Supporting Statement for Customer Experience in The Office of the Assistant Secretary for Financial Resources Service Delivery

New

Department of Health and Human Services

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A. Justification

1. Circumstances Making the Collection of Information Necessary

The proposed information collection activity provides a means to garner quantitative and qualitative customer and stakeholder feedback in an efficient, timely manner, in accordance with the Administration's commitment to improving access to and service delivery. As indicated under Section 301 of the Public Health Service Act (42 U.S.C.241) and in support of Executive Order 13985, ASFR is pursuing a comprehensive approach to advancing equity for all. If this information is not collected, vital feedback from customers and stakeholders on the Agency's services will be unavailable. Such assessments would better equip HHS to develop policies and programs that deliver resources and benefits equitably to all.

2. Purpose and Use of Information Collection

This feedback will 1) provide insights into customer or stakeholder perceptions, experiences and expectations; 2) uncover issues that create barriers to funding or the system to deliver them; and 3) focus attention on areas where communication, training or changes in operations might improve delivery of such opportunities and services. These voluntary collections will allow for ongoing, collaborative and actionable communications between HHS and its customers and stakeholders. It will also allow feedback to contribute directly to the improvement of program management.

Specifically, information collection that directly addresses user experience into and in response to the efforts undertaken by ASFR and HHS Awarding Agencies to redesign funding mechanisms in order to provide equal opportunities to individuals and communities is an essential step in assessing the usability and scalability of the efforts themselves. For example, knowing which Notice of Funding Opportunity design is preferred or which performed better will allow HHS to adopt the best models in delivering these services to the public. Failure to do so, would go against agency priorities and annul the work that ASFR and HHS awarding agencies have embarked on in support of the Department.

3. Use of Improved Information Technology and Burden Reduction

Our goal is to incorporate technologically improved respondent reporting where possible as this process typically lowers burden to the respondent. With that in mind, our voluntary, annual collections will resort to non-electronic data collection only when necessary or when requested by the respondent in support of any accessibility needs. Efforts to embed technology into our design in order to minimize participant burden include but are not limited to: (1) participants will be asked to complete surveys electronically; and (2) participants will be given the option to have their interviews, focus groups, and usability tests virtually.

4. Efforts to Identify Duplication and Use of Similar Information

The efforts undertaken by this initiative are the first of its kind. From the point of idea inception, ASFR has been transparent with all HHS awarding Agencies about program goals and objectives. Moreover, ASFR has maintained lines of communication with each agency as collaboration and support for this work are essential. There is currently no other effort in which user experience is being tested in direct response to content/design changes to funding opportunities across awarding agencies. ASFR is uniquely positioned to take on this role and has taken considerable steps to ensure that there is no duplication of efforts.

5. Impact on Small Businesses or Other Small Entities

With our efforts to increase accessibility to funding mechanisms to all communities, it is possible that small businesses or other small community organizations will take part of this data collection. Recognizing the burden that participating in any data collection can incur on respondents, we have ensured that the voluntary information being requested has been held to the absolute minimum required for the intended use of such data.

6. Consequences of Collecting the Information Less Frequent Collection

Data collection will occur at a frequency already deemed the absolute minimum in order to reduce burden on the participants. This one-time collection of feedback based on the participants' experience in submitting an application package for a funding opportunity that occurs annually, cannot be reduced further. As changes are made to the funding opportunity announcement and the service delivery used for this process, it is essential that ASFR capture data that can support continued use of such practices or direct necessary change to improve said practice.

7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

The agency has reviewed and complied with 5 CFR 1320.5 *General Requirements*. No *Special Circumstances* are required at this time.

8. Comments in Response to the Federal Register Notice/Outside Consultation

A 60-day Federal Register Notice was published in the *Federal Register* on April 24, 2023, Vol. 88, No. 78. Document Citation: 88FR 24811. Page: 24811-24812. There were no public comments.

When developing the evaluation plan and instruments, our team conferred with a data

scientist currently serving as a Presidential Innovation Fellow, April Chen, as well as members of the ASPE team. April was a key part of our evaluation workgroup, and the ASPE team provided guidance on the approach. Moreover, ASFR has communicated their plans since the planning and development phase with OMB and all HHS awarding agencies. Recurring meetings such as ECGAP and CGMO Council have been used to inform HHS leadership of progress and updates on a monthly basis.

9. Explanation of any Payment/Gift to Respondents

Attracting diverse groups and ensuring increased accessibility to funding opportunities is particularly challenging due to the significant financial burdens and the additional time placed on many during the application process. The burden of having to review and fill out the application then submit it to an office is already challenging which is why we are working to minimize it by conducting this research. Participants often have limited time and/or budget to apply for these opportunities. Adequately compensating participants for the time involved in participating in research to modernize and improve the application process will lessen the burden on them for participating and show we value their time and feedback.

10. Assurance of Confidentiality Provided to Respondents

ASFR takes privacy matters seriously. All information collected will go through the appropriate approval processes highlighted by institutional review boards. Best practices will be employed to ensure the safeguard of information collected including the adoption of Department approved security and cyber-security protocols. Moreover, to minimize the potential for risk, personally identifiable information (PII) will be collected only to the extent necessary. Data will be kept private to the extent allowed by law.

11. Justification for Sensitive Questions

There is no intent to conduct any data collection which might be of sensitive nature (i.e., sexual practices, alcohol or drug use, religious preference, etc.).

12. Estimates of Annualized Hour and Cost Burden

The collections are low-burden for respondents (based on considerations of total burden hours, total number of respondents, or burden-hours per respondent) and are low-cost for both the respondents and the Federal Government.

Estimated Annualized Burden Hours

Type of Respondent	Form Name	No. of Respondents	No. Responses	Average Burden	Total Burden

			per Respondent	per Response (in hours)	Hours
HHS Potential Applicant	Post Submission Survey	1000	1	15/60	250
HHS Potential Applicant	Post Submission Interview Script	200	1	1	200
HHS Potential Applicant	Moderated Usability Test Script	300	1	1	300
HHS Potential Applicant	Focus Group	200	1	1	200
Total					**950**

Estimated Annualized Respondent Burden Costs

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
HHS Potential Applicant	250	$40.00	$10,000.00
HHS Potential Applicant	200	$40.00	$8,000.00
HHS Potential Applicant	300	$40.00	$12,000.00
HHS Potential Applicant	200	$40.00	$8,000.00

Total			$38,000.00

Note: The pool of potential applicants for HHS is very broad. Using the most recent wage information from the Department of Labor, we have identified the data reflected in the table for the occupation most representative of applicants "community and social service specialists".

13. Estimates of other Total Annual Cost Burden to Respondents or Recordkeepers/Capital Costs

Respondents are not required to make any purchases.

14. Annualized Cost to Federal Government

Evaluation costs per year
Lab team time – 60 hours; $6,000
ASFR team time – 300 hours; $22,500
Gartner time – 20 hours; $4,000
PIF time – 50 hours; $3,750
Incentives – $6,000
Analysis software – $1,000
Total costs – $43,250

15. Explanation for Program Changes or Adjustments

This is a new data collection.

16. Plans for Tabulation and Publication and Project Time Schedule

The data collection hereto listed will 1) provide insights into customer or stakeholder perceptions, experiences and expectations; 2) uncover issues that create barriers to funding or the system to deliver them; and 3) focus attention on areas where communication, training or changes in operations might improve delivery of such opportunities and services. Findings from these will be shared internally with HHS awarding agencies as part of the ongoing collaborative efforts of this initiative. Moreover, system and or processes changes resulting from these findings might be highlighted at public facing events, once and if changes are implemented. Please refer to the attached project timeline and evaluation plan for additional context (dates will be shifted to await OMB approval).

June 27-30	• Schedule internal OpDiv prototype partner debriefs and internal moderated usability sessions

	• Talk through survey mechanism with Julius • Develop full moderated usability tests • Prep financial incentives
July 4-8	• OpDiv prototype partner debriefs • Continue development of moderated usability tests and run dress rehearsal with internal team members • Schedule interviews with ACL prototype applicants • Begin outreach to external orgs for moderated usability tests and focus groups starting week of July 18th • Deploy survey to ACL applicants
July 11-15	• Conduct internal moderated usability tests
July 18-29	• Conduct external moderated usability tests • Conduct focus groups
Aug 1-12	• Deploy survey to ACF and CDC applicants • Schedule interviews with ACF and CDC prototype applicants • Conduct interviews with ACF and CDC prototype applicants • Conduct quantitative data analysis for ACL, ACF, and CDC prototypes
Aug 15- Sep 2	• Synthesize research (minus SAMHSA)
Sep 5-9	• Deploy survey to SAMHSA applicants • Schedule interviews with SAMHSA prototype applicants
Sep 12-16	• Conduct interviews with SAMHSA prototype applicants • Conduct qualitative data analysis for SAMHSA prototype
Dates tbd	• Follow up with first time award winners/small org award winners

17. Reason(s) Display of OMB Expiration Date is Inappropriate

We are NOT seeking approval to not show expiration date.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.