

## **Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0923-0047)**

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**TITLE OF INFORMATION COLLECTION:** CDC’s Social Vulnerability Index Webpage Survey

**PURPOSE:** The purpose of this information collection request is to collect feedback on users’ experience with CDC’s Social Vulnerability Index (SVI) website (<https://svi.cdc.gov>). This website uses U.S. census variables at tract level to help local officials—including CDC partners and the general public—identify communities that may need support in preparing for hazards, or recovering from disasters. The feedback collected will enhance the program’s understanding of current user experience with the SVI website through an assessment of current users’ knowledge and use of the website. The survey will also help to inform an update of the SVI website in order to improve user experience with the website. The overall goal is to improve and update the CDC’s SVI internet website in 2017, in an effort to better suit the needs of individuals who visit the site.

**DESCRIPTION OF RESPONDENTS:** Respondents are current users of CDC’s SVI website and associated interactive mapping application. The online survey questionnaire will be offered to current users of the CDC’s SVI website who have previously contacted the SVI team with questions or general comments. The respondents:

- will have a general knowledge of the CDC and the CDC roles and responsibilities
- will most likely be proficient at using a computer
- might be an expert in data analysis or have a background in public health
- might be an emergency planner or responder

**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: \_\_\_\_\_

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         |
|------------------------------------|--------------------|--------------------|----------------|
| Current users of CDC's SVI website | 30                 | 15/60              | 8 hours        |
|                                    |                    |                    |                |
| <b>Totals</b>                      |                    |                    | <b>8 hours</b> |

**FEDERAL COST:** The estimated annual cost to the Federal government is \$1,500.

This cost reflects \$600 for approximately 16 hours of salary (GS-11 equivalent) for one staff person to design and implement the survey and \$900 for approximately 24 hours of salary for one staff person to assist with analysis of survey results and preparation of an internal report of results.

**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? 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 current user list was compiled by the SVI Coordinator. The list contains information about SVI website users who had contacted the SVI team with questions/comments/suggestions about the SVI. Most of these inquiries came through the SVI Coordinator mailbox.

The second part of this study involves a usability test, in which a subset of respondents (9 or fewer) will be part of a more in-depth assessment of the functionality of the SVI website. The usability test will ask respondents to complete certain tasks using the SVI website in order to understand the current website usability and make recommendations for the next SVI website update. When respondents complete the CDC's SVI website survey, they will be asked if they are willing to participate in the follow-up usability test. The personal identifying information (PII) being collected (name and work email address only) will only be used to contact interested individuals for follow-up in the usability test. Collected PII will not be linked to responses and will not be retained after the completion of the project. The usability tests will consist of 9 or fewer participants from those who indicated an interest in participating during the CDC's SVI website survey.

### **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

NCEH will use SurveyMonkey® to collect the online survey responses. The use of SurveyMonkey® has been reviewed and approved to be compliance with HHS IT security standards. An IT security plan is in place for this application.

The SurveyMonkey® link will be sent to target respondents via email addresses on file with the SVI Coordinator on the list describe above.

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

The following attachments are included:

Attachment A – Email Invitation for CDC SVI Survey  
Attachment B – CDC SVI Survey Text  
Attachment C – CDC SVI Survey Screenshot

## **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.**