

**Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB#: 0925-0648 Exp., date: 06/30/2024)**

**TITLE OF INFORMATION COLLECTION:** Survey to Assess User Needs for MedlinePlus Data Files and APIs (NLM)

**PURPOSE:** The purpose of this National Library of Medicine (NLM) survey is to collect feedback from technical users of MedlinePlus (including users of the MedlinePlus web service, MedlinePlus Connect, MedlinePlus Genetics API, and other data files). We aim to understand pain points and opportunities for the MedlinePlus developer experience from the viewpoint of existing users to prioritize improvements to the site.

**DESCRIPTION OF RESPONDENTS:** The intended audience of the survey is existing technical users of MedlinePlus APIs and data files. These may include software developers, technical leads, team managers, database administrators, and system architects. They may be associated with a variety of organization types such as academic institutions, electronic health record vendors, healthcare organizations, government, and non-profits.

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

- |  |  |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form          | <input checked="" 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 type="checkbox"/> 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: Stephanie M. Morrison

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 [X] No

**ESTIMATED BURDEN HOURS and COSTS**

Category of Respondent	No. of Respondents	No. of Responses per Respondent	Time per Response (in hours)	Total Burden Hours
Private sector	400	1	15/60	100
<b>Totals</b>	<b>400</b>	<b>400</b>		<b>100</b>

**COST TO RESPONDENT**

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Software and Web Developers, Programmers, and Testers*	100	\$50.63	\$5,063.00
<b>Totals</b>			<b>\$5,063.00</b>

\* The median wage rate for this respondent group was obtained from [May 2020 National Occupational Employment and Wage Estimates \(bls.gov\)](https://www.bls.gov/news.release/wageind.pdf).

**FEDERAL COST:** The estimated annual cost to the Federal government is **\$11,844**

Staff	Grade/Step	Salary*	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					
	13/9	\$135,308	2%		\$271
<b>Contractor Cost</b>		\$46,292	25%	N/A	\$11,573.00
Travel					
Other Cost					
<b>Total</b>					<b>\$11,844</b>

\*The Salary in table above is cited from: <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2022/DCB.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**

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?

Potential users comprise visitors to the [MedlinePlus 'For Developers' webpages](#) and around 400 existing subscribers to the MedlinePlus Connect email listserv. On the 'For Developers' webpages, a survey invitation and link will be provided to request users' feedback. An e-mail invitation with a link to the survey will be sent to subscribers of the listserv.

Wording of the web and e-mail invitations are attached with the full survey instrument.

### **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