

**Request for Approval under the
“Generic Clearance for the Collection of Routine Customer Feedback”
(OMB#: 0925-0648, Expiration Date: 05/31/2021)**

TITLE OF INFORMATION COLLECTION: Cancer Epidemiology in Hispanic Populations (CEHP) Workshop Survey

PURPOSE:

This NCI-sponsored workshop will consider the challenges, identify opportunities, and develop ideas for increasing Hispanic representation in cancer epidemiological studies. Three overarching objectives will govern the meeting:

- To identify scientific gaps and opportunities for cancer epidemiologic research in Hispanic populations.
- To encourage the use of existing resources and identify gaps in resources to enable cancer epidemiological research in Hispanic populations.
- To facilitate and coordinate cross-discipline collaboration to inform research in Hispanic populations.

DESCRIPTION OF RESPONDENTS:

The respondents are from varied groups, including epidemiologists, behavioral scientists, clinicians, demographers, cancer prevention scientists, clinicians, advocates, public health researchers, and health disparities researchers.

TYPE OF COLLECTION: (Check one).

- | | |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form | <input checked="" type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software) | <input type="checkbox"/> Small Discussion Group |
| <input type="checkbox"/> Focus Group | <input type="checkbox"/> 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: Audrey Wellons, M.P.H.

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 | 150 | 1 | 5/60 | 13 |
| Totals | | 150 | | 13 |

| Category of Respondent | Total Burden Hours | Hourly Wage Rate* | Total Burden Cost |
|------------------------|--------------------|-------------------|-------------------|
| Individuals | 13 | \$41.10 | \$534.30 |
| Total | | | \$534.30 |

*Source of the mean Hourly Wage Rate is the average provided by the Bureau of Labor Statistics, for Occupation titles “Medical Scientists” 19-1040, at \$45.80 https://www.bls.gov/oes/2018/May/oes_nat.htm#00-0000 and Occupation title “Epidemiologists” 19-1041, at \$36.39, https://www.bls.gov/oes/2018/May/oes_nat.htm#00-0000.

FEDERAL COST: The estimated annual cost to the Federal government is \$1,681.43.

| Staff | Grade/Step | Salary** | % of Effort | Fringe (if applicable) | Total Cost to Gov’t |
|---------------------------|------------|-----------|-------------|------------------------|---------------------|
| Federal Oversight | | | | | |
| Program Director | 14/1 | \$121,316 | .005 | | \$606.58 |
| Communications Specialist | 12/4 | \$94,970 | .005 | | \$474.85 |
| Contractor Cost | | | | | \$600.00 |
| Travel | | | | | \$0 |
| Other Cost | | | | | \$0 |
| Total | | | | | \$1,681.43 |

**The salary in the table above is cited from <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2020/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 respondents

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?

The meeting will be advertised to NIH staff and the broader scientific and public community via EGRP's email newsletter and social media account.

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.