

SUPPORTING STATEMENT A for:

COLLECTION OF CUSTOMER SERVICE, DEMOGRAPHIC,  
AND SMOKING/TOBACCO USE INFORMATION FROM THE NATIONAL  
CANCER INSTITUTE'S (NCI)  
CANCER INFORMATION SERVICE, (CIS), CLIENTS

OMB No. 0925-0208, Expiration Date: 02/28/2022

January 3, 2022

This is a Revision of a currently approved submission. Changes are highlighted in yellow.

Check off which applies:

- New
- Revision
- Reinstatement with Change
- Reinstatement without Change
- Extension
- Emergency
- Existing

Federal Government Employee Information”

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## A. Justification

This is an information collection request for a revision for three years. NCI's Cancer Information Service (CIS), formerly known as the Contact Center (CC), currently collects demographic, customer service and smoking cessation information from clients contacting the CIS by telephone, email and through *LiveHelp* (an online instant messaging service). Information is collected in order to properly plan, implement, and evaluate cancer education efforts and to provide smoking cessation services tailored to the individual client's needs. Since its inception in 1976, the CIS has handled approximately 12 million calls from the public. The potential universe of the Cancer Information Service (CIS) clients is almost 255 million respondents based on the U.S. Census estimate for 2019 of adults estimated to be 18 years and older.

### A.1 Circumstances Making the Collection of Information Necessary

The National Cancer Institute (NCI) currently collects: 1) customer service and demographic information from clients of the Cancer Information Service (CIS) in order to properly plan, implement, and evaluate cancer education efforts, including assessing the extent by which the CIS reaches and impacts underserved populations; 2) smoking/tobacco use behavior of individuals seeking NCI's smoking cessation assistance in order to provide smoking cessation services tailored to the individual client's needs and track their smoking behavior at follow up. This is a request for OMB to approve a revised submission for an additional three years to provide ongoing customer service and collection of demographic information from CIS clients for the purpose of program planning and evaluation.

**Legislative Authority.** NCI, established under the National Cancer Act of 1937, is the Federal Government's principal agency for cancer research and training and has a direct congressional mandate to disseminate information related to cancer to the public. The National Cancer Act of 1971 broadened the scope and responsibilities of the NCI and created the National Cancer Program. Over the years, legislative amendments have maintained the NCI authorities and responsibilities and added new information dissemination mandates as well as a requirement to assess the incorporation of state-of-the-art cancer treatments into clinical practice. The Health Omnibus Programs Extension of 1988 (Public Law 100-607, Nov. 4, 1988, 102 Stat. 3048) and its amendments require the NCI to establish an information and education program to collect,

identify, analyze, and disseminate on a timely basis, through publications and other appropriate means, to cancer patients, their families, physicians and other health professionals, and the general public, information on cancer research, diagnosis, prevention, and treatment (Sections 410 and 412 of the Public Health Service Act (42 USC § 285 and 285a-1)).

**Office of Communications and Public Liaison.** Within NCI, the Office of Communications and Public Liaison (OCPL) serves as the NCI's primary voice for communicating information about cancer to the Nation. OCPL's mission is to advance the mission and priorities of the NCI by leading strategic communications for the Institute, effectively communicating critical NCI-supported research outcomes and science-based cancer information. Within OCPL, the **Cancer Information Service Branch (CISB)** is the NCI's primary public-facing office and access point. The **CISB** administers the **CIS**, which provides cancer information to the public through a toll-free telephone service and other channels.

**Cancer Information Service.** The **CIS** serves the United States (U.S.), Puerto Rico, the U.S. Virgin Islands, and the U.S. Associated Pacific Territories through a single Contact Center located at the NCI-designated Comprehensive Cancer Center, Fred Hutchinson Cancer Research Center in Seattle, Washington. The **CIS** provides cancer information to cancer patients, family members and friends of patients, health professionals, and the general public in English and Spanish. This information is provided through a toll-free number and instant messaging (*LiveHelp*). The **CIS** also responds to emails received through an e-mail intake form on NCI's web site, [www.cancer.gov](http://www.cancer.gov). Additionally, social media provides additional information about cancer (these services do not request the viewer to provide information). In addition, the **CIS** provides cessation assistance to smokers and other tobacco users trying to quit through a toll-free dedicated quitline phone number. Since its inception in 1976, the **CIS** has handled more than 12 million calls from the public. The **CIS** also collects demographic and customer service information from **clients** who contact **CIS**. These data are used for program planning and evaluation purposes (impact and effectiveness of the **CIS**) and to inform the health communication community—researchers, practitioners, and academics.

In 2014, the NCI entered into an interagency agreement with the Department of Veterans Affairs (VA) in order to expand NCI/CIS tobacco quitline services to Veterans enrolled for care at VA and to assist in increasing capacity and training to meet the increased demand from Veterans.

Demographic and customer service questions are collected for this project and are key to the VA's understanding of which Veterans are utilizing quitline services from NCI. VA's promotion of the Veteran's quitline occurs in VA clinics across the U.S. (See **Appendix 1D**).

## **A.2 Purpose and Use of the Information**

There are three main types of questions that are asked: customer service, demographic and smoking cessation questions. **Customer service questions** have been used to help NCI determine whether the caller has used the service in the past; how the caller learned about the CIS, and the caller's zip code (See **Appendix 1A and 1AB** for customer service questions).

**Demographic questions**, in part, support the NCI's mission to address the unequal burden of cancer across populations groups in the U.S., and the CIS's goal of meeting the cancer information needs of minority and medically underserved populations. In general, collecting demographic data allows NCI to understand the types of users of CIS services and to determine the types of training CIS information specialists need to effectively meet the needs of those clients (see **Appendix 1A and 1AB** for demographic questions). As NCI continues to place emphasis on addressing health disparities, it is imperative that NCI Divisions, Offices, and Centers are able to demonstrate positive program impact on underserved populations. For telephone clients, current approval is for twelve demographic questions, which will be reduced to nine questions in this revision, that cover: age, education, ethnicity, race, sex, income, number of household members. Additional demographic questions focus on whether or not individuals seek advice for health care, and location, type, and regularity. With an anticipated start date of no sooner than December 2021, CISB plans to implement an automated version of the survey. The questions will remain the same, and answer choices will be modified to fit into up to five distinct categories per question. See Attachment 1AB for the automated questions. An additional question is approved for *LiveHelp* to determine client category (e.g., patient, family member/friend of patient) (See **Appendix 1B** for *LiveHelp* Client Category and sample transcript). The E-mail intake form (**Appendix 2**) asks the user to provide their email address so that NCI can respond to their inquiry. Responses to demographic questions, including those about clients' income and whether or not they have a

regular source of health care, have been used to help CIS measure its success in reaching underserved populations and evaluate promotions and programs targeting these populations. In 2015, we received approval to add three customer satisfaction questions (See **Appendix 9**) aimed at assessing client satisfaction with services provided by the CIS. This information is used to help NCI assess the quality of the program. The last customer satisfaction survey CIS conducted through an outside source was in 2009. Current budgetary reductions do not allow for a third party administered survey. Therefore, to assess satisfaction on an ongoing basis with a very minimal burden on the client (2 minutes) CIS has implemented three brief, previously tested questions. The customer satisfaction survey will be used in follow up emails after phone calls, cancer.gov emails and at the end of LH sessions. CIS Information Specialists will send an email message providing follow-up information from the clients' contact with CIS as well as a link thanking them for their request for information from the National Cancer Institute. Language introducing the link will state "We greatly appreciate any feedback you have on services provided to you by the National Cancer Institute's **Cancer Information Service**. Please complete this brief, anonymous survey at the following link". The customer satisfaction questions are:

1. Using a scale from 1 to 10, where 1 means Extremely Dissatisfied and 10 means Extremely Satisfied, how satisfied are you with the assistance you received?
2. Using a scale from 1 to 10, where 1 means Extremely Unlikely and 10 means Extremely Likely, how likely are you to contact the Contact Center again for cancer information?
3. Are there any comments you would like to leave about the service you received today?

Occasionally, national or local media may promote the CIS toll-free number as a call to action related to a media story. Promotions are tracked by completing the Electronic Contact Record Form (ECRF). (See **Appendix 10**). Examples of types of media include consumer magazines, local TV story, radio talk shows, and other print media. Promotion of CIS will drive an increase of inquiries to the CIS for a short period of time, normally a few days. During anticipated promotions, 100 percent of eligible telephone clients responding to the CIS promotions are sampled for demographic questions.

**Smoking cessation questions** are used to allow Information Specialists to conduct comprehensive needs assessments of smoking cessation clients to encompass an in-depth understanding of the client’s smoking/tobacco use history, previous quit attempts, and motivation to quit, which is essential to providing effective individualized counseling. An additional smoking follow-up question is also asked of clients participating in the callback service, which allows CIS to track smoking behaviors at follow up to determine the impact of the quitline service on quit rates. CIS is currently approved to ask 20 smoking cessation intake questions for individuals who call CIS for cessation assistance, as well as one follow-up smoking question for clients participating in the callback service (See **Appendix 1C**) for smoking cessation questions).

**NCI’s Cancer Information Service (CIS).** CIS provides cancer information services to the public through the following access points:

- **CIS toll-free number (1-800-4-CANCER).** Callers from anywhere in the U.S., Puerto Rico, the U.S. Virgin Islands, and the US Pacific Territories can use this toll-free number (callers from Guam and the Pacific Territories reach CIS through a different number). Information Specialists answer calls Monday through Friday from 9:00 a.m. to 9:00 p.m. Eastern time, in English or Spanish. Callers can speak with an Information Specialist or listen to recorded automated messages on cancer information. Telecommunication technology ensures rapid response to callers through call routing to the next available Cancer Information Specialist.
- **LiveHelp Service.** LiveHelp is an instant messaging service accessed through links on the NCI and its websites. The service is available in English and Spanish from 9:00 a.m. to 9:00 p.m. Eastern Time, Monday through Friday. Information Specialists address online clients’ cancer-related questions and provide assistance in navigating NCI’s Web site (<http://www.cancer.gov>).
- **E-mail Service.** Individuals can contact CIS via e-mail by using the “contact us” function on the NCI website. CIS provides individualized e-mail responses in English and Spanish within 2 to 4 business days. An automated response is generated immediately to inform clients that a personalized response will follow and advising them to contact CIS by telephone if they need assistance right away.
- **Social Media Service.** In 2010, NCI established its enterprise Facebook and Twitter

social media accounts. The NCI Public Inquires Office began responding to cancer-related inquiries to NCI on these channels. That task was transferred to the CIS later that year and program staff have been fully successful in responding to these inquiries on a timely basis. In addition to Facebook and Twitter, the CIS currently also responds on NCI's Instagram, YouTube, and LinkedIn accounts, as appropriate. Of interest, social media inquiries mirror inquiries made through the other CIS channels, but differ in the length of response- they tend to be shorter, more tailored responses. NCI does not collect customer service or demographic questions of its social media clients. See **Appendix 3** for a screenshot.

- **Smoking Cessation Services.** The CIS provides smoking cessation assistance through the NCI Smoking Quitline toll-free number (1-877-44U-QUIT) and to Veterans in care at the VA through a dedicated toll-free number, 1-855-QUIT-VET. CIS has the capacity to offer a callback service to VA telephone clients in order to provide ongoing motivation and cessation counseling. In addition, smokers can seek assistance through *LiveHelp*, which can be accessed from NCI's smoking cessation website (<http://www.smokefree.gov>).

Over the last three years, these questions have been used to serve a variety of needs of the CIS:

- **Customer service questions** have been used to help NCI determine whether the caller has used the service in the past; how the caller learned about the CIS, and the caller's zip code.
- **Demographic questions**, in part, support the NCI's mission to address the unequal burden of cancer across populations groups in the U.S., and the CIS's goal of meeting the cancer information needs of minority and medically underserved populations. In general, collecting demographic data allows NCI to understand the types of users of CIS services and to determine the types of training CIS information specialists need to effectively meet the needs of those clients. Responses to demographic questions, including those about clients' income and whether or not they have a regular source of health care, have been used to help CIS measure its success in reaching underserved populations and evaluate promotions and programs targeting these populations.
- **Customer satisfaction questions** are aimed at assessing client satisfaction with services provided by the CIS. This information is used to help NCI assess the quality of the program.

- **Smoking cessation questions** are used to allow Information Specialists to conduct comprehensive needs assessments of smoking cessation clients to encompass an in-depth understanding of the client’s smoking/tobacco use history, previous quit attempts, and motivation to quit, which is essential to providing effective individualized counseling. An additional smoking follow-up question is also asked of clients participating in the callback service, which allows CIS to track smoking behaviors at follow up to determine the impact of the quitline service on quit rates.

### **A.3 Use of Improved Information Technology and Burden Reduction**

The respondent’s burden from this data collection will result from: (1) the time spent hearing the questions and responding to them (for telephone clients); or (2) the time spent reading the questions online and selecting answers (for *LiveHelp* clients); or the time spent completing the e-mail intake form (via “Contact Us”) on [www.cancer.gov](http://www.cancer.gov). The speed of response to the telephone questions is enhanced by the technology used to record the answers in the Electronic Contact Record Form (ECRF). The ECRF is used for the current data collection efforts and supported through a secure customer relationship management system implemented in the CIS in 2012 (RightNow/Oracle Technologies). ECRF data is collected by the CIS Information Specialists and requires no burden to the public. The ECRF has been the CIS web-based data collection tool since 1996. Prior to that time, CIS collected data on hard copy. CIS does not retain personal identifiers and all data is reported in aggregate. All data collected via the ECRF is monitored by CISB, used for program planning and evaluation, and shared with OCPL leadership. CISB tracks trends in information seeking behaviors of the public use of the CIS.

Additionally, CISB plans to soon implement an automated survey. This will further reduce the burden hours required by an Information Specialist to remain on the phone line while asking the questions. Whether the survey questions are asked or automated, the length of time required to ask the questions will remain the same. The automated system would change the cost associated with collecting data since it would rely on technology instead of staff, and the questions would remain the same with slight modifications to allow it to accept the proper inputs (see Appendix 1AB). The

earliest we would be able to switch to an automated system is December 2021, and a spoken survey will continue to be used in the meantime.

A Privacy Impact Assessment (PIA) was submitted 9/16/2021 and the IT System Name is, “NCI Cancer Information Service Contact Center.” (Appendix 4).

#### **A.4 Efforts to Identify Duplication and Use of Similar Information**

The data collection is designed to obtain information about individuals who contact the CIS for cancer information or smoking cessation assistance via telephone, e-mail or *LiveHelp*. This information is not available from any other source. The CIS keeps abreast of surveys and other user research focusing on individuals seeking cancer information or smoking cessation assistance, and of data collection efforts undertaken by other health/cancer information services (e.g., other federal agencies, HMOs, international cancer information services). However, none of these data collections meet CIS’s needs for information specific to CIS clients.

#### **A.5 Impact on Small Businesses or Other Small Entities**

No small businesses will be involved in this study.

#### **A.6 Consequences of Collecting the Information Less Frequently**

Demographic data are collected only once for clients contacting CIS by telephone, e-mail or *LiveHelp*. Smoking intake questions are asked only once of smoking cessation clients, at the time of the initial telephone contact, and the follow-up questions are asked up to four times of the VA quitline clients participating in the callback service.

#### **A.7 Special Circumstances Relating to the Guidelines of 5 CFR 1320.5**

The data collection will be implemented in a manner consistent with 5 CFR 1320.5.

#### **A.8.1 Comments in Response to the Federal Register Notice Agency**

The 60-Day Federal Register notice was published on October 20, 2021, (Vol.86, No. 200, pg. 58082). No public comments were received.

## **A.8.2 Efforts to Consult Outside Agency**

When **CIS** initially developed these data collection protocols, consultations occurred with other NCI Divisions, Offices, and Centers.

**CIS** also consulted with its counterparts in other countries (e.g. the International Cancer Information Service) and inventoried other Federal agencies including the Federal Trade Commission, the Social Security Administration, Center for Disease Control and Prevention and others that offer 1-800 numbers for health information and assistance. For the smoking intake questions, **CIS** has worked closely with the CDC and the NCI's Tobacco Control Research Branch (TCRB) staff to develop priority questions for quitline callers. **CIS** has collaborated with these two organizations on smoking cessation initiatives since 2004.

## **A.9 Explanation of Any Payment or Gift to Respondents**

Respondents will not receive any payment or gift for answering the questions.

## **A.10 Assurance of Confidentiality Provided to Respondents**

For smoking cessation callbacks, personally identifiable information (PII) is collected in the form of name, mailing address, e-mail, and telephone number (See **Appendix 1C**) for the form used to facilitate smoking cessation callback services). Within 24 hours after the interaction and any subsequent follow-up actions are completed, all identifying information is deleted. For smoking cessation clients who agree to callbacks, personal identifying information is retained until callbacks are completed or the case is closed. The data collection is covered by NIH Privacy Act Systems of Record 09-25-0156, "Records of Participants in Programs and Respondents in Surveys Used to Evaluate Programs of the Public Health Service, and 09-90-1901, HHS Correspondence, Comment, Customer Service, and Contact List Records. (See **Appendix 5** for the Privacy Act Memo). Additionally, the NIH Office of Human Subjects Research (OHSR) has reviewed and found that the "protection of human subjects do not apply" to this information collection (See **Appendix 6** for the OHSR Clearance).

Information Specialists follow procedures to assure clients that their responses will be kept private to the extent provided by law and will not be disclosed, except as required by law, to anyone but **CIS** staff members involved in quality assurance, research, and evaluation and research partners

(See **Appendix 7** for **CIS** Operations Manual on Confidentiality of Communications). Information Specialists are trained to ask questions in a discrete and non-threatening manner, explain the reasons for collecting information, and not to survey clients who are emotionally upset or hostile.

Before asking the demographic questions at the end of the session (on the phone or via *LiveHelp*), Information Specialists obtain consent by asking: “May I ask you a few questions to help us evaluate our program and see who we are serving? Your responses will be kept private to the extent provided by law.” **When switching to an automated system, this same prompt will be played before the caller answers questions.** Currently, before callers are connected to an Information Specialist, they hear a recording informing them that calls may be monitored or recorded for quality assurance purposes. The recording also includes the statement: “So that we can better serve you, the Information Specialist will ask you for some background information about yourself or the person for whom you are calling. Your responses will be kept private to the extent provided by law.” Questions will not be asked and data, therefore, will not be collected if a caller/user answers, “no” to the above question, **or hangs up the phone during automated collection.**

Responses to the *LiveHelp* web survey are voluntary and clients are anonymous. Client identity is stripped from the session before it appears on the Information Specialist’s screen and **CIS** has full 128-bit encryption Secure Socket Layer (SSL) that secures chats between *LiveHelp* clients and Information Specialists.

Responses to customer satisfaction questions are voluntary and will be used in the emails sent to clients after a phone call, email, and at the end of each *LiveHelp* sessions.

The **CIS**, as it has in the past, will implement procedures to ensure privacy and appropriate use of data when shared with research partners. We do this by requiring research partners to sign a confidentiality agreement that is kept on file at NCI.

#### **A.11 Justification for Sensitive Questions**

Information Specialists do not collect or record clients’ names or contact information except when information is to be sent or clients have agreed to smoking cessation callbacks. In these cases, PII is collected in the form of name, mailing address, e-mail, and telephone number in the Electronic Contact Record Form (See **Appendix 10** ).

In addition to the above PII, the demographic question on income is potentially sensitive in nature. Obtaining a measure of clients' income is essential so that CIS can assess the program's reach to underserved populations and evaluate the effectiveness of promotions and programs targeting these populations. The income question, together with measures of health insurance coverage, regular source of health care, race/ethnicity, and educational attainment, all have allowed CIS to better identify underserved populations.

A number of smoking intake questions are also potentially sensitive, such as questions about pregnancy, smoking/tobacco use behaviors, person(s) likely to influence the client's effort to quit, and others in the household who smoke/use tobacco. This information is necessary, however, for Information Specialists to conduct a thorough needs assessment and provide effective individualized counseling. In CIS's experience, clients share much of this information over the course of the interaction without the Information Specialist having to ask directly. When we do need to ask directly, we have not experienced any difficulties in collecting this information.

#### **A.12 Estimates of Annualized Burden Hours and Costs**

Burden hours for the purposes of this submission are calculated using data from 2019, since 2020 data does not reflect our typical trends due to changes in information seeking behaviours during the COVID pandemic. However, Cancer Info Callbacks (appendix 1F) was calculated using average data from 2021 to extrapolate for a full year. This is a new offering and numbers have now been settling. The total annual number of respondents is estimated at 108,208 with a total annual burden of 5,818 hours. This estimate is based on a potential total sample size of 100%, an increase in the percentage of sampling from our previous package. Over a three-year information collection period this amounts to an estimated 324,624 respondents and approximately 17,454 hours.

Annualized estimates for numbers of respondents and respondent burden are presented in Table A.12-1.

For telephone clients, the burden hour estimates for the 3 customer service questions and 12 demographic questions are based on data provided by CIS's quality monitoring team. Respondents take an average of 30 seconds (.0083 hours) to complete the customer service questions and 90 seconds (.025 hours) to complete the demographic questions. These times are expected to remain the same if moving to an automated system. There are slight differences in the wording of questions for an automated collection (Appendix 1AB) due to limitations in the number of choices

offered. Based on the number of callers in 2019, our sampling design, and the 2019 response rates, we anticipate that 24,133 callers will respond to both the customer service questions and the demographic questions. Therefore, the estimated annual burden for general telephone clients is 1,207 hours.

The Quitline Clients burden hour estimates for the smoking questions also are based on data provided by our quality monitoring team. Of the smoking cessation clients, about 80 percent are expected to receive a one-time counseling service and about 20 percent to participate in the proactive callback service (VA clients only). For all smoking cessation clients, 100 percent are sampled for the demographic questions and thus answer both the demographic and smoking intake questions

The CIS also implements follow up calls at 4 months, 7 months, and 13 months past the initial contact. Based on previous volume, we expect there to be 2,904 outbound calls, for an estimated total burden of 194 hours.

The LiveHelp Clients burden hour estimates for all demographic questions are based on CIS's experience that the time required for clients to answer questions online is approximately the same as the time required to answer questions on the telephone. Thus, the estimated mean time to complete the demographic questions is 2 minutes (same as for telephone).

The E-mail clients burden hour estimates are based on client completion of the E-mail intake form on [www.cancer.gov](http://www.cancer.gov).

**Table A. 12-1. Estimated Annualized Burden Hours**

<b>Form Name</b>	<b>Category of Respondent</b>	<b>Number of Respondents</b>	<b>Number of Responses per Respondent</b>	<b>Average Time per Response (in hours)</b>	<b>Total Annual Burden Hours</b>
Demographic & Customer Satisfaction Questions (Appendix 1A or 1AB)	Individuals	24,133	1	3/60	1,207
Live Help Questions (Appendix 1B)	Individuals	58,501	1	2/60	1,950
Smoking Cessation "Intake" Questions (Appendix 1C)	Individuals	2,888	1	6/60	289

Smoking Call Backs (Appendix 1D)	Individuals	2,904	1	4/60	194
VA Call Backs (Appendix 1E)	Individuals	8,166	1	4/60	544
Cancer Info Call Backs (Appendix 1F)	Individuals	2,242	1	4/60	149
Email Intake Form (Appendix 2)	Individuals	8,796	1	10/60	1,466
Demographic & Customer Satisfaction Questions (Appendix 9)	Individuals	578	1	2/60	19
<b>Totals</b>			<b>108,208</b>		<b>5,818</b>

With the implementation of an automated phone survey system, the annualized cost to respondents is \$ 157,493.26. There are no direct costs to the respondents themselves. Over the course of three years, the cost to the respondents is estimated to be \$ 472,479.78. An estimate of annualized cost to respondents for the hour burden for this information collection is presented in table A.12-2.

**Table A. 12-2. Annualized Cost to Respondents**

Category of Respondent	Total Annual Burden Hours	Hourly Wage Rate*	Total Annual Cost
Individuals	5,818	\$ 27.07	\$157,493.26
<b>Total</b>			<b>\$ 157,493.26</b>

\* Wage estimates are based upon The Mean Hourly Wage Rate obtained from Bureau of Labor Statistics, title "All-Occupations" 00-0000, [https://www.bls.gov/oes/2020/May/oes\\_nat.htm#00-0000](https://www.bls.gov/oes/2020/May/oes_nat.htm#00-0000).

### A. 13 Estimate of Other Total Annual Cost Burden to Respondents and Record keepers

There are no additional costs or capital costs to respondents.

### A.14 Annualized Cost to the Federal Government

The estimated average annual cost to the Federal government for collection of data is \$133,918. The annualized cost to the Federal Government for the proposed data collection effort is estimated to be approximately \$14,107.63 and our contractor cost is estimated at \$119,810.00. Federal employees will monitor the data collection for accuracy and quality and oversee the contractor.

### A.14 Annualized Cost to the Federal Government

Staff	Grade/Step	Salary**	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					
Supervisory Branch Chief	14/8	\$ 151,118	3%		\$4,533.54
Public Health Analyst	13/10	\$ 134,798	2%		\$2,695.96
Public Health Analyst	13/10	\$ 134,798	1%		\$1,347.98
Public Health Analyst	13/3	\$ 110,603	5%		\$5,530.15
<b>Contractor Cost</b>					\$119,810.00
Travel					\$0
Other Cost					\$0
<b>Total</b>					<b>\$133,918</b>

\*\*The salary in the table above is cited from <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2021/DCB.pdf>

### A.15 Explanation for Program Changes or Adjustments

CISB is interested in automating the survey, which will benefit the program in multiple ways. Firstly, it will reduce the burden hours on CIS staff, which will also reduce the cost in collecting the data. Secondly, it has the potential to improve survey completion rates due to the nature of data collection. And finally, we would be able to survey 100% of callers with no additional charges to the government, since once the system is in place, no additional cost is incurred to conduct additional sampling. Having the ability to survey 100% of our respondents, it is estimated we will increase our respondent total from 58,452 to 105,966 and our total burden hours from 1,865 to 4,350.

Additionally, increasing the survey to 100% would allow for removal of sampling bias, more specifically inclusion of individuals in hard-to-reach groups who may currently be omitted or underrepresented with the current simple random sampling methodology.

In this OMB Package, we are also introducing Callbacks into our service provision (Appendix 1E). Callbacks allow for the assessment and delivery of additional, tailored cancer and clinical trials information based on an individuals' changing information needs throughout their cancer journey. These callbacks are aimed to provide the individual more control over their information needs and increase overall satisfaction with provided CIS services.

**A.16 Plans for Tabulation and Publication and Project Time Schedule**

The NCI maintains an ongoing aggregate report of CIS client data (Appendix 8). Data are presented for subgroups of clients (e.g. by ethnicity), but no statistical analyses are conducted for this report. CIS staff and research partners conduct additional in-depth analyses of client data for a variety of presentations and publications. All publications and manuscripts resulting from research collaborations are reviewed and approved by Contact Center and Patient Inquiries Branch (CISB) before they are finalized and disseminated. CIS staff serving as investigators analyzing data from the Electronic Contact Record Form (ECRF) that will result in a manuscript submission for publication will seek approval from NCI’s Institutional Review Board prior to conducting analyses. There are no specific project schedules except to continue to collect data in an ongoing fashion.

A.16 - 1 Project Time Schedule

Activity	Months after OMB Approval
OMB approval (collect customer service and demographic information of clients)	Begin immediately, ongoing
Review data for quality and accuracy	Begin immediately, ongoing

**A.17 Reason(s) Display of OMB Expiration Date is Inappropriate**

The OMB expiration date will be displayed.

**A.18 Exceptions to Certification for Paperwork Reduction Act Submission**

No exceptions to the certification statement are required by this information collection.