## 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:** Optimizing Therapies for Pain Relief in People with Sickle Cell Disease (SCD) (NCCIH)

**PURPOSE:**

This trans–National Institutes of Health (NIH) workshop will focus on sickle cell disease pain. Researchers will explore critical gaps and research challenges, as well as brainstorm potential solutions for this grossly understudied pain condition in a highly underserved population. This fits into the NIH mission of seeking fundamental knowledge to enhance health. The planning of the meeting is being led by the National Center for Complementary and Integrative Health and the National Heart, Lung, and Blood Institute.

**DESCRIPTION OF RESPONDENTS**:

Basic and clinical researchers with expertise relevant to sickle cell disease, pain management, psychosocial health and health disparities, as well as patients, caregivers, and health care organizations.

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

[ ] Abstract [ ] Application

[X] 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:**

Inna Belfer, MD, PhD, Program Director, Basic and Mechanistic Research Branch, Division of Extramural Research, NCCIH

**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) | 500 | 1 | 10/60 | 83 |
|  |  |  |  |  |
| **Totals** |  | **500** |  | **83** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of Respondent** | **Total Burden Hours** | **Hourly Wage Rate\*** | **Total Burden Cost** |
| Individuals | 83 | $45.80 | $3,801.40 |
| **Total** |  |  | **$3,801.40** |

\*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>.

**FEDERAL COST:** The estimated annual cost to the Federal government is $1,415.34

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff** | **Grade/Step** | **Salary\*\*** | **% of Effort** | **Fringe**  **(if applicable)** | **Total Cost to Gov’t** |
| **Federal Oversight** |  |  |  |  |  |
| Program Director | GS14-6 | $141,534 | 1% |  | $1,415.34 |
| **Contractor Cost** |  |  |  |  |  |
| Travel |  |  |  |  |  |
| Other Cost |  |  |  |  |  |
| **Total** |  |  |  |  | $1,415.34 |

\*\*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:**

N/A

**The selection of your targeted respondents**

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 [X] 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?

We will promote the meeting through the NIH HEAL listserv and website, NCCIH communication channels, research organizations, and individual researchers interested in this topic as identified through NIH databases. Also, we will ask our Institute and Center partners, especially NHLBI, to advertise to their Principal Investigators. Professional societies including the US Association for the Study of Pain (USASP) and the American Society of Hematology (ASH) will be included too.

**Administration of the Instrument**

**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

**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.**