

**Request for Approval under the “Generic Clearance for the Collection
of Routine Customer Feedback” (OMB Control Number: 2900-0770)**

TITLE OF INFORMATION COLLECTION:

Focus Groups Soliciting Feedback on VA Research Communication

PURPOSE:

The Veterans Health Administration (VHA) Office of Research and Development (ORD) uses a variety of channels and tactics to communicate with Veterans, spouses, and caregivers about the value of VA research and programs such as VA Research Week and the Million Veteran Program (MVP). The purpose of this research is to investigate the customer satisfaction of ORD’s current communications and outreach efforts, develop strategies to better serve the Veteran community, and establish sustainable performance measures to support continuous improvement of outreach and communications in the future.

Discussion will capture information on stakeholder awareness and knowledge of VA research and its connection to patient-centered care, communication preferences, and unmet communication needs. The groups will also help pre-test new and revised products. The focus groups are part of a larger research and evaluation effort to inform VHA ORD communications that will also include an internal online survey for VA investigators.

DESCRIPTION OF RESPONDENTS:

Respondents will include Veterans, spouses, and caregivers representing a mix of generations, ranks, and gender that have experience with VHA. A total of five in-person groups will be conducted in two geographically distinct areas. Three groups will be conducted in March in a large metropolitan area with access to both downtown suburban/rural areas. The remaining two groups will be conducted in another metropolitan area with a distinctive geographical and cultural makeup. When possible, participants will be grouped by characteristics that will encourage openness and frank comments. Nine people will be recruited to seat seven-to-nine for the focus groups. In total, 45 participants will be recruited to fill a minimum of 35 seats.

Respondents will include sufficient representation from multiple demographic groups, including age, income, education, gender, and ethnicity/race.

The participant screener will include demographic questions to ensure sufficient representation from each demographic segment. The participant screener will include items on race and ethnicity consistent with OMB standards:

How would you describe your race/ethnicity? *Record.*

Are you Hispanic or Latino?

Yes

No

DK/Refused

Do you consider yourself (check all that apply)?

White

Black/African American
Asian
American Indian or Alaska Native
Native Hawaiian or other Pacific Islander

All participants will be provided with a release form, informing them of the purpose of the focus groups and guaranteeing that everything they say will remain private to the extent permitted by law. Likewise, VHA will receive no personally identifying information about participants, including their full names. Additionally, it will inform the participant that the focus group will be recorded for accuracy purposes.

TYPE OF COLLECTION: (Check one)

- | | |
|---|---|
| <input type="checkbox"/> Customer Comment Card/Complaint Form | <input type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software | <input type="checkbox"/> Small Discussion Group |
| <input checked="" 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: Suzana Iveljic

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, will any information that is collected be included in records that are subject to the Privacy Act of 1974? Yes No
3. If Yes, has an up-to-date System of Records Notice (SORN) 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

Respondents who show up for the focus groups within a reasonable timeframe will receive a \$75 incentive (regardless of whether they are seated) as a token of appreciation. This value is based on the contractor's experience with past qualitative studies and on our investigation of standard incentives across multiple metro regions. The payment will be managed by a third party so that personally identifiable information will not be collected by VHA or its contractor.

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden
Individuals or Households (Veterans or spouses/ caregivers)	45	1.5 hrs	67.5 hrs
Totals	45		67.5 hrs

FEDERAL COST: The estimated annual cost to the Federal government is \$12,500.

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?

[X] 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 Contractor (Booz Allen Hamilton) will use a third party to recruit from existing lists of an opted-in universe of potential respondents obtained from research facilities. The recruiting vendor will contact potential respondents by telephone and screen them for eligibility (see attached Participant Screener).

Administration of the Instrument

1. How will you collect the information? (Check all that apply)
 - [] Web-based or other forms of Social Media
 - [] Telephone
 - [X] In-person
 - [] Mail
 - [] Other, Explain
2. Will interviewers or facilitators be used? [X] Yes [] No

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

Attachments:

Participant Screener
Moderator's Guide

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. Note: 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.

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 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.

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.

Submit all instruments, instructions, and scripts are submitted with the request.