to evaluate the use and impact of these modules during the 2023-2024 data collection period.

The purpose of this data collection is to gather feedback from users on the CC Data Viz Tool. The feedback will be used internally to improve the tool materials and gain understanding of how the tool is being used. The feedback will be collected via an online survey that users can voluntarily complete. The Feedback Survey instrument is displayed in Attachment 1 (Att1)

- Att1_ Screenshots of CC Data Viz Data Instrument

DESCRIPTION OF RESPONDENTS: Respondents are users of CDC websites and/or individuals who serve, or are part of, the blood disorders community.

CERTIFICATION:

I certify the following to be true:

1. The collection is voluntary. **YES.**
2. The collection is low-burden for respondents and low-cost for the Federal Government. **YES.**
3. The collection is non-controversial and does not raise issues of concern to other federal agencies. **YES.**
4. Information gathered will not be used to substantially inform influential policy decisions. **YES.**
5. The study is not intended to produce results that can be generalized beyond its scope. **YES.**

Name: Mona Clay

To assist review, please answer the following questions:

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 [] 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

The estimated annual burden hours are detailed in Table 1.

Table 1. BURDEN HOURS

One data instrument will be used for this generic clearance (Att1_Screenshots of CC Data Viz Feedback Survey). We expect that the estimated time to complete the data instrument is 3 minutes or less per respondent. The total burden hours are based on the expected number of 100 collections and each respondent taking 3 minutes to complete the form (see Table 1 for details).

This generic clearance is a one-time request under the current Generic (0920-1154) umbrella; the overall total number of respondents will be 100 and the overall total respondent burden hours will be 5.

Table 1. Estimated Reporting Burden

| Category of Respondent | Form Name | No. of Respondents | Participation Time (minutes) | Burden in Hours |
|-------------------------------|--|---------------------------|-------------------------------------|------------------------|
| Individuals or Households | CC Data Viz Feedback Survey (Attachment 1) | 100 | 3 | 5 |
| TOTAL | | 100 | 3 | 5 |

Because we expect respondents to be of varying SES and occupations, the estimated annualized cost to respondents for the burden hours of this information collection are based on the mean of all mean hourly wages from the U.S. Department of Labor's May 2022 National Occupational Employment and Wage Estimates (https://www.bls.gov/oes/current/oes_nat.htm). With the total estimated annual burden of 5 hours, and the average of all occupation average hourly wages of \$29.76, the overall annual cost of respondents' time is estimated to be \$148.80 (see Table 2 for details).

Table 2. Estimated Burden Cost

| Type of Respondents | Form Name | Total Burden Hours | Hourly Wage Rate | Total Respondent Costs |
|------------------------------|--|--------------------|------------------|------------------------|
| All occupations are possible | CC Data Viz Feedback Survey (Attachment 1) | 5 | \$29.76 | \$148.80 |
| TOTAL | | 5 | | \$148.80 |

FEDERAL COST: There are no equipment or overhead costs. The only cost to the federal government is the wage of the contractor supporting the data record keeping and analysis. The estimated cost to the federal government is approximately \$735.59, which is based on 0.17 hours (10.2 minutes) of record keeping per response at \$43.27 hourly rate for 100 responses annually (see Table 3 for details).

Table 3. Estimated Cost to the Federal Government

| Staff or Contractor | Average Hours per Response | Number of Responses | Hourly Rate | Cost |
|---------------------|----------------------------|---------------------|-------------|-----------------|
| DBD Contractor | 0.17 | 100 | \$43.27 | \$735.59 |
| TOTAL | | | | \$735.59 |

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

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 the answer is yes, please provide a description of both below (or attach the sampling plan)?
If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?**

The criteria that defines potential respondents is that they have used the CC Data Viz tool prior to participation. A link to the Feedback Survey will be located on the CC Data Viz website so that users can submit feedback during or after using the Data Viz tool. The sampling plan is a convenience sample of individuals who self-select to submit feedback.

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, Explain

2. Will interviewers or facilitators be used? Yes No

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

Instructions for completing genIC Request for Approval for CDC/ATSDR Formative Research and Tool Development

TITLE OF INFORMATION COLLECTION: Provide the name of the collection that is requested.

PURPOSE and USE: Provide a brief 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: Briefly describe the targeted group/groups for this collection.

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: If you answer yes to the question, please describe the incentive and provide a justification for the amount.

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.

Form: Provide the title of the information collection form.

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 in Minutes: Multiply the Number of responses and the participation time and divide by 60.

FEDERAL COST: Estimate the annual cost to the Federal government for this collection.

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.