

January 31, 2024

Sent via email to: Maria.Johnson@oig.hhs.gov

Maria Johnson Office of Evaluation and Inspections, OIG, HHS 801 Market St., Suite 8900 Philadelphia, PA 1910703134

RE: Follow-Up to January 30, 2024, Meeting

Dear Ms. Johnson:

We thank you, Ms. Bisgaier, Ms. Dieckman, and Mr. Burley for joining our COGR committee members yesterday to answer questions regarding the *NIH Recipient Institutions' Reporting of Monetary Donations that Support Research Survey* (OEI-03-22-00570). The information that you provided will assist our members in understanding and responding to the survey questions.

During the meeting, we discussed the following two issues: (a) extending the survey response deadline; and (b) including a free-text response box for each survey question. We believe that addressing these issues along the lines that we suggest below will enhance both survey participation and the quality of the data that is collected.

Extension: You indicated that HHS OIG would consider extending the response deadline for the survey, and we urge HHS OIG to keep the survey open for an additional 30 days until March 8, 2024. Many institutions have just recently identified to whom at their institutions the survey was sent, and responses to the survey will require detailed analysis and the involvement of multiple institutional units. An extension also will permit institutions that have not yet received the survey to reach out to HHS OIG to determine if their survey was among those for which HHS OIG received an email bounce-back.

<u>Free-Text Response Box</u>: You advised that you would consult with your technical team to determine if it is feasible to include a free-text response box for each answer, rather than including free text responses for *all* questions within box A.13. We strongly believe that an "other" answer option should be included along with this textbox if at all feasible.

During the meeting, institutions indicated that there were numerous instances in which the limited survey responses were inapplicable or the scenario did not include sufficient information for institutions to determine how to answer. In response, you suggested that institutions could mark

the "don't know" response and then provide their actual answer and explanation in box A.13, taking care to reference the scenario and question number to which the response pertains.

We are deeply concerned that having institutions answer "don't know" to questions for which they supply an answer in A.13 does not accurately represent institutions' responses. Further, this approach may unfairly cast institutions as unable to evaluate the scenarios when, in fact, they have done so in box A.13. This ambiguity, in turn, may lead to incorrect interpretations of the data once published in the ultimate report, particularly by those who do not have access to all the qualitative responses in box A.13. Adding an "other" answer option to each question, along with a free text box for additional explanation, would remedy this problem by enabling institutions to provide accurate and more fulsome responses. Moreover, this approach would enable HHS OIG to quantify and analyze the responses more accurately.

We appreciate your consideration of these suggestions and sincerely hope that you will be able to implement them. Thank you again for your willingness to engage with us on this important survey. Please feel free to contract me (MOwens@cogr.edu) or Kris West (KWest@cogr.edu) should you have any questions.

Sincerely,

Matt Owens
President

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