

**Request for Approval under the “Generic Clearance for the Collection of
Routine Customer Feedback” HHS Online Customer Surveys (OMB Control
Number: 0990-0379)**

TITLE OF INFORMATION COLLECTION:

OMH WEBINAR PROMISING PROGRAMS AND PRACTICES ASSESSMENTS

PURPOSE:

THE HHS OFFICE OF MINORITY HEALTH (OMH) IS HOSTING THREE WEBINARS IN 2021 TO HIGHLIGHT STATE, TRIBAL, TERRITORIAL AND COMMUNITY-BASED EFFORTS TO ADDRESS HEALTH DISPARITIES AMONG RACIAL AND ETHNIC MINORITY POPULATIONS. THE WEBINAR SERIES WILL COVER TOPICS RELATED TO MENTAL HEALTH, COVID-19, AND THE WORK OF COMMUNITY HEALTH WORKERS IN RACIAL AND ETHNIC MINORITY COMMUNITIES. THE WEBINARS WILL FEATURE NATIONAL, STATE, TRIBAL AND LOCAL EXPERTS LEADING THESE EFFORTS AND IS DEVELOPED FOR PUBLIC HEALTH LEADERS AT ALL LEVELS AND COMMUNITY-BASED ORGANIZATIONS ADDRESSING THESE TOPICS.

THE INFORMATION COLLECTION WILL ASSESS CUSTOMER SATISFACTION WITH ELEMENTS OF THE WEBINARS.

DESCRIPTION OF RESPONDENTS:

PUBLIC HEALTH PRACTITIONERS; STATE, LOCAL, TRIBAL AND TERRITORIAL OFFICIALS, REPRESENTATIVES FROM COMMUNITY-BASED ORGANIZATIONS, WHO SHARE AN INTEREST IN LEARNING PROMISING APPROACHES TO COMBATING COVID-19

TYPE OF COLLECTION: (Check one)

☐ Customer Comment Card/Complaint Form
☐ Usability Testing (e.g., Website or Software)
☐ Focus Group

☒ Customer Satisfaction Survey
☐ Small Discussion Group
☐ 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: Dianne Rucinski, PhD, Evaluation Officer, Office of Minority Health/ Office of the Assistant Secretary

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

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden hour
Public Health Practitioners; State, Local, Tribal and Territorial Officials; Representatives from Community-Based Organizations.	500 X 3 webinars = 1,500	15/60	375
Totals	500	15/60	375

FEDERAL COST: The estimated annual cost to the Federal government is __\$10,000__

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?

ALL PERSONS WHO REGISTER FOR THE WEBINARS WILL BE PROVIDED AN OPPORTUNITY TO COMPLETE THE POST-WEBINAR ASSESSMENT. THERE WILL BE NO SAMPLING.

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