

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB#: 0925-0642 Expiration Date: 3/31/2023)

TITLE OF INFORMATION COLLECTION: Focus Group Discussion on Barriers to Clinical Trial Participation (NCI)

PURPOSE: The purpose of this information collection is to gather input and feedback from community health educators (CHEs) at each of our 24 grantee sites as part of the National Outreach Network (NON) at the Center to Reduce Cancer Health Disparities (CRCHD). Specifically, we are looking to evaluate barriers to recruiting underserved populations into clinical trials. This information will be used to improve strategies and processes that the NON team, CRCHD and partner sites use to support the CHEs.

DESCRIPTION OF RESPONDENTS: Community Health Educators

TYPE OF COLLECTION: (Check one)

- | | |
|--|---|
| <input type="checkbox"/> Customer Comment Card/Complaint Form | <input type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software) | <input type="checkbox"/> Small Discussion Group |
| <input checked="" 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: Sheba K. Dunston

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

Amount: _____

Explanation for incentive: (include number of visits, etc.)

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 | 24 | 1 | 1 | 24 |
| Totals | | 24 | | 24 |

| Category of Respondent | Total Burden Hours | Wage Rate* | Total Burden Cost |
|------------------------|--------------------|------------|-------------------|
| Individuals | 24 | \$29.09 | \$698.16 |
| Total | | | \$698.16 |

*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/2019/May/oes_nat.htm#00-0000.

FEDERAL COST: The estimated annual cost to the Federal government is \$1,253.60

| Staff | Grade/Step | Salary** | % of Effort | Fringe (if applicable) | Total Cost to Gov't |
|--------------------------|------------|-----------|-------------|------------------------|---------------------|
| Federal Oversight | | | | | |
| Program Director | 14/2 | \$125,360 | 1% | NA | \$1,253.60 |
| Contractor Cost | | | | | \$0 |
| Travel | | | | | \$0 |
| Other Cost | | | | | \$0 |
| Total | | | | | \$1,253.60 |

**The salary in the table above is cited from: <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/20Tables/html/DCB.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?

Community Health Educators from our 24 funded sites.

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
[] Survey Form
[] Chart Abstraction
[] Other, Explain
2. Will interviewers, facilitators, or research coordinators be used? [X] Yes [] No

Please make sure that all instruments, instructions, and scripts are submitted with the request.