

**Request for Approval under the "Generic Clearance for Improving  
Customer Experience: OMB Circular A-11, Section 280  
Implementation"  
(OMB Control Number: 1225-0093)**

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**TITLE OF INFORMATION COLLECTION:** Voluntary Demographic Information (Be Counted or Be Invisible)

**PURPOSE OF COLLECTION:** OWCP Longshore Leadership wishes to gather demographic information and identify barriers that exist for our injured workers. By identifying such barriers, the program hopes to improve access to information and tools related to entitlements provided under the Longshore Act. Gathering the data will be a step in holistically addressing the needs of all claimants in the program to allow full access and full participation.

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

- Customer Research (Interview, Focus Groups)
- Customer Feedback Survey
- User Testing

**ACTIVITY DETAILS**

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. Who will you collect the information from?

This information obtained will be collated from respondents and participants of the ECOMP user software. ECOMP is a customer portal that allows authorized/registered parties to view their case data throughout the claims process with the OWCP Longshore program. The survey information requested will appear following the user's selection to complete a section titled Voluntary Claimant Demographics.

3. How will you ask a respondent to provide this information?

The survey will appear following the Voluntary Claimant Demographic (Be Counted or Be Invisible) section via a survey pop up window.

4. What will the activity look like?

The activity will involve a standard survey where a pop up window will be the actionable portion to complete. Participants voluntarily will complete this. There will be three questions, that based on responses will branch out with additional questions or information to answer and verify.

5. Please provide your question list.

**Please make sure that all instruments, instructions, and scripts are submitted with the request.**

***THIS SURVEY OPTION WILL APPEAR AT THE END OF THE ECOMP REGISTRATION PROCESS.***

Thank you for agreeing to take our survey. Your feedback will allow us to improve our system and better serve our claimants. The OMB control number for this collection is 1225-0093 and expires on February 29, 2024. According to the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless such collection displays a valid OMB control number. Collection of this information is authorized by OMB. The obligation to respond to this collection is voluntary. We estimate it takes about 5 minutes to complete.

On January 20, 2021, President Biden issued an [Executive Order](#), Advancing Racial Equity and Support for Underserved Communities Through the Federal Government. Consistent with this Executive Order and to advance equity across the Federal Government, we are seeking demographic data for the population of claimants served by the Office of Workers' Compensation (OWCP).

The collection of this information is voluntary. It is not required, and it will not be available to or used by OWCP staff during the adjudication process.

The information is being collected to help us address any systemic barriers in accessing benefits available from OWCP, and so that we can develop effective outreach strategies to ensure unfettered access to program services and benefits, especially to underserved communities.

You may answer all, some, or none of the questions below.

If you do not wish to participate, please click SKIP DEMOGRAPHICS and you will continue to the final step in the account creation process.

Thank you in advance for your assistance.

***If they click "Skip Demographics" – message says "Thank you for your consideration."***

***If they click "Take Survey" – they get this:***

**SURVEY POP UP**

Please specify your race (may check more than one).

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Prefer Not to Say
- Other \_\_\_\_\_

Please specify your ethnicity.

- Hispanic or Latino
- Not Hispanic or Latino
- Prefer Not to Say
- Other \_\_\_\_\_

What is the primary language spoken in your household?

- English
- Spanish
- Prefer Not to Say
- Other \_\_\_\_\_

What sex were you assigned at birth, on your original birth certificate?

- Male
- Female
- Prefer Not to Say

How do you describe yourself?

- Male
- Female
- Transgender
- Non-Binary
- Do not identify as Female, Male, Non-Binary or Transgender
- Prefer Not to Say

Please specify your sexual orientation.

- Gay or lesbian
- Straight, that is not gay or lesbian
- Bisexual
- Prefer Not to Say
- Other \_\_\_\_\_

Please specify your marital status.

- Never married
- Married (same sex)
- Married (not same sex)
- Domestic partnership (same sex)
- Domestic partnership (not same sex)
- Divorced
- Widowed

- Prefer Not to Say
- Other \_\_\_\_\_

Please specify your religion.

- Christianity/Catholicism
- Islam
- Judaism
- Buddhism
- Hinduism
- N/A
- Prefer not to say
- Other \_\_\_\_\_

Please choose one of the following options related to disability status.

- Yes, I have a disability or have a history/record of having a disability
- No, I don't have a disability or a history/record of having a disability
- Prefer not to say

Please choose one of the following options related to veteran status.

- I am a veteran (I served in the US Armed Forces)
- I am not a veteran (I did not serve in the US Armed Forces)
- Prefer not to say

Do you have access to affordable transportation?

- Yes
- No

6. When will the activity happen?

This survey is currently scheduled to remain on the website at this time following approval to continually gather pertinent demographic data critical to the mission needs of the program.

7. Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants?

[ ] Yes [ X ] No

**BURDEN HOURS**

Category of Respondent	No. of Respondents	Participation Time	Burden Hours
Registered Claimants	1620	5 minutes	135
<b>Totals</b>	<b>1620</b>	<b>5 minutes</b>	<b>135</b>

**CERTIFICATION:**

I certify the following to be true:

1. The collections are voluntary;

2. The collections are low-burden for respondents (based on considerations of total burden hours or burden-hours per respondent) and are low-cost for both the respondents and the Federal Government;
3. The collections are non-controversial and do not raise issues of concern to other Federal agencies;
4. Any 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 near future;
5. Personally identifiable information (PII) is collected only to the extent necessary and is not retained;
6. Information gathered is intended to be used for general service improvement and program management purposes
7. Upon agreement between OMB and the agency aggregated data may be released as part of A-11, Section 280 requirements only on performance.gov. Summaries of customer research and user testing activities may be included in public-facing customer journey maps.
8. Additional release of data will be coordinated with OMB.

**Name: Joseph Harris**

**All instruments used to collect information must include:**

**OMB Control No. 1225-0093**

**Expiration Date: 02/29/2024**