

**Request for genIC Approval  
CDC/ATSDR Formative Research and Tool Development**

**0920-1154**

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**CIO: National Center on Birth Defects and Developmental Disabilities**

**PROJECT TITLE:** Disability and Health Data System Evaluation Survey

**PURPOSE AND USE OF COLLECTION:**

The Centers for Disease Control and Prevention (CDC) seeks to obtain Office of Management and Budget (OMB) approval to evaluate the usability of the Disability and Health Data System (DHDS). The purpose of this information collection is to administer a survey (Attachment 1) that will help explain the usability of DHDS among recent visitors. 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. OMB approval is being requested to conduct a survey to provide information to help understand how DHDS is being used by visitors and its impact on changing knowledge and awareness of the health status of people with disabilities. Evaluating the usability of DHDS will help ensure that users have an effective, efficient, and satisfying experience and identify areas of expansion for future updates. Therefore, the survey will ensure that DHDS has the intended impact and contributes to the Disability and Health Branch's health impact goals.

**DESCRIPTION OF RESPONDENTS:**

Respondents to the DHDS Evaluation Survey will be visitors of the DHDS website. DHDS visitors include the general public, local, state, and federal government employees, researchers, health care providers, health educators, national disability and health organization staff, and policy makers.

**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. Information gathered will not be used to substantially inform influential policy decisions.
5. The study is not intended to produce results that can be generalized beyond its scope.

Name: Jasmine R. Owens

To assist review, please answer the following questions:

**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 [ X ] No
3. If Applicable, has a System or Records Notice been published? [ ] Yes [X ] 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

This will be a web-based survey that includes 15 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 estimated time to complete through a pilot with 6 CDC staff. We will collect feedback from 2000 users of DHDS (general public, local, state, and federal government employees, researchers, health care providers, health educators, national disability and health organization staff, and policy makers). Given 2000 respondents with a response time of 5 minutes each, the total response burden will be 167 hours. There will be no direct costs to the respondents other than their time to participate in the survey.

Category of Respondent	Form Name	No. of Respondents	Participation Time (minutes)	Burden in Hours
DHDS Web Visitors	Disability and Health Data System Evaluation Survey	2,000	5	167
<b>Totals</b>		<b>2,000</b>	<b>5</b>	<b>167</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is \$2,472.

The average annualized cost to the Federal Government to collect this information is \$2472. This estimate is based on the time required for 1 (GS-12) CDC Evaluator (FTE) to design the survey, implement the survey, analyze the data, and develop recommendations for improving DHDS based on the results and 1 (GS-13) CDC Health Scientist (FTE) to support data analysis.

Staff or Contractor	Hours	Average Hourly Rate	Cost
FTE survey design, implementation, analysis, and reporting (GS-12)	40	\$36.92	\$1476.8
FTE data analysis (GS-13)	20	\$49.76	\$995.2
<b>Totals</b>			<b>\$2472</b>

**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 DHDS Evaluation Survey will be administered as a web-based survey. Customers who visit DHDS during survey implementation will have access to a link in call-out boxes on static pages of the DHDS website and can take the survey if they are willing to provide feedback.

Current Disability and Health Branch partners will also receive a link to the survey via partner emails. We will collect data over a maximum of 8 months from the first 2000 DHDS visitors who choose to complete the 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

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

## Instructions for completing genIC Request for Approval for CDC/ATSDR Formative Research and Tool Development

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**TITLE OF INFORMATION COLLECTION:** Provide the name of the collection that is requested.

**PURPOSE and USE:** 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:** Briefly describe the targeted group/groups for this collection.

**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.

**Form:** Provide the title of the information collection form.

**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 in Minutes:** Multiply the Number of responses and the participation time and divide by 60.

**FEDERAL COST:** Estimate the annual cost to the Federal government for this collection.

**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.