**SUPPORTING STATEMENT**

**Part B**

**Voluntary Customer Survey Generic Clearance**

**for the Agency for Healthcare Research and Quality**

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Agency of Healthcare Research and Quality (AHRQ)

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# B. Collections of Information Employing Statistical Methods

## 1. Respondent universe and sampling methods

In some instances statistical methods will apply.

The respondent universe will be separately identified for each program whose customers are to be surveyed. Surveys will be designed to minimize burden on respondents while obtaining essential information. The majority of information collections will require no more than 10-15 minutes response time, on average. Appropriate probability sampling techniques will be used to select samples whenever possible.

In many instances there will be an existing list of "customers" readily available for sampling (e.g., mailing lists for publications or recipients of particular materials or services within known customer groups). In these cases probability sampling techniques will be used. In some cases users of AHRQ services or data products will be asked if they would be willing to participate in a future survey. Such surveys would use a random sample drawn from the sub-group of users that indicated their willingness to participate. In other cases random samples may be drawn from all known users. In yet other cases no sampling methods will be used; for example, all visitors to a specific AHRQ website may be asked to participate in a brief survey about their experience with the site and the data product or service they accessed. The data from these samples will be used to draw generalizations about users of the specific AHRQ product or service; the limitations and/or potential biases of these generalizations will be noted in the mini Supporting Statement and any findings reports. The data may also be used to track user satisfaction with AHRQ’s products and services over time.

Two projects previously approved under this generic clearance are the “Evaluation of AHRQ’s *Guide to Clinical Preventive Services,”* which selected a random sample of users that had indicated their willingness to participate in a future survey, and the “Customer Satisfaction Survey of AHRQ Patient Safety Network (PSNet) Users” where all visitors to the AHRQ PSNet site during the survey period were asked to participate in the survey at the time of their visit.

All information collection will be conducted in a manner that is consistent with the following guidelines:

        Participation will be fully voluntary, and non-participation will have no effect on eligibility for, or receipt of, future AHRQ health services research.

        Appropriate sample sizes will be determined for each activity to ensure that burden is minimized while reliable estimates are produced.

        Information collection will be limited to that needed to assess customer reaction to AHRQ products and services. Repeated implementation of quantitative surveys will be at an interval appropriate to measure the impact of changes and to monitor reaction levels.

##         Given the voluntary nature of the data collection surveys, efforts will be made to obtain the highest possible response rates. Efforts will also be made to assess non-response bias, to the extent feasible.

## 2. Information Collection Procedures

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The particular collection methods used will vary but may include the following

* Mail/email – Mail-out/mail-back of paper questionnaires will be used in rare cases where the only contact information available is a physical mailing address. However, mail-out/mail-back may also be used as part of a multi-stage data collection effort involving several modes of data collection in an effort to maximize response rates. Email will be used in a majority of cases approved under this clearance since AHRQ is likely to have the email address for many of its customers, and because email is very cost effective. When used, the email will include an introduction to the survey, solicit participation, and provide a link to a web-based questionnaire.
* Telephone – Telephone data collection will be used mainly to recruit persons into focus groups and in-person interviews. However, telephone data collection may also be used as part of a multi-stage data collection effort involving several modes of data collection in an effort to maximize response rates.
* Web-based – Web-based data collection will be used in two ways. First, in conjunction with email, which will provide a link to a web-based questionnaire, and second as a “pop-up” survey request for visitors to specific AHRQ websites.
* Focus groups – Focus groups will be used to obtain insights into beliefs and understandings of the target audience early in the development of a new data product or service, or to obtain feedback on existing products or services. When focus groups are used, the discussion guide will be provided.
* In-person interviews – In-person interviews will commonly be used to solicit input from key stakeholders early in the development phase of a new data product or service. When in-person interviewing is used, the interview guide will be provided.

## 3. Methods to Maximize Response Rates

The design of each quantitative survey will include approaches to maximize response rates, while retaining the voluntary nature of the effort, consistent with appropriate survey methodology. Additional formal pretesting will be carried out at a level and in a manner consistent with the specific survey.

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## 4. Tests of Procedures

It is anticipated that most surveys will begin with efforts by AHRQ staff or in some cases by focus groups to identify the views/concerns of customers. Most formal pretesting will be carried out at a level and in a manner consistent with the specific survey.

##  5. Statistical Consultants

Each program will obtain input from statisticians as to the development, design, conduct, and analysis of customer surveys. This statistical expertise will be available from AHRQ statisticians/contractors. Technical assistance in survey design and statistics may, in some cases, be sought through The National Center for Health Statistics.