

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 Scientific Workshop on Expanding the Evidence Base in Gender-Affirming Care for Transgender and Gender-Diverse Populations – Customer Feedback (SGMRO/OD)

PURPOSE:

The National Institutes of Health (NIH) is holding a virtual NIH Scientific Workshop on Expanding the Evidence Base in Gender-Affirming Care for Transgender and Gender-Diverse Populations. The purpose of the workshop is to advance our understanding of transgender health. The Sexual & Gender Minority Research Office wishes to collect feedback from participants of the scientific Workshop. Responses will be used to enhance the planning of future workshops at NIH.

DESCRIPTION OF RESPONDENTS:

The workshop participants are invited researchers, advocates, and members of the community with expertise in transgender health, measurement, behavioral and social sciences, and other disciplines related to the NIH mission. The workshop assessment is limited to the co-chairs, panelists, and NIH staff, which is approximately 60.

TYPE OF COLLECTION: (Check one)

- | | |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form | <input checked="" type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software) | <input type="checkbox"/> Small Discussion Group |
| <input type="checkbox"/> Focus Group | <input type="checkbox"/> Other: _____ |

FREQUENCY OF REPORTING: (Check one)

- | | |
|--|--------------------------------------|
| <input checked="" type="checkbox"/> Once | <input type="checkbox"/> Quarterly |
| <input type="checkbox"/> Monthly | <input type="checkbox"/> On Occasion |
| <input type="checkbox"/> Annually | <input type="checkbox"/> 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: _ Irene Avila, PhD (avilai@mail.nih.gov; 301-594-9701)

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 [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	60	1	5/60	5
Totals		60		5

COST TO RESPONDENT

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individuals	5	\$51	\$255
Totals	5		\$255

* https://www.bls.gov/oes/current/oes_47900.htm#19-0000

FEDERAL COST: The estimated annual cost to the Federal government is \$241

Staff	Grade/Step	Salary*	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
Assistant Director	GS-15-2	\$ 160,889	0.15%		241
Contractor Cost					
Travel					
Other Cost					

Total						\$241
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*the Salary in table above is cited from <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/2023/general-schedule>

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?
 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 SGMRO will send an email to ask workshop participants to complete the electronic feedback form (<https://survey.alchemer.com/s3/7220761/>) at the end of the meeting.

Administration of the Instrument

1. How will you collect the information? (Check all that apply)
 Web-based or other forms of Social Media
 Telephone
 In-person
 Mail
 Other, Explain
2. Will interviewers or facilitators be used? Yes No

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