

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 1601-0014)

TITLE OF INFORMATION COLLECTION: Medical and Public Health Information Sharing Environment (MPHISE) User Feedback Survey

PURPOSE: Collect qualitative user feedback information from current MPHISE users regarding their experience with the MPHISE web platform. This survey is anonymous and voluntary, and the information collected will be used to improve future CWMD products or services. The “Anonymous Responses” function of the SurveyMonkey website will be enabled during the administration of this information collection survey, disabling the collection of respondent IP addresses.

MPHISE is being utilized by the Department of Homeland Security (DHS) Countering Weapons of Mass Destruction Office (CWMD). The Rapid Capabilities Office is using MPHISE to improve communication across the medical and public health enterprises. The goal is to provide DHS personnel and interagency colleagues an accessible platform to maintain and organize communications.

This collection of information is necessary to enable the Agency to garner user feedback in an efficient, timely manner, in accordance with DHS’s commitment to improving service delivery, by which we mean systematic review of the *operation of a program* compared to a set of explicit or implicit standards, as a means of contributing to the *continuous improvement of the program*. In this case, MPHISE is being employed by the Rapid Capabilities Office. The information collected from users will help ensure that communications systems are tailored to user needs and advance the CWMD mission. This feedback will provide insights into user perceptions, experiences and expectations, provide an early warning of issues with program operations, or focus attention on areas where communication, training or changes in operations might improve operational programs. These collections will allow for ongoing, collaborative and actionable communications between the Agency and its stakeholders. It will also allow feedback to contribute directly to the improvement of program management.

DESCRIPTION OF RESPONDENTS: Current users of the MPHISE platform. Participants represent federal, state, and local agencies (such as public health, law enforcement, emergency response, and emergency management). All respondents have voluntarily signed up for MPHISE accounts. The CWMD Office maintains distribution lists for its programs and participant jurisdictions/entities.

TYPE OF COLLECTION: (Check one)

- | | |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form | <input checked="" 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 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: _____

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 [] 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 [X] No

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden
State, local, or tribal governments	195 (assumes response from every individual invited to participate in survey)	12 minutes	2340 minutes
Totals			39 hours

FEDERAL COST: The estimated total cost to the Federal government is \$6000 (40 hours @ \$150/hr). This rate is based on a generic burdened hourly rate for on-site contractor support, which may include multiple persons, to the CWMD Office. 40 hour estimated cost assumes time spent as follows: 4 hours each for three workers for survey preparation, implementation, and administration (12 hours); for one worker, 60 minutes per work day for 10 work days thereafter to address respondent questions as appropriate (10 hours); and, for one worker, 8 hours per work day for 2 work days to evaluate the results (16 hours). Once the survey results are evaluated, additional federal costs for this survey will not be incurred, i.e., the estimated total cost is presented not as an annual cost but as the estimated cost to prepare, administer, and evaluate the survey, which will not take a full year.

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?

The Rapid Capabilities Office maintains a user list for the program, to include the contact information for participating users. Notice of availability of a tailored SurveyMonkey website will be emailed to the users of the MPHISE platform from a survey-specific DHS email account, and respondents will access the survey site, and complete the survey online. Data will be collated and analyzed using the built-in SurveyMonkey tools.

Administration of the Instrument

1. How will you collect the information? (Check all that apply)
 Web-based or other forms of Social Media [**SurveyMonkey**]
 Telephone
 In-person
 Mail
 Other, Explain
2. Will interviewers or facilitators be used? Yes No [Follow-up, non-standardized oral communications may occur as needed to clarify feedback received (5 C.F.R. 1320.3(h))]

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.