

## **Supporting Statement: Assessment of the Engagement of Historically Black Colleges and Universities Campus and Community-Based Activities to Eliminate Health Disparities**

The U.S. Department of Health and Human Services' Health Resources and Services Administration (HHS/HRSA) is conducting a study of the engagement of Historically Black Colleges and Universities (HBCUs) in campus-based and community activities that impact the elimination of health disparities.

This study - being undertaken by The McKenzie Group (TMG)/American Institutes for Research (AIR) – is designed to examine the scope of activities currently being undertaken throughout the nation's HBCUs .

Clearance is being sought to collect descriptive data for this project using a web-based survey designed specifically for the academic leaders of selected HBCUs, included in the appendices and described under the Data Collection section of this package. The survey and the methodology for collecting and analyzing the data are presented for review. The institutions that will be surveyed include the 105 4- and 2-Year Public and Private HBCU Institutions in the United States.

### **A. JUSTIFICATION**

#### **1. Circumstance of Information Collection**

During the last decade, although the health of average Americans has continued to improve, racial and ethnic populations and economically disadvantaged individuals residing in urban and rural regions of the country are disproportionately affected by illness. Such differences in the health status of U.S. racial and ethnic groups have been described as health disparities – namely, differences in the incidence, prevalence, mortality, and burden of disease. These health disparities exist not only in health status, but also in access and quality of treatment. Among African Americans, specific disparities include shorter life expectancies, higher rates of infant mortality, higher incidences of certain cancers, higher rates of respiratory and cardiovascular disease, higher rates of diabetes and other obesity-related conditions, comparatively high rates of adult and pediatric AIDS.

Increasingly, the federal government, medical associations, and philanthropic organizations are seeking the guidance and support of Historically Black Colleges and Universities (HBCUs) in their efforts to eliminate racial and ethnic disparities in health. The Department of Health and Human Services (HHS) is interested in “strengthen(ing) and increasing the participation of HBCUs in its health and human services research agenda, including efforts to eliminate racial/ethnic disparities in health.” HHS' efforts to involve HBCUs in the fight against health disparities have focused on three major areas: (1) research, (2) research infrastructure, and (3) health education and outreach to affected populations.

While it is relatively easy for federal agencies, such as HHS, and philanthropic organizations involved in supporting such initiatives to track activities at HBCUs that they fund directly, it is difficult for them to determine adequately the *overall* number and types of health disparity programs and activities at HBCUs. Information collected through this study will provide HHS with a more comprehensive view of the variety of projects and activities being conducted by HBCUs to eliminate health disparities. This project is authorized under the Minority Health and Health Disparities Research and Education Act of 2000, Title IV, Health Professions Education (Pub. L. 106-525, Tab A).

## **2. Purposes and use of information**

The purposes of this study are as follows:

- To establish a description of campus and community activities undertaken by HBCUs to address health disparities;
- To describe the origins, structure, content, and intensity of such activities;
- To document the level of support for campus and community activities among administrative leaders at HBCUs;
- To document the factors that facilitate or hinder the ability of HBCUs to engage in campus and community activities to eliminate health disparities; and

To determine whether there is a need among HBCUs for additional assistance that will allow them to expand their role and improve their effectiveness in addressing health disparities. The survey is designed to help uncover and provide information on the types of services and activities provided, on implementation issues, and on any outcomes/results related to the support that HBCUs provide in these activity areas. We will be asking administrators at all HBCUs who are familiar with efforts implemented at their institutions to participate in a *web-based* survey, which includes questions related to several broad categories of activities common among HBCUs, including –

- research and scholarship;
- research infrastructure development;
- campus-based programs aimed at students and/or employees; and
- community outreach and services implemented by HBCU faculty or students.

In addition, a literature review will be conducted of existing reports to produce a broad picture of the current status of programs geared toward the elimination of health disparities. The data generated by the survey instrument and existing literature will provide information on the varying levels of program depth and quality and offer insight on how HRSA may continue to assist HBCUs in their efforts.

HRSA is interested in knowing (a) whether or not decision-makers at HBCUs have articulated an explicit mission to work on issues related to the elimination of racial/ethnic health disparities; (b) how the mission is conveyed and supported; and (c) the types of disparities reduction activities that emerge as a consequence of institutional commitment to eliminate health disparities. The decision to interview presidents, deans

of faculty, and deans of students comes from the view that these individuals are primarily responsible for setting campus-wide policies and providing the resources necessary to implement activities associated with those policies.

The decision to interview three different administrators at each institution is designed to access the level of agreement across these three key policymakers at the institution. We expect that there is likely to be agreement among the various individuals interviewed at places where there has been an explicit articulation of a mission and supports have been provided through a variety of means. Less agreement is likely to exist in places where a mission to address issues related to the elimination of health disparities has not been set. Our report will include a discussion of the level of agreement across key decision-makers at HBCUs with regard to this issue.

The survey will also provide some limited information on the general “quality” of the disparity activities, regarding an assessment by the respondent of whether or not the activity achieved the intended institutional goals. The intent is to gauge quality with respect to the accomplishment or attainment of institutional goals for program activities. In this respect, we are not looking at “quality of care”, for example, but for an overall assessment by respondents of the quality of program activities in general terms of accomplishing program intent. This will be gauged from analyses of the open-ended descriptions of programs provided by presidents and deans. The analyses team consists of individuals who are experts in the evaluation of health and education programs. Using systematic codes of open-ended responses, the analyses team will detect patterns regarding rudimentary quality indicators such as: (a) breadth of services; and (b) frequency of contact with students and community members occurring within program types. The intent of this survey is to gather general information about the **types of activities** that have been implemented by HBCUs and to begin to understand **how such activities are supported** by university administrators. Because this is not an evaluation specifically of the individual health disparities reduction programs that have been implemented, the results will not address detailed issues of program quality that can say with certainty whether the activities are “good” or “bad.”

### **3. Use of improved information technology**

The survey is fully electronic. McKenzie/AIR has developed a user-friendly, web-based survey, to provide respondent institutions with easier access and ability to participate in the study. The instrument allows respondents to access the survey from their own personal computers and to complete the entire survey in one sitting or to complete parts of the form as time allows and return to it at their convenience.

### **4. Efforts to avoid duplication**

An extensive review of the literature was conducted in order to shape the study and every effort has been made to locate information which eliminates the need to ask respondents for any relevant information that is available elsewhere. While some of the HBCU health disparity elimination initiatives do have websites and program materials, much of the data to be collected in this survey is not available from any other source and will provide more

descriptive data on HBCU-initiated health disparity elimination activities. In general, this study aims to produce a more current and comprehensive view of such activities among all HBCUs. Further, the survey is designed to uncover additional information from practitioners about the levels of support for their respective activities and their perceptions of the relative success of their efforts and approaches. The survey questions are aimed at obtaining a general determination of the *perceived* success of HBCU activities, and, at present, no such information is currently available. The survey is not designed to determine the *actual* success of the HBCU programs – an entirely different methodology is required to obtain program outcomes and success rates.

To the best of our knowledge, the information to be collected from the survey for which McKenzie/AIR is seeking clearance is not available from any other source and no other data currently exists that could provide answers to the questions contained in the instrument.

#### **5. Involvement of small entities**

This project does not have significant impact on small entities or small businesses.

#### **6. Consequences if information collected less frequently**

This data collection will gauge the quality and variety of health disparities elimination activity being undertaken among HBCUs and will offer important guidance for federal and philanthropic support of these activities. The survey is to be conducted one time only and we do not anticipate any technical or legal obstacles to obtaining any of the information described. Without this information, the HRSA Office of Minority Health will not have a clear understanding of the scope of HBCU engagement in activities to eliminate health disparities and will, therefore, not be able to adequately plan strategies for assisting HBCUs in engaging health disparities activities.

If data can not be collected via the proposed survey, researchers at McKenzie/AIR will conduct a review of the websites for each HBCU to identify information about the types of activities for reducing health disparities that are currently in place at each institution. However, information gathered through such web-based research will not be completely reliable because HBCUs appear not to update information on a systematic schedule and the accuracy of any information gathered identified through web-based searches will still need to be verified through direct communication with personnel at the HBCUs.

#### **7. Consistency with the guidelines in 5 CFR 1320.5(d)(2)**

This information collection is consistent with 5 CFR 1320.5(d)(2).

Data collection will **not** be conducted in a manner that will require respondents to:

- report information to the agency more often than quarterly;
- prepare a written response to a collection of information more than 30 days after receipt of it;
- submit more than an original and two copies of any document;
- retain records for more than three years; or

- submit proprietary trade secrets, or other confidential information.

## **8. Consultation with outside the agency**

The notice required by 5 CFR 1320.8(d) was published in the *Federal Register* on February 15, 2006 (71 FR 7978-7979). No comments were received. A copy of the notice is provided under Tab B. Drafts of the survey and the data collection and analysis plan have been reviewed by HHS/HRSA staff, including Dr. Roscoe Dandy – the HRSA Program Officer for this project. The survey instrument, as well as all data collection and data analyses plans, have been reviewed for burden and clarity by four Directors of Health Disparities Centers located at HBCUs and revised to reflect their comments. A copy of the survey instrument is provided under Tab C.

## **9. Remuneration of respondents**

Respondents will not be remunerated.

## **10. Assurance of confidentiality**

No information collected will be reported or published that would identify individual respondents or their institutions. The Privacy Act does not apply. The survey notification memo to respondents (Tab D) and Participation Consent Form (Tab E) developed for this project provide this assurance.

To ensure that the data collected are not available to anyone other than authorized project staff, a set of standard confidentiality procedures will be followed during the data collection process:

- All project staff will agree to an assurance of confidentiality;
- All project staff will successfully complete the Human Participant Protections Education for Research Teams online training to ensure their understanding of confidentiality procedures;
- All project staff will keep completely confidential the names of all respondents, all information or opinions collected during the course of the survey, and any information about respondents learned incidentally;
- Reasonable caution will be exercised in limiting access to survey data only to persons working on the project who have been instructed in the applicable confidentiality requirements for the project;
- The Project Director will be responsible for ensuring that any contractor personnel (if applicable) involved in handling data on the project are instructed in these procedures and will comply with these procedures throughout the period; and

During the course of the study, all necessary information and documents will be kept in a file accessible only by project staff under the supervision of the Project Director. No public use is anticipated.

**11. Questions of a sensitive nature**

There are no questions of a sensitive nature.

**12. Estimates of annualized hour burden**

The burden estimate for this project is as follows:

Form	Number of Respondents	Number of Responses per Respondent	Total Responses	Hours per Response	Total Burden Hours	Cost per Hour	Total Cost
Survey	525	1	525	.75	394	\$67	\$26,398

We have estimated that at each of the 105 HBCUs, the president and deans may nominate two additional individuals for the survey. A maximum of 5 individuals will be surveyed at each institution. The total estimated hour burden for the full study is based on approximately 525 responses x 45 minutes average to complete survey = 394 total hours.

### **13. Estimate of annualized cost burden to respondents**

There are no capital or start up costs for this project, nor are there any maintenance costs for respondents.

### **14. Estimate of annualized cost to the government**

The estimated cost to the federal government for this one-time data collection effort is \$171,024.07. This corresponds to the amount of the contract between HHS/HRSA and McKenzie/AIR, who will collect the data. This total cost includes all staff time for the development of the survey; extraction of information from extant data sources; producing a database; collection and analysis of data; other costs of the survey for which clearance is requested – such as follow-up phone calls to ensure a high response rate; and generation of draft and final reports on the findings of the study. Since this is a one-time data collection effort, the annualized cost is the same as the total cost.

### **15. Change in burden**

This one-time survey is a new project.

### **16. Time schedule, publication, and analysis plan**

Survey administration and data collection will be completed over a 2-3 month period following approval. Data analysis will be conducted for 1-2 months following data collection. The analysis will use descriptive statistics, including frequencies and cross-tabulations to provide a preliminary report of findings to HHS/HRSA for review. This report will include a description of the study design, the methodology employed, and a descriptive summary of information discovered regarding respondent activities.

The survey data analyses will provide descriptive information on (a) the frequency with which a variety of health disparities activities are supported and have been implemented at HBCUs; (b) the sectors within the HBCUs from which such activities are likely to originate; and, (c) health disparity issues most often addressed by these activities. In addition, we will make statistical comparisons across the three types of respondents. These comparisons will allow HHS to note the extent to which there is agreement among HBCU Presidents, Deans of Faculty, and Deans of Students about the role HBCUs should play in the elimination of health disparities and their perceptions of the degree of support that exists for campus-based and community activities focusing on health disparities research.

The survey is designed to also collect open-ended responses regarding characteristics of implemented activities, Presidents' and Deans' support of these activities, the reasons for the development of activities, and the factors facilitating and hindering the development of activities. These qualitative responses will need to be coded so that the frequency of similar responses may be tabulated. Descriptive information about programs will also be extracted from the database and edited for inclusion in the final report to allow HHS to gather a fuller picture of the types of activities currently implemented.

Prior to conducting data analyses, the contractor will provide the Project Officer with a Data Analyses Plan consisting of a three-column table. The first column will identify the research question to be answered. The second column will identify the relevant survey items that will be used to answer the question. The third column will specify the specific data analyses technique (i.e., frequencies, chi-square analyses, etc.) that will be used to address the question.

Information entered into the on-line survey database can be transferred into EXCEL spreadsheets so that data could be analyzed using SPSS or other data analyses systems. When the response rate of 85% has been achieved, with the approval of the Project Officer, the contractor will extract all data and begin data analyses. To enable HHS to help shape the outline for the Final Report, the contractor will share the preliminary findings from the survey data. Data to be shared with HHS will include the descriptive statistics based on quantitative data collected from survey and the categories of responses provided to open-ended questions.

Regarding the issue of perception of performance, organizational perception of performance is one that HRSA recognizes as an issue in data collection activities that involve any quantitative questions. We inform respondents in the invitation letter that we would like to get the best information possible, with the recognition that there will be some subjectivity in the responses. The respondents that have been selected for this project are those that are in a position to have much more knowledge about institutional activities than students or general faculty. Evaluating responses from faculty and students would certainly be an approach for a future activity; however, at this time, the current contract is due to expire shortly and no further extension will be permitted. The program is under severe limitations regarding methodological changes due to stringent time constraints with the contract terminating in the Spring of 2007.

We assume that the directives issued by the Presidents are in turn absorbed by the Deans of Faculty and Deans of Students who are typically the university officials responsible for conveying to faculty and students messages about (a) what academic pursuits are valued and rewarded; (b) expectations for the personal conduct of students; and (c) expectations about community service. Both Deans of Faculty and of Students are also seen as providers of support for activities focused on the elimination of health disparities through their oversight of administrative offices, such as the Office of Sponsored Research, Student Life, and the Student Health Centers, as well as university committees focusing on "town-gown" relations. It is often through such administrative offices that funds are appropriated to support potential health disparities-focused activities and where personnel are organized to develop programs and mechanisms of support for faculty and student activities. Whereas individual faculty members and students may provide information about individual health disparity reduction efforts, the presidents and deans are likely to have more information about the variety of activities underway on their campus that are supported by their offices.

When reporting findings, we will clearly state that any level of support indicated by respondents is the perception and opinion of the respondent, and no further interpretation regarding an institutional position from the university should be given to the response.



### **17. Exemption for Display of Expiration Date**

No exemptions are requested. The expiration date for OMB approval will be displayed on all relevant documents.

### **18. Certifications**

This information collection fully complies with the guidelines set forth in 5 CFR 1320.9. The certifications are included in the package.

