# Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB#: 0925-0642, Expiration Date: 05/31/2020)

#### TITLE OF INFORMATION COLLECTION:

Summarizing ExperieNces with Site Enrollment in NCORP Cancer Care Delivery Research Studies (SENSE)

#### **PURPOSE:**

To obtain feedback on effective strategies used by NCI Community Oncology Research Program Research Bases (NCORP RB) through collecting information regarding RB site enrollment experiences to cancer care delivery research (CCDR) studies.

The information obtained from RB staff interviews will facilitate the identification and adoption of best practices/lessons learned, inform strategies to monitor ongoing performance, expedite time to study activation, and enhance representativeness of sites participating in CCDR studies.

#### **DESCRIPTION OF RESPONDENTS:**

The respondents for this data collection are staff from the 7 NCORP Research Bases who are involved in the development, implementation, and coordination/operations of selected CCDR studies. Participating staff will include CCDR Subcommittee Chairs/Co-Chairs, Study Chairs/Investigators, Study Coordinators, Operations Leads, or other identified staff.

### **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: <u>Individual Interviews</u>

### **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: Brenda Adjei

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

## **Personally Identifiable Information:**

- 1. Is personally identifiable information (PII) collected? [x] Yes [] No
- 2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? [x] Yes [] No
- 3. If Applicable, has a System or Records Notice been published? [x] Yes [] No

A list of NCORP Research Base study staff contact information (name and email address) is maintained for programmatic purposes. No additional information will be collected.

## **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
Private Sector: NCORP Research Base Staff	35	1	60/60	35
Totals	35	35		35

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Private Sector: NCORP Research Base Staff	35	\$45.64	\$1,597.74
Total			\$1,597.74

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

## **FEDERAL COST:** The estimated annual cost to the Federal government is \$ 6,836.25.

Staff	Grade/Step	Salary**	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
Public Health Advisor	14/6	\$136,725	5%		\$6,836.25
<b>Contractor Cost</b>					0
Travel					0
Other Cost					0
Total					\$6,836.25

<sup>\*\*</sup>The salary in the table above is cited from

https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2019/DCB.pdf

# 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 responden	The selection	of vour	targeted	respondent
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The selection of your targeted respondents		
Do you have a customer list or something similar that defines the	universe of po	tential
respondents and do you have a sampling plan for selecting from	this universe?	
	[x]Yes	[ ] No

NCORP Research Base Staff involved in the development, implementation, and coordination/ operations of select cancer care delivery research studies will be selected to participate in qualitative interviews (see Description of Respondents above).

## **Administration of the Instrument**

How will you collect the information? (Check all that apply)
[ ] Web-based or other forms of Social Media
[ x ] Telephone
[ ] In-person
[ ] Mail
[ ] Other, Explain
Will interviewers or facilitators be used? [ x ] Yes [ ] No

List of instruments, instructions, and scripts are submitted with the request: