

**Request for Approval under the "Generic Clearance for Improving
Customer Experience: OMB Circular A-11, Section 280
Implementation"
(OMB Control Number: 2900-0876)**

TITLE OF INFORMATION COLLECTION: Northern Arizona Dental
Service survey

PURPOSE OF COLLECTION:

Of the 1.4 million Veterans eligible for VA dental care, only 35% are using the benefit. This underutilization of services contributes to increased use of emergency care, vulnerability to tooth decay, and oral disease that can affect overall health. If VA dental care is underutilized by Veterans, the VA could also be incurring a higher cost for their care in the community. Therefore, the Leadership VA (LVA) team wanted to understand the reasons for the underutilization and to increase participation in dental services.

TYPE OF ACTIVITY: (Check one)

- ☒ [X] 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
- ☒ [X] Other, Email, invitation based

2. Who will you collect the information from?

The LVA will use the VA Northern Arizona Healthcare System as a sample population. The survey will be offered through invitation emails that go out to ~1200 dental eligible veterans in the Northern Arizona area who have not utilized dental benefits.

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

The survey will be offered through invitation emails that go out to ~1200 dental eligible veterans in the Northern Arizona area who have not utilized dental benefits.

4. What will the activity look like?
This survey consists of eight questions, offered through invitation emails that go out to ~1200 dental eligible veterans in the Northern Arizona area who have not utilized dental benefits.
5. Please provide your question list.
See attached.
6. When will the activity happen?
This will be a onetime invitation survey with reminders to complete sent at one week.
7. Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants?
[] Yes [X] No
If Yes, describe:

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden Hours
Individuals and households	1200	3 minutes	60 hours
Totals			

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; and,

7. Information gathered will only be shared publicly in the manner described in the umbrella clearance of this control number.

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All instruments used to collect information must include:

OMB Control No. 2900-0876

Expiration Date: 02/28/2026

HELP SHEET
(OMB Control Number: XXXX-XXXX)

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.

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: Agencies should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective.

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 per row.

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.