## Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB#: 0925-0648 Exp., date: 06/30/2024)

**TITLE OF INFORMATION COLLECTION:** NIH ODP Pathways to Prevention Post-Workshop Survey V (OD)

**PURPOSE:**

The purpose of the survey is to determine if the Office of Disease Prevention (ODP) Pathways to Prevention (P2P) workshop series meets the participant’s needs and to assess their level of satisfaction. Information collected in the survey will also be used to develop and enhance future workshops based on the participants’ interests.

**DESCRIPTION OF RESPONDENTS**:

Respondents comprise of individuals who participate in the ODP P2P workshop both in-person and virtually. They represent the NIH community, researchers, academic institutions, advocacy organizations, patient representatives, and other federal and non-governmental agencies.

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

[ ] Customer Comment Card/Complaint Form [X] Customer Satisfaction Survey

[ ] 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 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: Jen Hession

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 [X] No
3. If Applicable, has a System or Records Notice been published? [ ] Yes [X] 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**  |
| Individuals | 600 | 1 | 10/60 | 100 |
|  |  |  |  |  |
| **Totals** |  | 600 |  | **100** |

**COST TO RESPONDENT**

|  |  |  |  |
| --- | --- | --- | --- |
|  **Category of Respondent** | **Total Burden****Hours** | **Hourly Wage Rate\*** | **Total Burden Cost**  |
| Individuals | 100 | $ 38.81 | $3,881 |
|  |  |  |  |
| **Totals** |  |  | $3,881 |

\*National Occupational Employment and Wages Estimates, May 2021

19-0000 Life, Physical, and Social Science Occupations

<https://www.bls.gov/oes/current/oes190000.htm>

**FEDERAL COST:** The estimated annual cost to the Federal government is $ 2034.40

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff** | **Grade/Step** | **Salary\*** | **% of Effort** | **Fringe (if applicable)** | **Total Cost to Gov’t** |
| **Federal Oversight** |  |  |  |  |  |
| Senior Communications Advisor | 13/4 | $117,505  | 1.0 |  |  **$1175.05** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Contractor Cost** |  | $57.29/hr. @ 15 hr. |  |  |  **$ 859.35** |
|  |  |  |  |  |  |
| Travel |  |  |  |  |  |
| Other Cost |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total** |  |  |  |  |  **$2034.40** |

\*the Salary in table above is cited from https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2022/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?

All participants who attended the workshop (in-person and virtual) will be eligible to participate in the survey. At the end of each workshop day, the survey will be posted via a link in the virtual platform chat box and all attendees will receive a follow-up email with a link to complete the survey. The survey will be administered by Westat, ODP’s support and logistics contractor, via research.surveys.org.

**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

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