

**Request for Approval under the “Generic Clearance for the Collection of
Routine Customer Feedback” (OMB Control Number: 0920-0919)**

TITLE OF INFORMATION COLLECTION:

Disability and Health Data System User Feedback Survey

PURPOSE:

The Centers for Disease Control and Prevention (CDC) seeks to obtain Office of Management and Budget (OMB) approval to conduct a user feedback survey of the Disability and Health Data System (DHDS). DHDS is an interactive, web-based data system that provides state-level data on indicators of health by disability status. DHDS was designed to be easy to use, easy to access, and effectively provide health information and resources accessible to anyone over the internet. CDC is requesting OMB approval to conduct a user feedback survey to provide information that will be useful for ensuring that DHDS is meeting the needs of its customers. Surveying users of DHDS will help ensure that users have an effective, efficient, and satisfying experience, maximizing the health impact of the information and resulting in optimum benefit for public health. The survey will ensure that DHDS meets user priorities and contributes to CDC health impact goals.

DESCRIPTION OF RESPONDENTS:

Respondents to the DHDS User Feedback Survey will be users of the DHDS website who visit the website during the implementation of the survey. DHDS users include local, state, and federal government employees; researchers; health care providers; health educators; national disability and health organization staff; and policy makers.

TYPE OF COLLECTION: (Check one)

- | | |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form | <input checked="" type="checkbox"/> Customer Satisfaction Survey |
| <input 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.
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: Dianna D. Carroll

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

This will be a web-based survey that includes 11 questions. The survey will be completed over the web on the participant’s computer and will take approximately 5 minutes to complete. This estimate is based on an analysis of time to complete from a pilot survey of 5 DHDS users. We will collect feedback from 200 users of DHDS (local, state, and federal government employees; researchers; health care providers; health educators; national disability and health organization staff; and policy makers). Given 200 respondents with a response time of 5 minutes each, the total response burden will be 17 hours. There will be no direct costs to the respondents other than their time to participate in the survey.

Category of Respondent	No. of Respondents	Participation Time (in hours)	Burden Hours
Individuals	200	5/60	17
Totals	200	5/60	17

FEDERAL COST: The estimated annual cost to the Federal government is \$1962.

The average annualized cost to the Federal Government to collect this information is \$1962. This estimate is based on the time required for 1 senior-level (GS-14) and 1 mid-level (GS-12) CDC staff (FTE) to design the survey, implement the survey, analyze the data, and develop recommendations for improving DHDS based on the results, and 1 CDC Contractor to develop the web-based survey.

Staff or Contractor	Hours	Average Hourly Rate	Cost
Contractor create web-based survey (GS-12 equivalent)	2	\$36.00	\$72
FTE survey design, implementation, analysis, and reporting (GS-12)	40	\$36.00	\$1440
FTE survey design, implementation, analysis, and reporting (GS-14)	10	\$45.00	\$450
Totals			\$1962

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 [X] 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 DHDS User Feedback Survey will be administered as a web-based survey. Customers who visit DHDS during survey implementation will experience a pop-up box while on the DHDS website asking if they are willing to participate in a User Feedback Survey. We will collect data from the first 200 DHDS users who agree to complete the survey.

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”

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.