# Request for Approval under the "Conference, Meeting, Workshop, and Poster Session Registration Generic Clearance (OD)"

(OMB#: 0925-0740 Exp Date: 7/31/2022)

**TITLE OF INFORMATION COLLECTION:** Addressing Social Risks in Cancer Care Delivery Virtual Workshop (NCI)

#### **PURPOSE:**

The Division of Cancer Control and Population Sciences (DCCPS) of the National Cancer Institute (NCI) is conducting a virtual meeting to discuss research needs for addressing social risks in cancer care, with a focus on food insecurity, housing instability, and transportation barriers. This NCI-sponsored workshop will engage diverse stakeholders in panel presentations and participatory discussions to identify and understand research gaps, challenges, and opportunities to advance this scientific area. This request is to approve a registration form for the workshop.

## **DESCRIPTION OF RESPONDENTS:**

This three-day workshop will be free and open to the public. This workshop will bring together clinicians, researchers, community leaders, cancer patients, survivors, and advocates representing a broad range of experiences and expertise in this scientific area.

| [ ] 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 <u>not</u> raise issues of concern to other federal agencies.

Name: Brenda Adjei and Janeth Sanchez

## 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<br>Respondents | No. of Responses per Respondent | Time per<br>Response<br>(in hours) | Total Burden<br>Hours |
|----------------------------|-----------------------|---------------------------------|------------------------------------|-----------------------|
| Individuals - Registration | 350                   | 1                               | 5/60                               | 29                    |
| Totals                     |                       | 350                             |                                    | 29                    |

#### **COST TO RESPONDENT**

| <b>Category of Respondent</b> | Total Burden Hours | Hourly Wage Rate* | <b>Total Burden Cost</b> |
|-------------------------------|--------------------|-------------------|--------------------------|
| Individuals                   | 29                 | \$48.45           | \$1,405.05               |
| Total                         |                    |                   | \$1,405.05               |

<sup>\*</sup>Source of the mean Hourly Wage Rate is provided by the Bureau of Labor Statistics, Occupation title

## **FEDERAL COST:** The estimated annual cost to the Federal government is \$4,388.66.

| Staff                  | Grade/Step | Salary**  | % of<br>Effort | Fringe (if applicable) | Total Cost to<br>Gov't |
|------------------------|------------|-----------|----------------|------------------------|------------------------|
| Federal Oversight      |            |           |                |                        |                        |
| Program Director       | 14/5       | \$138,866 | 1%             |                        | \$1,388.66             |
| <b>Contractor Cost</b> |            |           |                |                        | \$3,000                |
| Travel                 |            |           |                |                        | <b>\$</b> 0            |
| Other Cost             |            |           |                |                        | \$0                    |
| Total                  |            |           |                |                        | \$4,388.66             |

<sup>\*\*</sup>The salary in the table above is cited from

https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/21Tables/html/ DCB.aspx

<sup>&</sup>quot;Medical Scientists" 19-1040, https://www.bls.gov/oes/2020/May/oes\_nat.htm#19-0000

## 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

| Do you have a customer list or something similar that defines the universe of potentia | ١l |
|--|----|
| 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?

This meeting is advertised through NIH/NCI and NCI Frederick listservs, individual labs and committee members.

## **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.