

**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: Customer Experience and Equity Assessment Survey

PURPOSE OF COLLECTION: This collection will follow registration for access to the customer ECOMP database and be available subsequently in their profile for completion voluntarily. This is intended to replace a current star rating question with OMB A-11 based customer experience questions and existing barrier questions. This instrument will also be able to join demographic data in the profile with survey responses via a unique ID.

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 collected from registered users of the ECOMP user software. ECOMP is a customer portal that allows registered parties to view their case data throughout the claims process with the OWCP Longshore program. Registered parties include the stakeholders of this program that is inclusive of claimants for benefits and their authorized representatives. The survey information requested will appear following the user's selection to complete a section titled Customer Experience and Equity Assessment Survey.

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

The survey will appear following selection of the survey option Customer Experience and Equity Assessment Survey 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.

5. Please provide your question list.

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

Provide Feedback on Your Experience

Public Burden Statement

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 persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The public reporting burden for this collection of information is estimated to average 5 minutes to complete, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is voluntary (5 U.S.C. § 8101 et seq.) to obtain or retain a benefit. You are not required to respond to this collection of information unless it displays a valid OMB control number. Please send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Workers' Compensation Programs, U.S. Department of Labor, Room S3229, 200 Constitution Avenue, N.W. Washington, D.C. 20210, and reference the OMB Control Number 1225-0093.

The Longshore program is committed to improving customer experience and identifying and removing barriers to equitable access to our services for workers who have been injured on the job and need to file a claim for workers' compensation. This includes finding ways to advance equity for all, including people who belong to underserved, marginalized, and excluded communities that have been adversely affected by disparities and inequality in our laws and public policies. 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. Your

responses to the questions below will help us improve customer experience, inclusion, and accessibility for the Longshore program.

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. This voluntary data is anonymous, confidential, and will only be accessed by non-claims staff without personal identifiable information. To help us achieve this goal, click "Take Survey" to answer a short survey. Click "Skip Survey" if you do not wish to provide feedback. If they click "Skip Survey" - message says "Thank you for your consideration."

Please indicate your agreement or disagreement with the following statements:

I am satisfied with the overall ease and experience requesting assistance from OWCP's Longshore program.

(5 - strongly agree, 4 -agree, 3 - neutral, 2 - disagree, 1 - strongly disagree, N/A)

I found what I needed to learn how to request assistance from OWCP's Longshore program.

(5 - strongly agree, 4 -agree, 3 - neutral, 2 - disagree, 1 - strongly disagree, N/A)

It was easy to complete what I needed to request assistance from OWCP's Longshore program.

(5 - strongly agree, 4 -agree, 3 - neutral, 2 - disagree, 1 - strongly disagree, N/A)

I understood what was being asked of me throughout the process of requesting assistance.

(5 - strongly agree, 4 -agree, 3 - neutral, 2 - disagree, 1 - strongly disagree, N/A)

I trust the OWCP's Longshore program to appropriately handle my injury claim and/or provide assistance.

(5 - strongly agree, 4 -agree, 3 - neutral, 2 - disagree, 1 - strongly disagree, N/A)

OWCP Longshore program employees I interacted with were helpful in filing my injury claim and/or providing assistance.

(5 - strongly agree, 4 -agree, 3 - neutral, 2 - disagree, 1 - strongly disagree, N/A)

Additional Comments: _____

Did you encounter any barriers or problems when filing your injury claim and/or requesting assistance?

Barriers are defined as policies, practices, procedures, conditions or obstacles that limit or prevent equitable access to the Longshore program including enrollment in and access to its benefits and services. Barriers can be institutional (i.e., related to rules, requirements, habits, etc.), attitudinal (i.e., actions or beliefs), physical (i.e., access to facilities or programs) or technological.

*Yes / Maybe / I'm Not Sure
No*

If Yes:

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

*Racial or ethnic identity
Sex/gender identity
Sexual orientation
Preferred Language
Ability or disability status*

The barrier(s) was not related to these characteristics

Text Field: Please provide any additional information that you would like to share about the barrier(s) faced.

Note: If you have not already, please also consider completing the voluntary demographic information asked for in your profile [link].

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 Entities | 145 | 5 minutes | 12 |
| Registered Claimants | 3,011 | 5 minutes | 251 |
| Totals | 3,156 | 10 minutes | 263 |

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