## 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:** 4th Annual NIH HEAL Initiative Investigator Meeting Assessment Form (OD)

**PURPOSE:** On February 21 and 22, 2023, the National Institutes of Health (NIH) will host the 4th Annual NIH HEAL Initiative® Investigator Meeting to bring together investigators who are funded by the initiative and are working to stem the pain and opioid crises. The purpose of thisinformation collection is to collect general feedback about this meeting in the areas of content/topics covered, format, and logistics, as well as feedback about future meetings. Information will aid in HEAL’s assessment of this year’s meeting and inform programmatic and meeting planning for next year’s meeting.

**DESCRIPTION OF RESPONDENTS**: Respondents are meeting attendees, primarily HEAL-funded principal investigators and associated scientific staff (e.g., postdocs) from academic and private institutions around the country. Respondents also include NIH and other federal staff, advocacy groups, and miscellaneous HEAL stakeholders. The investigator meeting will have a hybrid format with in-person and virtual opportunities to participate. Separate in-person and virtual paths are available in the assessment form. Respondents will select the format by which they participated in the meeting in the first question of the form. The assessment form questions are similar for both in-person and virtual meeting attendees and differ in two questions. The in-person attendee form consists of 14 questions while the virtual attendee form has 15. The longest-case scenario (virtual attendee path) was used to estimate the time required for this form. Finally, the assessment form does not collect any personal information.

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

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

[ ] Usability Testing (e.g., Website or Software [ ] Small Discussion Group

[ ] Focus Group [ X] Other: Online feedback form

**FREQUENCY OF REPORTING:** (Check one)

[X ] Once [ ] Quarterly

[ ] Monthly [ ] On Occasion

[ ] Annually [ ] 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:\_\_\_ Diana S. Morales, MPH, Communications Director, NIH HEAL Initiative

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**  |
| Individual | 900 | 1 | 30/60 | 450 |
|  |  |  |  |  |
| **Totals** |  | 900 |  | **450** |

|  |  |  |  |
| --- | --- | --- | --- |
|  **Category of Respondent** | **Total Burden****Hours** | **Hourly Wage Rate\*** | **Total Burden Cost**  |
| Individual | 450 | $43.27 | $19,471.50 |
|  |  |  |  |
| **Totals** | **450** |  | $19,471.50 |

\*Hourly wage cited from <http://www.bls.gov/oes/current/oes191029.htm>.

**FEDERAL COST:** The estimated annual cost to the Federal government is \_$5,936.74\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff** | **Grade/Step** | **Salary\*** | **% of Effort** | **Fringe (if applicable)** | **Total Cost to Gov’t** |
| **Federal Oversight** |  |  |  |  |  |
| Communications Director | 14/8 | $163,252 | 1.5% |  | $2,448 |
| Administrative Officer | 12/1 | $94,199 | 1.5% |  | $1,412 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Contractor Cost** |  |  |  |  |  |
| Task Lead |  |  |  |  | $859.20 |
| Editor |  |  |  |  | $532.10 |
| Data Team Coord |  |  |  |  | $685.44 |
| Travel |  |  |  |  |  |
| Other Cost |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total** |  |  |  |  | $5,936.74 |

\*the Salary in table above is cited from <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2023/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?

The potential group of respondents will be limited to the attendees of this meeting. The survey will be sent to all attendees after the meeting.

**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

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