

**Request for Approval under the  
Generic Clearance for the “Conference, Meeting, Workshop, and  
Poster Session Registration Generic Clearance (OD)”  
(OMB#: 0925-0740, Expiration Date: 07/31/2022)**

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**TITLE OF INFORMATION COLLECTION:** Native American Health Research Meeting

**PURPOSE:** The goal of the meeting is to identify research discoveries and lessons learned based on 10 years of Intervention Research to Improve Native American Health (IRINAH) research, including the successes, challenges, and the ways in which culture is critical to intervention science for improving American Indian, Alaska Native, and Native Hawaiian health. A broader aim of the meeting is for IRINAH researchers to share their views on priority areas for future research.

The information gained from this meeting will (a) provide important IRINAH research information to NIH leadership; (b) support publications of a white paper and scientific manuscripts; and (c) contribute to strategic planning critical to IRINAH and its emergent scientific findings during the next 5 years.

**DESCRIPTION OF RESPONDENTS:**

Researchers, healthcare practitioners, policy makers, advocates, community members

**TYPE OF COLLECTION:** (Check one)

Abstract  Application  
 Registration Form  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.

Name: Nicole Saiontz, NIH/NCI, DCCPS OD

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

**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 - Registration	150	1	1/60	3
Individuals - Abstract	50	1	3	150
<b>Totals</b>		<b>200</b>		<b>153</b>

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individuals	153	45.80	\$7,007.40
<b>Total</b>			<b>\$7,007.40</b>

\*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/2018/May/oes\\_nat.htm#00-0000](https://www.bls.gov/oes/2018/May/oes_nat.htm#00-0000).

**FEDERAL COST:** The estimated annual cost to the Federal government is \$8,673.25

Staff	Grade/Step	Salary**	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					
Communications Specialist	13/10	\$133,465	0.05		\$6,673.25
<b>Contractor Cost</b>					\$2,000.00
Travel					\$0
Other Cost					\$0
<b>Total</b>					<b>\$8,673.25</b>

\*\*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>

### **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?  
 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 IRINAH grant holders, as well as to others who have expressed interest in the field in the past. The meeting also will be listed on the IRINAH website, the DCCPS Health Disparities website, possibly via the DCCPS Twitter account, as well as other IRINAH funding partners' websites and social media accounts.

### **Administration of the Instrument**

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

- Web-based or other forms of Social Media  
 Telephone  
 In-person  
 Mail  
 Survey Form  
 Chart Abstraction  
 Other, Explain

Will interviewers, facilitators, or research coordinators be used?  Yes  No

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