

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 2900-0770)

TITLE OF INFORMATION COLLECTION: VHA OCC Mobile App Production Store

PURPOSE:

The Veterans Health Administration (VHA) Office of Connected Care (OCC) posts free mobile applications (apps) for download and use on the VA Mobile App Store for Veterans (<https://mobile.va.gov/appstore>). Some do not require logins or official credentials to so anyone, Veteran or not, can download and use the app. On each page, OCC proposes to post six voluntary questions whose answers can be used to assist VHA with analysis and improvement of their applications. Question topics include customer feedback on the usability, experience, and satisfaction of the apps. Feedback collected will be aggregated and reviewed to inform quality improvement processes of existing or future service deliveries, products or communication materials.

Apps currently in the VA Mobile App Store for Veterans include:

- ACT Coach (‘Acceptance and Commitment Therapy’ Coach)
- Airborne Hazards and Open Burn Pit Registry
- (AIMS) Anger and Irritability Management Skills
- Annie App
- Ask a Pharmacist
- CBT-i Coach (‘Cognitive Behavioral Therapy for Insomnia’ Coach)
- Caring4Women Veterans
- Concussion Coach
- CPT Coach (‘Cognitive Processing Therapy’ Coach)
- Exposure Ed
- Mindfulness Coach
- Mood Coach
- MOVE! Coach
- Moving Forward
- NR Mobile (‘NetResponse’ Mobile)
- Parenting2Go
- PE Coach 2 (‘Prolonged Exposure’ Therapy Coach)
- Preconception Care
- PTSD Coach (‘Post-Traumatic Stress Disorder’ Coach)
- PTSD Family Coach (‘Post-Traumatic Stress Disorder’ Family Coach)
- PFA Mobile (‘Psychological First Aid’ Mobile)
- REVAMP (‘Remote Veterans Apnea Management Platform’)
- Rx Refill (Prescription Refill)
- SLVHCS Resources (‘Southeast Louisiana Veterans Health Care System’ Resources)
- STAIR Coach (‘Skills Training in Affective and Interpersonal Regulation’ Coach)
- Stay Quit Coach
- VA DOD Veteran Link
- VA Launchpad for Veterans
- (VAOS) VA Online Scheduling
- VA Pressure Ulcer Resource
- VA Video Connect

- Vet Change

DESCRIPTION OF RESPONDENTS:

Potential respondents include any member of the public with access to the VA Mobile App Store for Veterans and interest in leaving voluntary customer service feedback. No information that can identify the respondents, including demographic information, protected health information, or personally identifiable information, will be collected in the proposed survey. Thus, the identity of the respondents will not be known, and feedback can be left anonymously.

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, Position Title and Credentials:

Nancy R. Wilck, Director, Connected Health Implementation Strategies

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, will any information that is collected be included in records that are subject to the Privacy Act of 1974? Yes No
3. If Yes, has an up-to-date System of Records Notice (SORN) 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
Individuals or Households	500*	5 minutes	42 hours
Totals			42 hours

* Projected

FEDERAL COST: The estimated annual cost to the Federal government is: \$9,888.60

** Cost to the government is calculated based on an analyst who spends 10% of their time assessing and analyzing the data. For the calculation, a GS 13-5 salary (\$98,886) was assumed (\$98,886 x 0.1 = \$9,888.60).

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?

We will not select respondents. Rather, the collection will be voluntary to that point that the questions are (passively) posted on the page, along with the app. Everyone who downloads the app has the option to complete. Because respondents will presumably need to use the app and then return to the page to complete the form, we expect that only motivated users will complete the questionnaire.

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

Instructions for completing Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback”

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. Note: Agencies should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective.

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 per row.

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.

Submit all instruments, instructions, and scripts are submitted with the request.