

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB#: 0925-0642 ExpDate:05/2020)

TITLE OF INFORMATION COLLECTION: Healthcare Delivery Research Program Communications Evaluation Survey

PURPOSE:

The goal of this survey is to help us gain a better understanding about which of our existing communications efforts are most widely received and impactful. Going into our fourth year as the Healthcare Delivery Research Program, we continue to seek ways to increase our visibility, use of our resources, and numbers of applications submitted to our funding opportunities. The input we receive will enable us to evaluate and tailor our communications strategies to best suit the needs of our research community and improve service delivery.

DESCRIPTION OF RESPONDENTS:

We anticipate that respondents to this survey will consist of researchers from the extramural community who have an interest in healthcare delivery research and/or have funded grants from the Healthcare Delivery Research Program. We plan to send the survey to our grantee listserv, and expect to receive responses from 500 respondents.

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: Alyssa Grauman

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

ESTIMATED BURDEN HOURS and COSTS

Category of Respondent	No. of Respondents	No. of Responses per Respondent	Time per Response (in hours)	Total Burden Hours
Private Sector	500	1	3/60	25
Totals	500	500		25

Category of Respondent	Total Burden Hours	Wage Rate*	Total Burden Cost
Private Sector – Medical Scientists (19-1040)	17	\$45.26	\$769.42
Private Sector – Social Science Research Assistants (19-4061)	8	\$22.51	\$180.08
Totals	25		\$949.50

*Wage data from https://www.bls.gov/oes/current/oes_nat.htm, retrieved on November 14, 2017.

FEDERAL COST: The estimated annual cost to the Federal government is **\$1,086.99**

Staff	Grade/Step	Salary	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
Alyssa Grauman Public Health Advisor	13/9	108,699	1		\$1,086.99
Contractor Cost					\$0
Travel					\$0
Other Cost					\$0
Total					\$1,086.99

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?
[X] 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 have a grantee listerv that includes external researchers and constituents who have applied for an HDRP-related grant or have attended one of our funding webinars. The listerv also includes anyone who has signed up via the link on our website or has otherwise requested to be added. Dissemination of the survey will be via email to our grantee listerv (announcement and newsletter) and Twitter.

Administration of the Instrument

1. How will you collect the information? (Check all that apply)
[X] Web-based or other forms of Social Media
[] Telephone
[] In-person
[] Mail
[] Other, Explain
2. Will interviewers or facilitators be used? [] Yes [X] No

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