

## **Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB#: 0925-0648 Exp., date: 07/2027)**

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### **TITLE OF INFORMATION COLLECTION:**

Meeting Attendee Feedback Form for the ABCD Insights and Innovations Meeting (AIIM):  
NIDA

### **PURPOSE:**

The ABCD Study® is the largest long-term study of brain development and child health in the United States. NIDA will host an ABCD Insights and Innovations Meeting (AIIM) to bring together researchers who are leveraging the open science data from the ABCD Study® to share innovative findings and emerging insights about adolescent development. The meeting aims to foster collaboration among scientists from multiple disciplines and career stages and provide opportunities for sharing novel perspectives through data presentations, roundtable discussions, and interactive poster sessions.

The purpose of this collection is to gather post-meeting feedback from participants to: (1) better understand the diversity of our speakers and attendees and (2) identify opportunities to improve the overall meeting. This information will be used to inform outreach and planning efforts for future meetings to ensure a positive experience for all attendees.

As one aim of this meeting is to support NIH and NIDA’s goal of increasing diversity in biomedical research, we want to measure our progress toward that goal by asking speakers and attendees which underrepresented groups they identify with based on NIH’s defined categories (racial/ethnic groups, individuals with disabilities, individuals from disadvantaged backgrounds, women from any of those groups, and sexual/gender minorities). These categories were extracted from

<https://grants.nih.gov/grants/guide/notice-files/NOT-OD-20-031.html> and <https://www.niaid.nih.gov/grants-contracts/sgm-populations-within-notice-nihs-interest-diversity> which outlay the diversity goals this meeting aims to achieve and thus measure. For groups that may not be captured by these categories, we included a free text option allowing respondents to add other groups they identify with and feel are underrepresented.

All other questions are related to specific meeting planning aspects to help us continuously improve the meeting and make the best use of NIH/NIDA funds. Responses to these questions help us determine priorities like increased virtual meeting capacity and components, a better marketing strategy for abstract submissions and attendees, and identifying relevant topics and speakers.

All questions are optional, and responses will remain anonymous. We do not collect names, email addresses, or other contact information on the feedback form. External reporting on the one demographic question related to underrepresented groups will be done in aggregate (ex. most attendees identified as XYZ groups – listing the top 2-3 underrepresented groups from responses). Internally, we will use the responses to capture changes over time to ensure we are supporting NIH and NIDA’s goals.

### **DESCRIPTION OF RESPONDENTS:**

The respondents will predominantly be academic researchers affiliated with the ABCD Study and NIH staff.

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

- |  |   |
|--|---|
| <input type="checkbox"/> Customer Comment Card/Complaint Form          | <input checked="" type="checkbox"/> Customer Satisfaction/Feedback 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 type="checkbox"/> Once          | <input type="checkbox"/> Hourly              | <input type="checkbox"/> Daily       |
| <input type="checkbox"/> Weekly        | <input type="checkbox"/> Monthly             | <input type="checkbox"/> Quarterly   |
| <input type="checkbox"/> Semi-Annually | <input checked="" type="checkbox"/> Annually | <input type="checkbox"/> On Occasion |

**CERTIFICATION:**

I certify the following to be true:

1. The collection is voluntary.
2. The collection is a low burden for respondents and a 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: LCDR Traci Murray, Scientific Advisor, NIDA

To assist with the review, please provide answers to the following questions:

**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
4. Privacy Act Systems of Records Title: \_\_\_\_\_ FR Citation \_\_\_\_FR\_\_\_\_

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, a token of appreciation) provided to participants?  Yes  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 – meeting attendees | 50                 | 1                               | 5/60                         | 4                  |
| <b>Totals</b>                   |                    | <b>50</b>                       |                              | <b>4</b>           |

| Category of Respondent | Total Burden Hours | Hourly Wage Rate* | Total Burden Cost |
|------------------------|--------------------|-------------------|-------------------|
| Individuals            | 4                  | \$48.29           | \$193             |
| <b>Totals</b>          | <b>4</b>           |                   | <b>\$193</b>      |

\*Mean hourly wage for Biological Scientists, All Other. Source: [https://www.bls.gov/oes/current/oes\\_nat.htm#19-0000](https://www.bls.gov/oes/current/oes_nat.htm#19-0000)

**FEDERAL COST:** The estimated annual cost to the Federal government is \$3,804

| Staff                    | Grade/Step                         | Salary*  | % of Effort | Fringe (if applicable) | Total Cost to Gov't |
|--------------------------|------------------------------------|----------|-------------|------------------------|---------------------|
| <b>Federal Oversight</b> |                                    |          |             |                        |                     |
| Scientific Advisor       | USPHS/O-4/<br>LCDR/6yrs of service | \$92,178 | 2.5%        |                        | \$2,304             |
| <b>Contractor Cost</b>   |                                    |          |             |                        | \$1,500             |
| Overhead/Supplies        |                                    |          |             |                        |                     |

|              |  |  |  |  |         |
|--------------|--|--|--|--|---------|
| Other Cost   |  |  |  |  |         |
| <b>Total</b> |  |  |  |  | \$3,804 |

\*the Salary in table above is cited from:

<https://militarypay.defense.gov/Portals/3/Documents/ActiveDutyTables/2024%20Pay%20Table-Capped-FINAL.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?  
 Yes       No
2. If the answer is yes, please provide a description of both below and 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 attendee feedback form will be sent to all meeting attendees. We estimate there will be 500 attendees. Of those 500, we estimate 50 attendees (10%) will complete the feedback form.

**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.**

No scripts or recruitment tools will be used. The post-meeting attendee feedback form will be shared with attendees during the meeting as a link in the Zoom chat and QR code displayed on the screen.