

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0990-0379)

TITLE OF INFORMATION COLLECTION:

HHS.gov Newsroom User Evaluation Survey

PURPOSE:

The purpose of this survey is to determine journalist’s reaction to and feedback on the redesign of the U.S. Department of Health & Human Services’ (HHS) website HHS.gov’s Newsroom section.

We will do this by using an online survey tool called SurveyMonkey. Participants will complete the survey online using their own computer.

DESCRIPTION OF RESPONDENTS:

Survey participation will be optional and voluntary. We will be distributing the URL for the survey via email to the members of the Association of Healthcare Journalists.

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: <u>A Website Feedback Survey</u> |

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: Sam Bronson

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

Category of Respondent	No. of Respondents	Participation Time	Burden
Association of Healthcare Journalists	250	20/60	83.33 hours
TOTAL			83.33 hours

FEDERAL COST: The estimated annual cost to the Federal government is none.

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?***

This survey will be available to the 1400 members of the Association of Healthcare Journalists. The participants will be able to access the survey via a link in an email.

We will not be sampling. Providing feedback through 250 responses. We do not anticipate repeating the survey.

Administration of the Instrument

- How will you collect the information? (Check all that apply)
 - Web-based or other forms of Social Media
 - Telephone
 - In-person
 - Mail
 - Other, Explain
- Will interviewers or facilitators be used? Yes No

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

NOTE: Please see attachment (HHSgov Newsroom User Evaluation Survey V6 - for OMB 1002615 RLM) for instructions and scripts.