

## Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0920-1050)

*Instruction: This form should be completed by the primary contact person from the Program sponsoring the collection.*

### DETERMINE IF YOUR COLLECTION IS APPROPRIATE FOR THIS GENERIC CLEARANCE MECHANISM:

*Instruction: Before completing and submitting this form, determine first if the proposed collection is consistent with the scope of the Collection of Routine Customer Feedback generic clearance mechanism. To determine the appropriateness of using the Collection of Routine Customer Feedback generic clearance mechanism, complete the checklist below.*

*If you select “yes” to all criteria in Column A, the Collection of Routine Customer Feedback generic clearance mechanism **can** be used. If you select “yes” to any criterion in Column B, the Collection of Routine Customer Feedback generic clearance mechanism **cannot** be used.*

Column A	Column B
The information gathered will only be used internally to CDC. [ X ] Yes [ ] No	Information gathered will be publicly released or published. [ ] Yes [X] No
Data is qualitative in nature and not generalizable to people from whom data was not collected. [X] Yes [ ] No	Employs quantitative study design (e.g. those that rely on probability design or experimental methods) [ ] Yes [X] No
There are no sensitive questions within this collection (e.g. sexual orientation, gender identity). [X] Yes [ ] No	Sensitive questions will be asked (e.g. sexual orientation, gender identity). [ ] Yes [X] No
Collection does not raise issues of concern to any other Federal agencies. [X] Yes [ ] No	Other Federal agencies may have equities or concerns regarding this collection. [ ] Yes [X] No
Data collection is focused on determining ways to improve delivery of services to customers of a current CDC program. [X] Yes [ ] No	Data will be used to inform programmatic or budgetary decisions, for the purpose of program evaluation, for surveillance, for program needs assessment, or for research. [ ] Yes [X] No
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. [X] Yes [ ] No	

Did you select “Yes” to all criteria in Column A?

*If yes, the Collection of Routine Customer Feedback generic clearance mechanism may be appropriate for your investigation. You may proceed with this form.*

Did you select “Yes” to any criterion in Column B?

*If yes, the Collection of Routine Customer Feedback generic clearance mechanism is **NOT** appropriate for your investigation. Stop completing this form now.*

**TITLE OF INFORMATION COLLECTION:** Raising Healthy Boys: Communications Toolkit

**PURPOSE:** The Centers for Disease Control and Prevention (CDC) created the VetoViolence online platform to provide violence prevention services, resources, and tools for integrating research-based knowledge into the primary prevention of violence in the communities. The purpose of this request is to implement focus groups with parents of boys to inform the development of a communications toolkit to promote protective masculine norms that will be delivered via VetoViolence. The focus groups will consist of 12 single gender group discussions with mothers and fathers of boys between the ages of 5-9 years from three racial/ethnic groups: Latino/Hispanic, Caucasian/White, and African American/Black. The focus group discussions (FGDs) will follow a guide (Attachment 1). Information provided in the FGDs will focus on awareness, understanding, attitudes, and preferences to be used to inform the development of a communication toolkit to promote protective masculine norms amongst parents of young sons, and improve the range and quality of services delivered to communities through VetoViolence.

Information gathered will be used internally for general service improvement and is not intended for release outside of the agency. Information gathered will not be used for the purpose of substantially informing influential policy decisions. Without these types of feedback, the Agency will not have timely information to contribute to services to meet customer needs.

**DESCRIPTION OF RESPONDENTS:** Parents (male and female) of boys between ages 5-9; stratified by race/ethnicity (Latino/Hispanic, Caucasian/White, African American/Black) and residence (rural versus urban/suburban). The communication toolkit will address these different populations.

**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     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: \_\_\_\_\_ Karen Angel \_\_\_\_\_

Privacy Act does not apply for this information collection request (Attachment 3). Data collection is used for screening to determine if participants meet study criteria. The contractor will collect de-identified data. All data collected during the focus group will be de-identified and will not contain PII. All procedures have been developed, in accordance with federal, state, and local guidelines, to ensure that the rights and privacy of respondents will be protected and maintained.

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, 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  No

Each focus group participant will receive \$75 in the form of a gift card as a token of appreciation because of required travel to the focus group site. The amount of this incentive aligns with the general limitations of the overarching Generic ICR 0920-1050. Providing incentives to respondents is necessary to successfully recruit individuals for qualitative projects conducted in person.

**BURDEN HOURS**

Category of Respondent	No. of Respondents	Participation Time (Hours)	Burden (Hours)
Individuals – Screening (Att.2)	120	5/60	10
Individuals – Focus Group (Att. 1)	96	1.5	144
<b>Total</b>			<b>154</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is \$3,000\_\_\_\_\_

**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**

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?**

Participants will be screened through schools and community-based organizations identified by the contractor. Organizations will be selected based on their potential access to parents in the target demographic groups. Organizations will distribute a flyer that explains the purpose of the project and participant eligibility requirements, and requests parent participation. Depending on the preferred communication channels of the school or organization, this flyer can be distributed electronically or via paper.

Parents can express their interest in participating in FGDs by completing a screening form (Attachment 2) provided on the flyer. This screening form can be accessed electronically via a link. A phone number for the contractor will be provided in the flyer such that parents, should they prefer, can also express their interest in participating via text message or phone call. The screening form will assess potential participants' eligibility to participate in the FGD based on the age and gender of their child, their self-identified English language fluency, and self-identified race/ethnicity.

The contractor will contact interested and eligible parents through their preferred contact method (phone vs. email) as described via the screening form and invite them to participate in an FGD. During this contact, the contractor will provide information as to the time, date and meeting place of the FGD and will answer any relevant questions.

**Administration of the Instrument**

1. 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.**