

**Request for Approval under the “Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery” (OMB Control Number: 0935-0179)**

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**TITLE OF INFORMATION COLLECTION:** AHRQ.gov Taxonomy Tree Test

**PURPOSE:** The goal of this study is to test the efficacy of a new taxonomy of health care topics (Attachment A) to be used on the AHRQ.gov website. Whereas dissemination of available scientific evidence for use by patients, consumers, practitioners, providers, purchasers, policy makers, and educators is a core goal of the AHRQ.gov website, the intuitive structure, categorization and labeling of that information is critical to enhancing the accessibility of AHRQ work product to the aforementioned audiences. Recent usability and customer satisfaction scores indicate the current taxonomy of topics on the site can present a challenge to locating AHRQ work product. For that reason a new taxonomy has been created. It should be tested for efficacy with real AHRQ.gov users before it is implemented.

**DESCRIPTION OF RESPONDENTS:**

Subscribers to AHRQ’s online Newsletters. They include clinicians, health care administrators, policymakers, and researchers.

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

- |  |   |
|--|---|
| <input type="checkbox"/> Customer Comment Card/Complaint Form                    | <input type="checkbox"/> Customer Satisfaction Survey |
| <input checked="" 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: Randie Siegel

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
Individuals: Clinicians/Researchers/ Policymakers/ Health Care Administrators	Estimate 800	15 minutes	200 hrs
<b>Totals</b>	Estimate 800	15 minutes	200 hrs

**FEDERAL COST:** The estimated annual cost to the Federal government is \$3,400.00 which includes 1) \$2,500 instrument development, fielding, and analysis, 2) \$600 (12.5 hours at the GS-13 level) in project management and oversight, and 3) \$300.00 in hosting charges from OptimalWorkshop.com

**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?

A general bulletin announcing the study will be issued by the administrators of AHRQ's GovDelivery system; the bulletin will reach approximately 50,000 AHRQ Newsletter subscribers. The bulletin will contain a link to the study. Clicking the link will assign a random number to the study responses as the only identifier of the respondent. After the full complement of responses is collected, survey responses

will be screened to remove surveys less than 75% complete, completed in less than 5 minutes, respondents outside the U.S., and AHRQ employees.

The remaining surveys will be segmented by AHRQ.gov audience structure. A random sample will be taken from each audience group to maximize the total number of respondents and reflect the makeup of the AHRQ.gov audience: approximately 40% Healthcare Providers, 40% Researchers, 10% Policy makers and 10% Consumers and others.

### **Administration of the Instrument**

1. How will you collect the information? (Check all that apply)

Web-based usability application OptimalWorkshop.com

Telephone

In-person

Mail

Other, Explain

2. Will interviewers or facilitators be used?  Yes  No

### **List of Attachments:**

**Appendix A: Data collection instrument**

## Instructions for completing Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback”

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**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.**