

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

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**TITLE OF INFORMATION COLLECTION:** NLM Health Science Data Needs Assessment

**PURPOSE:** The objective of this information collection is to assist the National Library of Medicine (NLM) in improving our future services to the medical research stakeholder community. This survey will collect qualitative feedback and service delivery information from potential NIH intramural research users of NLM science data resources and tools. The information collected from this survey will be used to assess the areas for growth and improvement and to identify gaps between what is available and accessible versus what is desired or needed.

**DESCRIPTION OF RESPONDENTS:** Medical research scientists of the Intramural Research Program of the National Institutes of Health (NIH), including post-doctoral fellows, tenure-track and tenured scientists

**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 checked="" type="checkbox"/> Other: <u>Services Delivery Feedback</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: Lisa Lang

*Assistant Director for Health Services Research Information  
National Library of Medicine*

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
3. If Applicable, has a System or Records Notice been published?  Yes  No  N/A

**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 (Medical Scientists)	200	1	15/60	50
<b>Totals</b>	<b>200</b>	<b>200</b>		<b>50</b>

Category of Respondent	Total Burden Hours	Wage Rate*	Total Burden Cost
Private Sector (Medical Scientists)	50	\$39.46	\$1973.00
<b>Totals</b>	<b>50</b>		<b>\$1973.00</b>

\* <https://www.bls.gov/ooh/life-physical-and-social-science/medical-scientists.htm>

**FEDERAL COST:** The estimated annual cost to the Federal government is: \$25,878.04

Staff	Grade/Step	Salary*	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					
Technical Information Specialist	13/5	\$109,900	.50%		\$549.50
Head, NICHSR	15/10	\$164,200	.25%		\$410.50
<b>Contractor Cost</b>		\$177,986	14%		\$24,918.04
Travel					
Other Cost					
<b>Total</b>					<b>\$25,878.04</b>

\*the Salary in table above is cited from <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/18Tables/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?  
 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 pool of potential respondents will be medical science investigators who work in scientific laboratories, hospital clinics, and fieldwork stations. They will be contacted via identified listservs.

### **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