

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

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

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"/> Abstract | <input type="checkbox"/> Application |
| <input checked="" type="checkbox"/> Registration Form | <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.

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 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

Gifts or Payments:

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

Amount: _____

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

ESTIMATED BURDEN HOURS and COSTS

Form	Category of Respondent	No. of Respondents	No. of Responses per Respondent	Time per Response (in hours)	Total Burden Hours
Registration	Individuals	150	1	2/60	5
Totals			150		5

Category of Respondent	Total Burden Hours	Wage Rate*	Total Burden Cost
Individuals	5	\$41.10	\$205.50
Total			\$205.50

*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	.05%		\$606.58
Communications Specialist	12/4	\$94,970	.05%		\$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/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 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.

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)
[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? [] Yes [X] No

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