

**Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: To be provided when approved)**

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**TITLE OF INFORMATION COLLECTION:**

Office of the Assistant Secretary for Health (OASH) Region X External Customer Satisfaction Survey

**PURPOSE:**

**Webinar/Meeting Event Feedback Survey**

OASH Region X is seeking external customer service data to help ascertain and improve the impact of its activities. For each webinar or meeting event hosted by OASH Region X, a survey will be created in on-line survey software or paper format to gather feedback that can inform project planning. Given the changing nature and context of each webinar and meeting, it is important to be able to get feedback from recipients without creating undue burden by answering excessive questions that only marginally apply. To address this, the survey will be tailored to the unique information needs of each event to ensure low burden while informing high quality service provision.

These measures will enable the OASH Region X to establish baseline performance and improve the quality of our outreach. If this information is not collected, OASH Region X will miss the opportunity to determine if we are meeting the expectations and needs of our stakeholders. In addition, the collection of the data allows us to continually improve and tailor our efforts to better meet the needs of our customers.

**DESCRIPTION OF RESPONDENTS:**

Respondents will be primarily public health professionals from the private sector. They will include customers and key stakeholders, such as representatives from 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: Esmeralda Pereira, Acting Regional Health Administrator, OASH Region X

To assist review, please provide answers to the following question:

**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 [N/A] No

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [ ] Yes [X] No

**BURDEN HOURS**

Each survey will include five required questions that will take no longer than five minutes to answer. If optional questions are included, the survey will never exceed a total of 15 questions. This tailored survey would have a burden of no more than 10 minutes total (see attached survey).

Category of Respondent	No. of Respondents	Participation Time	Burden
Private Sector	600	10 minutes	100 hrs
State, local, or tribal governments	300	10 minutes	50 hrs
Federal Government	120	10 minutes	20 hrs
<b>Totals</b>	<b>1020</b>	<b>10 minutes</b>	<b>170 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

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 survey will be administered at the end of the webinar or meeting. People who have registered for the webinar or meeting will receive the survey and self-select if they would like to participate.

### **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 – Paper based evaluation at in-person meetings.
2. Will interviewers or facilitators be used?  Yes  No