## Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB# 0925-0642: Expiration Date: 5/31/2020)

**TITLE OF INFORMATION COLLECTION:** Feedback Survey Regarding Current State of Systems Science Approaches in Epidemiological Research

**PURPOSE:** The National Cancer Institute’s (NCI) Epidemiology and Genomics Research Program (EGRP) will host the Workshop to Facilitate Cancer Systems Epidemiology Research from February 28 – March 1, 2019. As the first meeting under the banner of systems epidemiology, the objective of this workshop is to facilitate interdisciplinary discussion about the application of systems modeling approaches for population-based cancer epidemiology research between statisticians, mathematicians, computer scientists, bioinformaticians, epidemiologist, and clinicians. In addition, the workshop will identify important research questions and potential barriers and facilitators in applying system modeling approaches to the population sciences.

Attendance of the workshop will be either in-person or by webinar. For in-person attendees, the survey will be sent prior to the workshop and the results of the survey will be collected and aggregated to stimulate break-out discussion groups during the meeting. Webinar attendees will be asked the survey questions during the meeting to provide additional feedback that will be included in a summary. Results from the survey will also be aggregated and written into a publishable meeting report. In addition, the survey responses will help NCI EGRP identify future research questions, barriers, and facilitators to systems epidemiology research, to improve NCI EGRP support of cancer epidemiology research through the development of funding requests and connect resources for the research community.

**DESCRIPTION OF RESPONDENTS**:

Epidemiologists, statisticians, mathematicians, computer scientists, bioinformaticians, biologists and clinicians who perform comprehensive modeling, or systems modeling or have an interest in this area of research that want to participate in the workshop in person or via webinar.

**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: \_Customer Feedback\_\_\_\_\_\_

**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: **Leah Mechanic**

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 [ ] No

**Gifts or Payments:**

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

**ESTIMATED BURDEN HOURS and COSTS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category of Respondent** | **No. of Respondents** | **No. of Responses per Respondent** | **Time per Response**  **(in hours)** | **Total Burden Hours** |
| Individuals | 200 | 1 | 5/60 | 17 |
| **Totals** | 200 | 200 |  | 17 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of Respondent** | **Total Burden**  **Hours** | **Hourly Wage Rate\*** | **Total Burden Cost** |
| Individuals | 17 | $45.64 | $775.88 |
| **Total** |  |  | $775.88 |

\*Source of the mean Hourly Wage Rate is provided by the Bureau of Labor Statistics, Occupation title “Medical Scientists” 19-1040, <https://www.bls.gov/oes/2017/May/oes_nat.htm#00-0000>.

**FEDERAL COST:** The estimated annual cost to the Federal government is $2,356.38.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff** | **Grade/Step** | **Salary\*\*** | **% of Effort** | **Fringe**  **(if applicable)** | **Total Cost**  **to Gov’t** |
| **Federal Oversight** |  |  |  |  |  |
| Program Director | 14/10 | $148,735 | 1% |  | $1,487.35 |
|  |  |  |  |  |  |
| **Contractor Cost** |  |  |  |  |  |
| Communications Consultant |  | $46,671 | 1% |  | $466.71 |
| Travel |  |  |  |  | $0 |
| Cancer Research Training Award Fellow |  |  |  |  | $400.00 |
|  |  |  |  |  |  |
| **Total** |  |  |  |  | **$2,354.06** |

\*\*https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/18Tables/html/AK.aspx

**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?

A targeted customer list will be used by EGRP as part of invitations to the workshop. In addition, webinar and workshop attendees will include scientists involved in systems modeling and/or population sciences (including: epidemiologists, statisticians, mathematicians, computer scientists, bioinformaticians, biologists and clinicians). The sampling plan will incorporate a convenience sampling of all responsive participants of the voluntary survey.

**Administration of the Instrument**

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

**[X] Web-based or other forms of Social Media**

[ ] Telephone

[ ] In-person

[ ] Mail

[ ] Other, Explain

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