

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0920-0953)

TITLE OF INFORMATION COLLECTION: Three Occupation-specific Units for the Workplace Violence Course: Focus Group Discussions for the Stand-alone Facilities, Home Health/Social Services, and Emergency Responder units

PURPOSE: The Centers for Disease Control and Prevention (CDC), National Institute for Occupational Safety and Health (NIOSH) seeks approval from the Office of Management and Budget (OMB) to collect feedback from individuals who have completed one of three occupation-specific online training courses about workplace violence prevention. The training courses are based on NIOSH’s successful Workplace Violence Prevention Course for Nurses, which has been completed by over 32,000 healthcare professionals since its release a little over four years ago. The three online modules currently being developed will expand and tailor course content to three audiences: employees that work in stand-alone healthcare facilities (physicians, dentists, pharmacies, etc.), Home Health/Social Services, and Emergency Responders. When the tailored online modules are complete, NIOSH plans to offer free CEUs to increase their appeal to healthcare professionals.

Qualitative information about the three new modules will be collected through in-person focus groups segmented by audience. Focus group participants will review a completed draft which will be finalized after their review and input. NIOSH will use the feedback to ensure the relevance of the materials included in each unit and to facilitate improvements. The time burden for each participant is not expected to exceed three hours. The burden estimate is based on 1.5 hours for reviewing the online course and 1.5 hours for participating in the focus group discussion.

There will be no public dissemination of the feedback and the qualitative data generated from the focus groups will not require rigorous statistical analysis to be beneficial to the course. The discussion guide is attached (Attachment A).

DESCRIPTION OF RESPONDENTS: Respondents will be employees that work in stand-alone healthcare facilities (physicians, dentists, pharmacies, etc.), Home Health/Social Services, and Emergency Responders. Participating in a focus group is voluntary.

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: Dan Hartley EdD

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 [X] No

Gifts or Payments:

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

An incentive of \$40 will be provided for feedback during the focus group session. The focus group participants will be travelling to an off-site location in order to provide feedback during non-work hours. The incentive is necessary to recruit specific participants [employees that work in stand-alone healthcare facilities (physicians, dentists, pharmacies, etc.), Home Health/Social Services, and Emergency Responders] and encourage their participation in the focus groups. The incentive encourages the participants to review the course and show up for the focus group. The incentive also increases the likelihood that the participants will remain engaged and provide meaningful feedback for the full duration of the focus group. CDC plans to on using the participant's feedback to ensure the relevance of the materials included in each unit and to facilitate improvements. At the conclusion of the focus group discussion, the incentive will be provided in the form of a gift card.

This incentive amount is consistent with Supporting Statement A for the NIOSH umbrella agreement for service delivery generic, section 8A 1, which states the following regarding **Payment or Gift:** *“The Agency will not provide payment or other forms of remuneration to respondents of its various forms of collecting feedback. Focus groups and cognitive laboratory studies are the exceptions. In the case of in-person cognitive laboratory and usability studies, the Agency may provide stipends of up to \$40. In the case of in-person focus groups, the Agency may provide stipends of up to \$75”.*

BURDEN HOURS

Type of Respondents	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (in hours)	Total Burden (in hours)
Employees that work in stand-alone healthcare facilities (physicians, dentists, pharmacies, etc.)	16	1	3	48
Home Health/Social Services employees	16	1	3	48
Emergency Responders	16	1	3	48
Total				144

FEDERAL COST: The estimated annual (one-time) cost to the Federal government is \$26,000.

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

- 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?

Participation will be completely voluntary. Respondents will be recruited based on current employment in one of the following healthcare services: a stand-alone healthcare facility (physicians, dentists, pharmacies, etc.), Home Health/Social Services, and Emergency Responders. Participants will be recruited from the commuting area of the focus group location chosen by the contractor. Proposed contractors are located in: Iowa City, IA; Cincinnati, OH; Indianapolis, IN; and Norfolk, VA. Letters of introduction will be sent to the appropriate professional organizations (i.e. American Pharmacist Association) and agencies (i.e. Home Healthcare Agency). The letters of introduction will be followed by phone calls.

Administration of the Instrument

- 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. Will interviewers or facilitators be used? Yes No

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

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.