

**Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” HHS Online Customer Surveys
(OMB Control Number: 0990-0459)**

TITLE OF INFORMATION COLLECTION: Virtual focus groups for soliciting feedback on social norming campaign materials.

PURPOSE: To test materials and messaging developed for the Office of Infectious Disease and HIV/AIDS Policy (OIDP)’s Social Norming of Pediatric Vaccines campaign with health care providers (HCPs) and parents, to inform further refinement and finalization of materials for dissemination. This work will be critical and timely in determining motivators and barriers to audience understanding, uptake, and potential behavior change upon exposure to draft materials.

DESCRIPTION OF RESPONDENTS: Parents/guardians of children aged 0–8 who are not up to date on routine pediatric vaccines will be included in materials testing. HCPs including pediatricians, pediatric nurse practitioners (NPs), other pediatric providers (e.g., registered nurses or physician assistants in pediatric practices, family practitioners with a substantial pediatric patient population), and school nurses (with current experience with parents/families). Both HCP and parent/guardian participants will reflect diversity with respect to race, ethnicity, gender, economic status and/or educational attainment, and geographical location.

TYPE OF COLLECTION: (Check one)

- Customer Comment Card/Complaint Form
- Usability Testing (e.g., Website or Software)
- Focus Group

- Customer Satisfaction Survey
- Small Discussion 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: Ann Aikin

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? [**X**] Yes [] No

Focus groups participants will be provided an incentive following the completion of research sessions. Parents/guardians will receive \$95; health care providers will receive \$250. The incentive amounts were recommended by OMB.

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden hour
Health care provider	45	1.5	67.5
Parent/guardian	126	1.5	189
Totals	171	--	256.5

FEDERAL COST: The estimated annual cost to the federal government is ___\$75,000___

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 [**X**] 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?

Staff from OIDD’s contractor team, in collaboration with a recruitment vendor, will identify and select focus group participants to achieve the desired focus groups composition (see below).

Desired Health Care Provider Focus Groups (n≤5 groups)

1. Pediatricians and pediatric NPs in rural practices (including community health centers)
2. Pediatricians and pediatric NPs in urban practices (including community health centers)
3. Pediatricians and pediatric NPs with a patient population that is >50% African American
4. Pediatricians and pediatric NPs with a patient population that is >50% Hispanic/Latino
5. Registered nurses and physician assistants in pediatric practices; school nurses

Desired Parent/Guardian Focus Group Composition (n ≤14 groups)

1. African American parents/guardians of children under 5 years old (2 groups)
2. African American parents/guardians of children 5–8 years old (2 groups)
3. Hispanic/Latino (non-White, non-Black) parents/guardians of children under 5 years old (2 groups)
4. Hispanic/Latino (non-White, non-Black) parents/guardians of children 5–8 years old (2 groups)
5. Parents/guardians of children under 5 years old (heterogenous race/ethnicity)
6. Parents/guardians of children of children 5–8 years old (heterogenous race/ethnicity)
7. Parents/guardians living in rural areas (heterogenous race/ethnicity)
8. Parents/guardians living in urban areas (heterogenous race/ethnicity)
9. Parents with household income <\$75k (heterogenous race/ethnicity)
10. Parents with household income >\$75k (heterogenous race/ethnicity)

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.

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.