

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

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**TITLE OF INFORMATION COLLECTION:**

Region IX Office of the Regional Health Administrator (ORHA) External Customer Satisfaction Survey

**PURPOSE:**

The Region IX ORHA has been charged by the HHS Office of the Assistant Secretary for Health with employing external customer service measures to help ascertain and improve the impact of the ORHA within the region. Given budget constraints, the ORHA has increasingly relied on distance-based methods such as webinars, to accomplish the Department’s mission. Webinars are cost-effective solutions to reach the private sector. They are free to participants where ever they are located and they allow the ORHA to partner with key stakeholders across the region to promote campaigns, initiatives, trainings, and funding opportunities. Webinar platforms can be used on-demand so that when the ORHA is asked to convey critical emergency information to key stakeholders, that information can be communicated easily and quickly. For these reasons, the ORHA chose to evaluate webinars hosted by the office.

The ORHA has developed a core set of measures to evaluate the webinars it hosts (see attached survey). These measures will enable the ORHA to establish baseline performance and make improvements in service over time. If this information is not collected, the critical feedback from customers and key stakeholders will not be available to ORHA leadership and program staff. Hence, the ORHA will not be able to measure the extent to which it is meeting the Department’s mission.

**DESCRIPTION OF RESPONDENTS:**

Respondents will be primarily health professionals from the private sector. They will include customers and key stakeholders such as grantees, contractors, academia, state, county and local public health departments, and faith and community based organizations.

**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: Betsy Thompson, MD, DrPH, Deputy Regional Health Administrator, ORHA Region IX

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
Private Sector	500	3 minutes	25hrs
<b>Totals</b>	<b>500</b>	<b>3 minutes</b>	<b>25 hrs</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is \$1,200.00

**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  No – the survey will appear at the end of the webinar. Participation will be voluntary.

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?

**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