

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

TITLE OF INFORMATION COLLECTION: Help Us Improve Our Program

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 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 appears after Voluntary Claimant Demographics.

POP UP #1

Be Counted or Be Invisible – Provide Feedback on Your Experience

The Longshore program is committed to identifying any barriers that exist for workers who have been injured on the job and need to file a claim for workers' compensation. To help us achieve this goal, click "Take Survey" to answer a short 3 question survey. Click "Skip Survey" if you do not wish to provide feedback.

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

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

SURVEY POP UP

The Longshore program is committed to identifying any barriers that exist for injured workers covered under the Longshore and Harbor Workers' Compensation Act and its extensions (Defense Base Act, Non-appropriated Funds Instrumentality Act, Outer-Continental Shelf Lands Act) seeking benefits for their on-the-job injury. This includes finding ways to focus on equity for all, including people who have been historically marginalized or adversely affected by inequality. We strive for fair, just, and impartial treatment of all, including racial and ethnic minorities, persons with disabilities, the LGBTQ+ community, rural communities, and other underserved populations. We want to improve program accessibility and inclusion, so please respond to the questions below.

1. How was your claim filed?
 - a. I reported my injury to my employer.
 - b. I (or my attorney) filed my claim with OWCP.
2. Did you encounter any barriers or problems when reporting/filing your injury claim? Yes or No

If No: move on to questions 3

If Yes:

Was the barrier(s) related to any of the following demographic characteristics? (check all that apply)

- Ability or disability status
- Racial or ethnic identity
- Age
- Sex/gender identity
- Sexual orientation
- Veteran status
- Religion
- Social Class/Income Level
- Geographic location (rural/remote)
- Preferred Language
- Education
- Citizenship/Immigration Status

- The barrier(s) was not related to these characteristics

Was the barrier(s) related to any of the following issues? (check all that apply)

- I do not have internet access at home
- I do not have internet access at work
- I used a mobile device and obtaining forms and submitting on SEAPortal was harder without a mobile app
- I did not know how to file a claim when I was injured at work
- My employer did not inform me how to file and pursue a claim
- I was discouraged from filing a claim by a coworker or my employer
- I did not know how to find an attorney
- I was afraid to hire an attorney because I thought I would be responsible for the fees
- I could not find helpful information on the OWCP/Longshore/ECOMP website
- Other / None of these specific barriers (add 100 character text box)

3. How would you rate the ease of your experience requesting assistance from OWCP (e.g. submitting an intervention request, requesting help resolving an issue with your employer, etc.)? (1 star very difficult; 5 stars very easy; N/A I have not had to seek intervention for a disputed issue)

If N/A – survey ends. Message says “Thank you for your participation in our survey.”

If they don’t answer N/A, then the following appears.

Did you encounter any barriers or problems when requesting assistance? Yes or No

If No: message says “Thank you for your participation in our survey.”

If Yes:

Was the barrier(s) related to any of the following demographic characteristics? (check all that apply)

- Ability or disability status
- Racial or ethnic identity
- Age
- Sex/gender identity
- Sexual orientation
- Veteran status
- Religion
- Social Class/Income Level
- Geographic location (rural/remote)
- Preferred Language
- Education
- Citizenship/Immigration Status
- The barrier(s) was not related to these characteristics

Was the barrier(s) related to any of the following issues? (check all that apply)

- I do not have internet access at home
- I do not have internet access at work
- I used a mobile device and obtaining forms and submitting on SEAPortal was harder without a mobile app
- I did not know how to request assistance from OWCP when my employer did not pay me
- I was unable to obtain information from my employer regarding how to request assistance from OWCP
- I was discouraged from contacting OWCP by a coworker or my employer
- I did not know how to find an attorney
- I was afraid to hire an attorney because I thought I would be responsible for the fees
- I could not find helpful information on the OWCP/Longshore/ECOMP website
- Other / None of these specific barriers (add 100 character text box)

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
Totals	1620	5 minutes	135

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