# Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB#: 0925-0648 Exp., date: 06/2024)

**TITLE OF INFORMATION COLLECTION:** Partnerships in Environmental Public Health Training Webpages (NIEHS)

**PURPOSE:**
The NIEHS Partnerships in Environmental Public Health has made training videos and other materials available on the PEPH webpage since 2013 (https://www.niehs.nih.gov/research/supported/translational/peph/metrics/training/index.cfm). It was recently brought to our attention that the webpage and training videos are not using current technology that makes the webpages accessible via mobile phones and other devices. We would like to survey users of the PEPH Metrics trainings to find out if they have used the training videos recently, if they would like updates made to the videos, and if so, what kind of updates. This information will help us direct our resources to making improvements that will be of most value to the users.

**DESCRIPTION OF RESPONDENTS**:
The survey respondents will be researchers and community partners who have participated in PEPH trainings in the past. We will also make the survey broadly available to researchers in the PEPH network to ensure that we gather feedback from a wide an audience as possible.

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

[ ] Customer Comment Card/Complaint Form     [ ] Customer Satisfaction Survey
[X ] Usability Testing (e.g., Website or Software)     [ ] Small Discussion Group
[ ] Focus Group     [ ] 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.
4. The results are <u>not</u> intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of <u>substantially</u> informing <u>influential</u> 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: <u>Kristianna Pettibone</u>

To assist review, please provide answers to the following question:

**Personally Identifiable Information:**
1. Is personally identifiable information (PII) collected?  [ ] Yes  [X]  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

**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 | 50 | 1 | 10/60 | 8 |
| | | | | |
| **Totals** | | 50 | | 8 |

**COST TO RESPONDENT**

| Category of Respondent | Total Burden Hours | Hourly Wage Rate* | Total Burden Cost |
|---|---|---|---|
| Researchers | 8 | $44.09 | $352.72 |
| | | | |
| **Totals** | | | $352.72 |

*Used mean hourly rate for Life Scientist at https://www.bls.gov/oes/current/oes_nat.htm

**FEDERAL COST:**  The estimated annual cost to the Federal government is $1,388.66

| Staff | Grade/Step | Salary* | % of Effort | Fringe (if applicable) | Total Cost to Gov't |
|---|---|---|---|---|---|
| **Federal Oversight** | | | | | |
| Health Scientist Administrator | 14/5 | $138,886 | 1% | | $1,388.66 |
| | | | | | |
| **Contractor Cost** | | | | | |
| | | | | | |
| Travel | | | | | |
| Other Cost | | | | | |
| | | | | | |
| **Total** | | | | | $1,388.66 |

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

**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?

[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?

We have a list of PEPH grantees and community members that have had participated in or had access to the PEPH Evaluation Metrics Training videos. We will send the survey to all PEPH network grantees and community members, so we do not have a sampling plan.

**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
[] Other, Explain

2. Will interviewers or facilitators be used?  [ ] Yes [X] No

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