## Request for Approval under the “Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery (NINR)”

## (OMB Control Number: 0925-0653 Expiration Date: April 30, 2018)

**TITLE OF INFORMATION COLLECTION:** Individual interviews to solicit feedback on family-focused materials developed for a pediatric palliative care communications campaign.

**PURPOSE:**

This is a request for OMB to approve an approach and material related to interviews conducted on behalf of the National Institute of Nursing Research (NINR), part of the National Institutes of Health (NIH). Feedback received via interview will inform NINR’s ongoing *Palliative Care: Conversations Matter®* campaign, which aims to increase the awareness and use of palliative care for children living with serious illnesses. The proposed testing will gather opinions on a “Family Information Kit” comprised of three pieces/sheets: basics about palliative care, palliative care resources, and family stories. The comments received will inform the refinement of these campaign products before their public release.

**DESCRIPTION OF RESPONDENTS**:

Interviewees will be parents or other family members of children with serious illnesses. Although diversity is desired, there are no eligibility criteria regarding age of the child or respondent, type of serious illness, current health status, gender, ethnicity, geographic location, or respondent’s specific relationship to the child.

**TYPE OF COLLECTION:** (Check one)

[ ] Customer Comment Card/Complaint Form [ ] Customer Satisfaction Survey

[ ] Usability Testing (e.g., Website or Software) [ ] Small Discussion Group

[ ] Focus Group [**X**] Other: Individual Interviews

**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: Adrienne Burroughs, MHS, NINR/NIH

To assist review, please provide answers to the following question:

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected? [**X**] Yes [ ] No
2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? [] Yes [**X** ] No
3. If Applicable, has a System or Records Notice been published? [] Yes [ ] No

PII will not be maintained at a federal agency and will not be retrieved at any time by a federal agency or contractor. The report of results will be prepared without PII. NINR will never have access to PII. The only time PII will be used is during the screening process so mailings can be sent ahead of interviews.

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [**X**] Yes [ ] No

For participating, respondents will receive a Visa gift card worth $40, an amount chosen based on the marketing research industry standard range for a 60-minute interview with this respondent demographic at a facility in the MD/DC/VA area. (Source: RIVA Marketing Research)

**ESTIMATED BURDEN HOURS and COSTS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Category of Respondent** | **Forms**  | **No. of Respondents** | **No. of Responses per Respondent** | **Time per Response (in hours)** | **Total Burden Hours** |
| Individuals or Households | Interview | 12 | 1 | 1 | 12 |
| Individuals or Households | Screener | 24 | 1 | 10/60 |  4 |
| **Totals** |  |  |  |  |  **16**  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of Respondent** | **Total Burden****Hours** | **Wage Rate\*** | **Total Burden Cost**  |
| Individuals or Households | 16 | $22.71\*\* | $363.36 |
| **Totals** |  |  | **$363.36** |

\*http://www.bls.gov/oes/current/oes\_nat.htm

\*\*2014 mean hourly wage for all occupations (00-0000), calculated with data from employers in all industry sectors in metropolitan and nonmetropolitan areas in every state and DC.

**FEDERAL COST:** The estimated annual cost to the Federal government is $20,829.32.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff** | **Grade/Step** | **Salary** | **% of Effort** | **Fringe (if applicable)** | **Total Cost to Gov’t** |
| **Federal Oversight** |  |  |  |  |  |
| Health Communications Specialist | 13/05 | 102, 932 | 1% |  |  $1,029.32 |
| **Contractor Cost** |  |  |  |  |  |
| Fixed-price Contract HHSN263201200053I, Task 2c. Campaign Materials Development and Testing |  |  |  |  |  $19,800\* |
| Travel |  |  |  |  |  |
| Other Cost |  |  |  |  |  |
| **Total** |  |  |  |  | **$20,829.32** |

**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.

*See Appendix A: Recruitment Plan and Screener*

**Administration of the Instrument**

1. How will you collect the information? (Check all that apply)

[ ] Web-based or other forms of Social Media

[**X**] Telephone

[**X**] In-person

[ ] Mail

[ ] Other, Explain

1. Will interviewers or facilitators be used? [**X**] Yes [ ] No

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

Appendix A: Recruitment Plan and Screener

Appendix B: Consent Form

Appendix C: Interview Script and Questions

Appendix D: Pediatric Palliative Care At a Glance (material for testing)

Appendix E: Pediatric Palliative Care: Finding Support (material for testing)

Appendix F: Pediatric Palliative Care: Family Stories (material for testing)