SUPPORTING STATEMENT - PART A

DoD COVID-19 Vaccine Questionnaire – 0720-XXXX

1. Need for the Information Collection

The purpose of the DoD COVID-19 Vaccine Questionnaire is as follows: 1) Exercise due-diligence to reach out to the vast majority of our authorized vaccine eligible population (but has not received the COVID-19 vaccine per Military Health System records) with instructions on how to receive the vaccine. 2) Understand existing vaccine demand to adjust. 3) Inform future (i.e. booster) vaccination efforts. 4) Lift an administrative burden from the MTFs by executing a standardized survey at the HQ level. 5) Remind message/questionnaire recipients to have their medical record updated with their vaccination as applicable. The results of the questionnaire will update the existing Population Risk Assessment Tool (PRAT)/CarePoint if they have self-reported that they have received the vaccine (to include the product and number of doses received). This questionnaire will not update medical records, but will assist the DoD in understanding the numbers of how many have received COVID-19 vaccinations in other-than-MHS sites.

2. Use of the Information

The population for this questionnaire is DoD eligible/authorized personnel for the COVID-19 vaccine who do not, at the time of the questionnaire distribution, have documented COVID-19 vaccination receipt, in any MHS electronic record source (i.e. MHS Genesis, CHCS, PDTS and all service immunization trackers (ASIMS (AF), MEDPROS (A), MRRS (N/MC/CG). This questionnaire specifically includes Service Members, DoD Civilians, and DoD Contractors who are eligible for the COVID-19 vaccine.

This information is being collected to inform the current COVID vaccine campaign*.* The questionnaire will utilize the existing CarePoint supported Survey Portal framework of the Military Healthcare Systems (MHS) Information Platform (MIP), currently hosted in the AWS Govcloud. Additionally, AudioCARE will be used, which is an existing telephonic messaging platform that sends a voice message to the end-user and allows for bi-directional responses by pressing the key pad of the phone.Respondents will access the collection instrument through their email or their telephone.

Respondents will answer questions in the questionnaire from their email or by pressing different numbers to corresponding answers on their phone. The questionnaire is automatically returned after completing the questionnaire. DHA J-5 Team will update the Population Risk Assessment Tool (PRAT) based on responses provided in the questionnaires.

The successful effect or end result will be a more accurate picture of this population regarding vaccine status, which informs current vaccine demand and current DoD vaccination operations. This includes an anticipated 30% response rate. The due-diligence messaging that accompanies the questionnaire (how to receive vaccine at a DoD vaccination site) is seen by Senior DHA leadership as a successful campaign in itself.

3. Use of Information Technology

Responses are collected100% electronically.

4. Non-duplication

The information obtained through this collection is unique and is not already available for use or adaptation from another cleared source.

5. Burden on Small Businesses

This information collection does not impose a significant economic impact on a substantial number of small businesses or entities.

6. Less Frequent Collection

Identified recipients of this questionnaire will receive the questionnaire only once via email. If there is a non-response, those individuals will then be reached out to with the same questions in the AudioCARE questionnaire*.*

*7.* Paperwork Reduction Act Guidelines

This collection of information does not require collection to be conducted in a manner inconsistent with the guidelines delineated in 5 CFR 1320.5(d)(2).

8. Consultation and Public Comments

Part A: PUBLIC NOTICE

A public notice is not required for this product/initiative.

Part B: CONSULTATION

No additional consultation apart from soliciting public comments through the Federal Register was conducted for this submission.

9. Gifts or Payment

No payments or gifts are being offered to respondents as an incentive to participate in the collection.

10. Confidentiality

A Privacy Act Statement is not required for this collection because we are not requesting individuals to furnish personal information for a system of records.

A Privacy Impact Assessment (PIA) is not required for this collection because PII is not being collected electronically.

Applicable System of Records Notice (SORN) is EDHA 07available at:https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570672/edha-07/

Retention and Disposition Schedule:

"Records will be maintained in accordance with the following approved disposition schedule:

Subject: Ad Hoc Quality Assurance Studies and Analyses of Healthcare Quality

Cutoff: Upon completion of study.

Disposition: Temporary. Destroy when 5 years old.

OSD RDS Series #: 905-03

NARA Authority: NC1-330-77-005

Or if the study and analyses results in issuance of new standards utilize the following approved disposition schedule:

Subject: Quality Assurance Studies and Analyses of Healthcare Quality Standards

Cutoff: Upon completion of standard.

Disposition: Permanent. Transfer to NARA 30 years after cutoff.

OSD RDS Series #: 905-02

NARA Authority: NC1-330-77-5"

11. Sensitive Questions

No questions considered sensitive are being asked in this collection.

12. Respondent Burden and its Labor Costs

Part A: ESTIMATION OF RESPONDENT BURDEN

1. Collection Instrument(s)

[Email and AudioCARE]

1. Number of Respondents: 570,000
2. Number of Responses Per Respondent: One.
3. Number of Total Annual Responses: 570,000 (assuming 30% response rate).
4. Response Time: 2 minutes
5. Respondent Burden Hours: 19,000 hours
6. Total Submission Burden
   1. Total Number of Respondents: 570,000
   2. Total Number of Annual Responses: 570,000
   3. Total Respondent Burden Hours: 19,000 hours

Part B: LABOR COST OF RESPONDENT BURDEN

1. Collection Instrument(s)

[Email and AudioCARE]

1. Number of Total Annual Responses: 570,000
2. Response Time: 2 minutes
3. Respondent Hourly Wage: $29.74
4. Labor Burden per Response: $0.99
5. Total Labor Burden: $565,060
6. Overall Labor Burden
   1. Total Number of Annual Responses: 570,000
   2. Total Labor Burden: $565,060

The Respondent hourly wage was determined by using the [Department of Labor Wage Website] ([<http://www.dol.gov/dol/topic/wages/index.htm>])

13. Respondent Costs Other Than Burden Hour Costs

There are no annualized costs to respondents other than the labor burden costs addressed in Section 12 of this document to complete this collection.

14. Cost to the Federal Government

Part A: LABOR COST TO THE FEDERAL GOVERNMENT

1. Collection Instrument(s)

[Email and AudioCARE]

1. Number of Total Annual Responses: 570,000
2. Processing Time per Response: 1 second
3. Hourly Wage of Worker(s) Processing Responses : $75
4. Cost to Process Each Response: $0.01
5. Total Cost to Process Responses: $11,875
6. Overall Labor Burden to the Federal Government
   1. Total Number of Annual Responses: 570,000
   2. Total Labor Burden*:* $11,875

Part B: OPERATIONAL AND MAINTENANCE COSTS

1. Cost Categories
   1. Equipment: $0
   2. Printing: $0
   3. Postage: $0
   4. Software Purchases: $0
   5. Licensing Costs: $0
   6. Other: $0
2. Total Operational and Maintenance Cost: $0

Part C: TOTAL COST TO THE FEDERAL GOVERNMENT

1. Total Labor Cost to the Federal Government: $11,875
2. Total Operational and Maintenance Costs: $0
3. Total Cost to the Federal Government: $11,875

15. Reasons for Change in Burden

This is a new collection with a new associated burden.

16. Publication of Results

The results of this information collection will not be published.

17. Non-Display of OMB Expiration Date

We are not seeking approval to omit the display of the expiration date of the OMB approval on the collection instrument.

18. Exceptions to “Certification for Paperwork Reduction Submissions”

We are not requesting any exemptions to the provisions stated in 5 CFR 1320.9.