

**Request for Approval under the “Generic Clearance for the Collection of  
Qualitative Feedback on Agency Service Delivery”  
(OMB Control Number: 0917-0036)**

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**TITLE OF INFORMATION COLLECTION:** 2021 Kayenta Service Unit Just Move It  
(Health Promotion Disease Prevention Activities Registration)

**PURPOSE:**

The purpose of this collection is to gauge how much activity participants had during the COVID-19 pandemic and how it has impacted daily physical activity and exercise especially among individuals with a diabetes diagnosis, pre-diabetes diagnosis, and those with other chronic illnesses. The information gathered will help the Health Promotion/Disease Prevention (HPDP) Program to better understand the behaviors and attitudes in situations where there is a communicable disease outbreak or pandemic, such as COVID-19. The information will help the HPDP Program to design and implement alternate programs and services to encourage and motivate individuals to adapt to innovative ways to stay physically active through proper exercise and fitness.

**DESCRIPTION OF RESPONDENTS:**

Respondents will include the general public. Respondents are not required to complete the survey questions. Survey questions are completely voluntary.

**TYPE OF COLLECTION:** (Check one)

- |  |  |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form          | <input 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 checked="" type="checkbox"/> Other: <u>web-survey</u> |

**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: \_\_\_/s/ Robyn Maho, 07/01/2021\_\_\_\_\_

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 Participants will receive an exercise garment as part of their participation with a confirmation of completion in the fun run/walk challenge.

**BURDEN HOURS**

Category of Respondent	No. of Respondents	Participation Time	Annual Burden Hrs.
General Public	120	5 mins.	10
<b>Totals</b>			<b>10</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is \$10,000 (via grant funds) to purchase incentives. Additional staffing nor time compensation is not needed/required.

**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?

Participants will be able to complete a registration form on-line with a link or scan-able QR code to Survey Monkey via their smart phones or personal computer. The questions asked are related to Waiver of Responsibility consent; what community or city does the participant live in; Contact information such as name, address, email address, and phone number; gender; age group; preference of activity they are signing up for; registering children under 18 years old; and general questions related to the COVID-19 to help us better understand the behaviors and attitudes during the COVID-19 pandemic. All information will be reviewed by the Health Promotion Coordinator only but a generalized report (excluding PII) will be shared with Executive Leadership Team members, Navajo Area Health Promotion, and department staff - PII will not be shared with these groups. PII is collected for the purposes of being able to mail out incentives to registered individuals.

## 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: Registration forms will be received via Survey Monkey. If needed, participants can register via paper copy and submit on-site.

2. Will interviewers or facilitators be used?  Yes  No

**Please ensure 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 Qualitative Feedback on Agency Service Delivery”**

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**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 a statement to that effect in your explanation. Please include how the information will be used to improve services or the program.

**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. Provide the name of the individual who is the lead contact and responsible for the collection.

**Personally Identifiable Information:** Provide answers to the questions. Note: Agencies/Programs 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. If you request PII, please ensure that you state the reason why it is being collected (i.e., in order to respond to inquiries from the participants).

**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 (minutes).

**FEDERAL COST:** Provide an estimate of the annual cost (and description) to the Federal Government. Please provide a brief break down of the costs, including wages for staff utilizing OPM pay scale table. See [https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2015/GS\\_h.pdf](https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2015/GS_h.pdf)

**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.**