

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

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**TITLE OF INFORMATION COLLECTION:**

Language Assistance Symbol Survey

**PURPOSE:**

Under the U.S. Department of Health and Human Services Office of Minority Health’s (OMH) Fiscal Year 2023 Appropriations, Congress called upon OMH to research, develop, and test methods of informing individuals with limited English proficiency (LEP) about the availability of language assistance services (e.g., translation and/or interpretation services). The Congressional report noted that the goal of this research would preferably be to develop a universal symbol informing people about the availability of language access services.

This collection of information is necessary to enable OMH to evaluate proposed Language Assistance Symbols to determine which symbol meets the criteria for the population to recognize a symbol denoting language assistance services are available:

- Meaning: What connotation does the symbol convey?
- Cultural: Are there any cultural aspects/issues to the symbol?
- Recognition: How easily identifiable is the symbol?

Survey respondents will review six language assistance symbols and provide feedback on each. The information collected from survey respondents will help ensure that users have an effective, culturally appropriate, and recognizable symbol for language assistance services in health care settings.

**DESCRIPTION OF RESPONDENTS:**

The intent of the Language Assistance Symbol is to be universal in design, and therefore, we will seek feedback from the general public, inclusive of individuals who are non-English Speaking (NES) and individuals with limited English proficiency.

**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>Online User 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: Samantha Wasala

To assist review, please provide answers to the following question:

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected? [ ] Yes [X ] No
2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? [ ] Yes [ X] No
3. If Applicable, has a System or Records Notice been published? [ ] Yes [X ] No

**Gifts or Payments:**

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 hour
Individuals	1000	15 minutes	250
<b>Totals</b>	1000	15 minutes	250

**FEDERAL COST:** The estimated annual cost to the Federal government is \$54,850\*

\*This is a one-time cost. Not annual. This is money already earmarked as part of Contract No: 75P00123C00056. Title: OMH 23-02 Support Services for OMH’s National Minority Health Resource Center

**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?  

[ X] 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?

The survey will use convenience sampling from the general public to be used to gather replies.

As we are especially interested in respondents who are NES or have LEP, we will seek to capture input from individuals who are NES or LEP in several ways:

1. We will have a large sample size target of 1,000. That large of a sample should include a wide variety of respondents representative of the general public.
2. The survey will be available in 9 languages: English, Arabic, Chinese Traditional, Chinese Simplified, French, Korean, Spanish, Tagalog, Vietnamese. Respondents will have the option to select which language they would like to use to complete the survey. By offering this option, we hope to encourage Non-English Speaking and Limited English Proficiency respondents who otherwise would not reply to an English only survey.
3. To reach our target respondents, we will be promoting the survey with a variety of social media groups that OMH has partnered with. These groups seek to engage specific demographics within our target respondents. These groups include:
  - American Indian/Alaska Native Social Media Partners
    - Johns Hopkins Center for Indigenous Health
    - Urban Indian Health Institute
    - weRnative
    - American Indian Cancer Foundation
    - Native American Health Center
    - National Indian Council on Aging
    - Healthy Native Youth
    - Association on American Indian Affairs
    - Northwest Portland Area Indian Health Board
  - Asian American Social Media Partners
    - Asian Mental Health Collective
    - Asian Americans Advancing Justice
    - Asian American Psychological Association
  - Black/African American Social Media Partners
    - American Public Health Association Black Caucus of Health Workers
    - BlackDoctor.Org
    - Black Health Lab
    - The Center for Black Health Equity
    - The Society for the Analysis of African American Public Health Issues
    - Black in Cancer
    - California Black Health Network
  - Hispanic/Latino Social Media Partners
    - Salud America!
    - UnidosUS

- National Hispanic Medical Association
- National Association of Hispanic Nurses
- National Hispanic Council on Aging
- American Public Health Association Latino Caucus of Public Health
- The National Research Center on Hispanic Children & Families
- National Alliance for Hispanic Health
- Everyday Health
- League of United Latin American Citizens
- Latinx Voces
- Public Health Maps
- LatinaStrong Foundation
- Native Hawaiian and Pacific Islander Social Media Partners
  - Asian and Pacific Islander American Health Forum
  - Asian Pacific Community in Action
  - Association of Asian Pacific Community Health Organizations
  - Papa Ola Lokahi
  - Native Hawaiian and Pacific Islander Alliance
  - National Asian American and Pacific Islander Mental Health Association
  - Micronesian Islander Community
  - National Council of Asian Pacific Americans

**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

**Please make sure 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 Routine Customer Feedback”**

**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 this in your explanation.

**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.

**Personally Identifiable Information:** Provide answers to the questions.

**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.

**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.

**FEDERAL COST:** Provide an estimate of the annual cost to the Federal government.

**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.

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