

**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:**

2023 NIH Ableism Workshop feedback survey

**PURPOSE:**

On April 27-28, 2023, NIH sponsored a workshop entitled, “Ableism in Medicine and Clinical Research.” We would like to know if the attendees feel the meeting organizers achieved the stated goals of the conference – to increase awareness and understanding of ableism and to identify research goals for reducing the negative impact of ableism on the health of people with disabilities. The responses will be anonymous and we will not be collecting sensitive information.

**DESCRIPTION OF RESPONDENTS:**

People who attended the NIH Ableism in Medicine and Clinical Research Workshop, which include members of the public.

**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: Theresa Cruz

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

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected?  Yes  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
Individuals or Households	70	1	5/60	6
<b>Totals</b>		70		<b>6 hours</b>

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
(1) Individuals or Households	6 hours	\$45/hr	\$270
<b>Totals</b>			<b>\$270</b>

\*Citing median hourly wage for 29-1122 Occupational Therapists, May 2022, <https://www.bls.gov/oes/current/oes291122.htm>

**FEDERAL COST:** The estimated annual cost to the Federal government is \_\_\$2067\_\_

Staff	Grade/Step	Salary*	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>	14/1	\$132,368	1		\$1324
<b>Contractor Cost</b>		\$74.30	10 hours		\$743
Travel					
Other Cost					
<b>Total</b>					<b>\$2067</b>

\*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?

We plan to survey the attendees of the NIH Ableism in Medicine and Clinical Research Conference held virtually on April 27 and 28, 2023.

350 people attended the conference. We expect a 20% response rate to the survey or 70 responses.

**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.**