

# **Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0990-0281)**

**TITLE OF INFORMATION COLLECTION:** ODPHP Partnership Engagement Survey

## **PURPOSE:**

The Office of Disease Prevention and Health Promotion (ODPHP) partners with a range of public and private organizations to provide leadership for disease prevention and health promotion among Americans. ODPHP needs to collect information from partner organizations to examine the effectiveness of current communication approaches and identify ways to enhance and better leverage ODPHP partnerships to fulfill its mission. If such information is not collected, it will be more difficult for ODPHP to better serve partner organizations and work with them effectively to reach the American public and inform them of important health matters.

ODPHP is proposing to conduct a Web-based survey to examine the degree to which ODPHP is meeting its partners’ needs through current communication offerings, to identify gaps, and to inform future communication strategies. Survey findings will contribute to the development of a classification of partner organizations, definition of specific roles for each category, and specification of ODPHP products and services for each. The information collected through the Web-based survey will be used to:

- Improve existing and future ODPHP communication materials
- Assess the level of partner organization satisfaction and partner engagement with ODPHP communication materials
- Examine perceived benefits of ODPHP’s communication materials
- Identify ways that partner organizations are using the information sent by ODPHP
- Gather information on partners’ future communication needs
- Identify gaps in partners’ needs and ODPHP’s communication offerings

This assessment is an important step in our formative planning process that will allow ODPHP to gather information that can be used to develop an effective communication plan. This assessment is formative, solely to inform the ODPHP communication strategy. No generalizations will be made to a larger population.

## **DESCRIPTION OF RESPONDENTS:**

Survey respondents will be representatives of ODPHP partner organizations on various initiatives including 2008 Physical Activity Guidelines supporters; 2011 Dietary Guidelines partner organizations; American Dietetic Association Conference attendees who have opted in to receive information from ODPHP about the Dietary Guidelines for Americans; members of ODPHP’s Physical Activity Guidelines Supporters network; Health People 2020 Consortium members, Healthy People e-newsletter subscribers; National Association of County Information

Office members; Community Health Center directors, librarians who have expressed an interest in ODPHP products, State Offices of Rural Health Directors and staff; and Healthy People 2020 State Coordinators.

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

- Customer Comment Card/Complaint Form                     Customer Satisfaction Survey  
 Usability Testing (e.g., Website or Software)                     Small Discussion Group  
 Focus 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.
6. 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.

Name:     Jessica Rowden    

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

**BURDEN HOURS**

<b>Category of Respondent</b>	<b>No. of Respondents</b>	<b>Participation Time</b>	<b>Burden</b>
Members of partner organizations	2,879	10 minutes	479.9 hours
<b>Totals</b>	<b>2,879</b>	10 minutes	<b>479.9 hours</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is \$75,662

**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 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?

Partner organizations will be identified through current partner lists held by ODPHP as described previously. Based on our calculations, a total of 19,194 unique email addresses are included in these lists. All listed individuals will be sent survey invitations. We have chosen to conduct a census (that is, to send e-mail survey invitations to all potential respondents) because these individuals have indicated a willingness and desire to be contacted by ODPHP and to provide feedback as part of their role as stakeholder/partner.

**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  
[ ] Other, Explain
2. Will interviewers or facilitators be used? [ ] Yes [x] No

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

**Instructions for completing Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback”**

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**TITLE OF INFORMATION COLLECTION:** Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback on xxxx)

**PURPOSE:** 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:** Provide a brief description of the targeted group or groups for this collection of information. These groups must have experience with the program.

**TYPE OF COLLECTION:** Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

**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.

**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:** Provide the Annual burden hours: Multiply the Number of responses and the participation time and divide by 60.

**FEDERAL COST:** Provide an estimate of the annual cost to the Federal government.

**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.

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