

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.

Note: Use OMB format when asking race/ethnicity as well as gender questions.

TITLE OF INFORMATION COLLECTION: MyMobility Product Testing Activities**PURPOSE:**

“Mobility” refers to all types of movement, such as walking, biking, and driving within and between environments to accomplish daily living tasks. Optimal mobility (an individual’s ability to safely and reliably move to chosen locations by desired means) is an important component of healthy aging and is critically important for maintaining physical and mental health. As noted in the Centers for Disease Control and Prevention’s (CDC’s) 2013 “State of Aging and Health in America” report, ensuring that mobility for older adults is addressed effectively has significant public health implications¹. U.S. Census projections indicate that by the year 2030, when the last baby boomer turns 65, approximately 20% of Americans—about 72 million people—will be older adults. To address the needs of this rapidly growing population, CDC developed four products, including the MyMobility Plan (Atts. A-C), Medication Fact Sheet (Atts. D-F), MyMedications List (Atts. G-I), and the MyMedications Action Plan (Atts. J-L). All four products were tailored to meet the unique needs of the intended target audience (e.g., English speakers, Spanish speakers, and older adults living in tribal communities).

The purpose of this request is to gather feedback on the usability of four MyMobility products. This information will be collected through a series of five focus groups. CDC will use the findings from the data collected to refine products provided through the MyMobility program. Feedback gathered, including thoughts addressing comprehension/readability, motivation, knowledge, and self-efficacy, will help ensure NCIPC is providing efficient and effective service delivery.

Information gathered will only be used internally to improve the service of mobility planning that the tool provides. Information 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, CDC will not have the timely information it needs to adjust its MyMobility products and meet customer needs.

DESCRIPTION OF RESPONDENTS:

Participation is voluntary, and all participants will review and sign consent forms before focus groups begin (Att. O). Respondents will include individuals aged 55 to 74 years old. The study design includes two focus groups for English-speaking older adults, two focus groups for Spanish-speaking older adults, and one focus group for older adults in tribal communities.

TYPE OF COLLECTION: (Check one)

Instruction: Please sparingly use the Other category

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

☐ Customer Satisfaction Survey
☐ Small Discussion Group
☐ Other: _____

CERTIFICATION:

¹ Centers for Disease Control and Prevention, The State of Aging and Health in America 2013. Atlanta, GA: Centers for Disease Control and Prevention, US Dept of Health and Human Services; 2015.

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.

Name: _____

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

Personally Identifiable Information:

1. Is personally identifiable information (PII) collected? ☒ Yes ☐ No
 - RTI will maintain a firewall between recruitment firms and the research team, only sharing first name and last initial. The research team will not receive identifiable information (e.g., addresses) used to mail the products and incentives.
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 a \$75 gift card as a token of appreciation for their time spent participating in the focus group interview and the advance work of reviewing and completing the products they will receive ahead of time. Providing incentives to respondents is necessary to successfully recruit individuals for qualitative projects^{2,3}. Factors requiring this level of incentive include:

- Participants will likely spend a significant amount of time completing the pre-interview activities. These activities ask patients to think critically about the products and their usefulness in their lives.
- The interviews will be conducted online and participants must have a computer and broadband Internet to participate in the interviews; participating will use approximately two hours of data on their Internet plans.
- The focus groups will be conducted with older, hard-to-reach populations with unique recruitment challenges. Notably, there will be a smaller population of older adults with the computer skills needed to effectively participate in the focus groups.
- Participants may have significant medical issues. The incentive should demonstrate an appreciation and respect for the time and effort these unique populations are providing in talking to researchers and acknowledge any hardships they may experience while participating (e.g., discomfort from pain or other symptoms, fatigue).

² National Cancer Institute. (2001) Making Health Communication Programs Work, http://www.cancer.gov/cancertopics/cancerlibrary/pinkbook/Pink_Book.pdf

³ Krueger, RA and Casey, MA. (2008). Focus Groups: A Practical Guide for Applied Research, 4th ed. Sage Publications, Inc., Thousand Oaks, CA.

- Participants are required to join the interview from a quiet location where there are no distractions, which may require childcare or special accommodations during that time.

Offering a lower incentive will necessitate over-recruitment and may result in longer recruiting time as well as higher overall project costs to the government (for which additional funding is not available).

BURDEN HOURS

Category of Respondent	Form Name	No. of Respondents	Participation Time	Burden
Individual Participants	Attachment M – Participant Screeners (English, Spanish, Tribal)	320	5/60	26
Individual Participants	Attachment N – Pre-Interview Session Review Guides (English, Spanish, Tribal)	40	30/60	20
Individual Participants	Attachment P – Focus Group Moderator Guides (English, Spanish, Tribal)	40	1.5	60
Individual Participants	Attachment O- Consent forms (English, Spanish, Tribal)	40	2/60	2
Total				108

FEDERAL COST: The estimated annual cost to the Federal government is \$9,246

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 Yes: Please provide a description of both below (or attach the sampling plan)

If No: Please provide a description of how you plan to identify your potential group of respondents and how you will select them or ask them to self-select/volunteer

A third-party vendor will identify prospective respondents meeting the project criteria using their database of individuals who have expressed an interest in participating in projects or who meet key demographic recruitment criteria (e.g., tribal affiliation). The recruiters will use the appropriate screener (Att. M) created for the specific population (English speakers, Spanish

speakers, those living in tribal communities). The team will attempt to recruit participants representing diversity in terms of sex, race, age (within the 55-74 age range), urban vs. rural residence, and internet use. Following confirmation of their willingness to participate, each prospective participant will be mailed a copy of a letter confirming the date and time of their focus group, along with some pre-session review activities (Att. N), as well as copies of the MyMobility resources (Atts. A-L). The team will conduct a total of 5 focus groups. Each focus group will consist of a range of 5-8 individuals (thus, a minimum of 25 participants and a maximum of 40 participants for the overall data collection effort).

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

A trained moderator will conduct the focus groups using the appropriate Focus Group Moderator Guide designed for the population (Att. P). A note taker will assist the moderator.

List of Attachments

Attachment A – MyMobility Plan (English)

Attachment B – MyMobility Plan (Spanish)

Attachment C – MyMobility Plan (Tribal)

Attachment D – Medication Fact Sheet (English)

Attachment E – Medication Fact Sheet (Spanish)

Attachment F – Medication Fact Sheet (Tribal)

Attachment G – MyMedications List (English)

Attachment H – MyMedications List (Spanish)

Attachment I – MyMedications List (Tribal)

Attachment J – MyMedications Action Plan (English)

Attachment K – MyMedications Action Plan (Spanish)

Attachment L – MyMedications Action Plan (Tribal)

Attachment M – Participant Screeners (English, Spanish, Tribal)

Attachment N – Pre-Interview Session Review Guides (English, Spanish, Tribal)

Attachment O – Consent Forms (English, Spanish, Tribal)

Attachment P – Focus Group Moderator Guides (English, Spanish, Tribal)