Assessments of the Quality and Utility of National Public Health Improvement Initiative to Support States, Tribes, Locals and Territories

OSTLTS Generic Information Collection Request
OMB No. 0920-0879

Supporting Statement – Section A

Submitted: March 4, 2013

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Section A – Justification

1. Circumstances Making the Collection of Information Necessary

Background

This data collection is being conducted using the Generic Information Collection mechanism of the OSTLTS Survey Center (OSC) – OMB No. 0920-0879. The respondent universe for this data collection aligns with that of the OSC. Data will be collected from *Performance Improvement Managers* acting in their official capacities at State, Tribal, Local, or Territorial (STLT) health agencies. This data collection is authorized by Section 301 of the Public Health Service Act (42 U.S.C. 241).

The Centers for Disease Control and Prevention's (CDC) National Public Health Improvement Initiative (NPHII) is a five-year Cooperative Agreement funded through the Prevention and Public Health Fund of the Affordable Care Act. NPHII is designed to strengthen the nation's health by optimizing agency resource utilization and improving program performance and quality of program services. For the first year of NPHII (FY2010), CDC's Office for State, Tribal, Local and Territorial Support (OSTLTS) awarded $42.5 million to seventy-six STLT health agencies. All 76 STLT awardees received funds to hire a Performance Improvement Manager and initiate performance management activities. Of the 76 STLT awardees, nineteen received larger awards to focus on one or more of four key areas: health promotion and disease prevention, public health policy and public health law, health IT and communications infrastructure, and workforce and systems development **(Attachment A – Original NPHII Funding Opportunity Announcement)**. In FY2011, OSTLTS awarded $33.5M dollars to seventy-four of these original 76 STLT agencies for the second year of NPHII, including 48 state health departments and the District of Columbia, 9 local health departments, 8 territory and Pacific Island health departments, and 8 American Indian/Alaska Native Tribes/Organizations. South Dakota and Virgin Islands did not reapply for funding for the second year of NPHII. In September 2012 (FY2012), an additional $33.5 million dollars was awarded to seventy-three STLT agencies to continue work in these same areas. South East Alaska Regional Health Consortium did not apply for FY 2012 NPHII funding, and will not be included in the respondent population for the Year 3 data collection **(Attachment B –Listing of FY 2012 NPHII Awardees)**. For the second and third years, NPHII focused more specifically on promoting performance management, quality improvement, and accreditation readiness activities to advance the goal of improving the efficiency and effectiveness of services and programs in STLT awardee organizations.

To assess progress made towards intended outcomes of NPHII, CDC funded the National Network of Public Health Institutes (NNPHI) through a Cooperative Agreement to collaborate with CDC to implement an assessment of NPHII. As the concentration of the NPHII program was clarified in Years 2 and 3 per the description above, the assessment questions and approaches were also refined to reflect the more specific focus and requirements of the NPHII program. NNPHI worked with their expert consultants and CDC to revise the NPHII logic model **(Attachment C – Logic Model for NPHII)** and assessment questions **(Attachment D – NPHII Assessment Strategy)** to examine the NPHII investment and its initial impact on:

- Efficiency and effectiveness of processes, services, and/or programs
- Organizational foundation, including the development of the capacity to systematically conduct performance management and quality improvement activities and the development of a culture or environment that supports this type of work

- Accreditation readiness, including completion of key pre-requisites and addressing gaps associated with national public health standards developed by the Public Health Accreditation Board (PHAB)
- Progress towards achieving NPHII Cooperative Agreement goals as outlined in STLTs' work plans

In addition, CDC and other partner organizations provide technical and capacity building assistance to NPHII awardees. The American Public Health Association primarily provides technical assistance to states related to legal initiatives, and CDC, the Association of State and Territorial Health Officials, the National Association of County and City Health Officials, and the Public Health Foundation respond to technical assistance requests as needed. The National Network of Public Health Institutes provides assessment and performance measures support and assistance.

In 2012, NPHII sought and received OMB approval for 'Assessment of Performance Management and Improvement Practices in States, Tribes, Locals and Territories' data collection. The purpose of the NPHII Assessment (Years 2 & 3) was to capture progress made by the 74 and 73 STLTs participating in NPHII program respectively in the areas of accreditation readiness, performance management and quality improvement.

The results of the OMB-approved NPHII Year 2 assessment indicate that awardees vary in terms of their ability to date to make progress towards NPHII intended outcomes. With respect to accreditation readiness, by the end of year 2 less than 50% of all awardees had completed each of the three pre-requisites for accreditation. Of the 73 awardees reporting data at this point, 42.5% (n=31) indicated having a current health assessment, 26.0% (n=19) reported having a current health improvement plan, and 47.9% (n=35) indicated having a current strategic plan. These data all represent progress since the inception of the program two years prior, but also demonstrate areas for continued improvement. With respect to performance management capacity at the end of NPHII year 2, awardees were asked whether or not they had established any or all four components of an organization-wide performance management system (including performance standards, performance measures, routine performance reports, and organization-wide processes for quality improvement). Among the 72 awardees responding to this question, twenty-two percent (n=16) reported having all four components of a performance management system in place at this point, and 74% (n=53) indicated having established at least one of the four components. Specifically, 39.4% (n=28) of awardees had established performance standards, 53.5% (n=38) had established performance measures, 48.6% (n=35) had established routine performance reports, and 43.1% (n=31) indicated having established organization-wide processes for quality improvement. Finally, at the end of year 2, 92% (n=66) of responding awardees reported conducting quality improvement efforts (either organization-wide or within specific programs or services) that were intended to increase efficiencies and/or improve effectiveness of processes, programs, or services.

The requested data collections in this GenIC are conducting more in-depth assessments to help CDC understand how CDC or CDC-funded support of NPHII is supporting awardee progress. The focus groups will help CDC understand how the various programmatic elements of NPHII are or are not supporting awardee achievement of these outcomes. These data will allow CDC to refine guidance and other support (e.g., technical assistance, training, tools) to ensure that all awardees are able to make progress toward key program outcomes. Likewise, the technical assistance surveys will provide detailed feedback on the utility of each encounter, allowing CDC and its partner organizations to ensure that specific awardee needs are met.

The NPHII Focus Groups (hereafter referred to as Focus groups) are intended to complement existing data collection efforts. Specifically, while other assessment and program data describe areas of success and challenges to date, the focus groups will help CDC understand factors behind these successes and challenges; including how and why various programmatic elements of NPHII have or have not supported STLT progress to date.

To this end, the Agency is requesting two data collections to help CDC understand how various elements of the program have, or have not supported awardees' progress towards achieving NPHII goals in the areas of accreditation readiness, performance management, quality improvement, and the establishment of an organizational culture that is conducive to success in these areas. The two data collections are:

1) **Focus groups**- To generate recommendations for how the NPHII program can be improved moving forward, including what aspects of the program should and should not be maintained or changed. The focus group data collection is a one-time activity.

2) **Technical Assistance (TA) satisfaction**- To capture NPHII awardees' satisfaction with the technical assistance provided by CDC and partner organizations in advancing NPHII goals in the areas of accreditation readiness, performance management and quality improvement. The NPHII TA satisfaction data collection will be used for the remainder of the program (April 2013 onwards) to collect information from awardees for which TA requests have recently been closed by TA providers.

Privacy Impact Assessment

Overview of the Data Collection System –

1) **Focus Groups**- The one-time data collection consists of a series of focus groups moderated by NNPHI consultants. The consultants will follow principles laid out in a focus group protocol, and will read introductory text and ask questions from a semi-structured focus group guide (**Attachment E – Focus Group Protocol; Attachment F –Focus Group Guide; Attachment G- Focus Group Anonymity Statement)**. This data collection is designed to capture STLTs' experiences with the NPHII program, and will help the NPHII assessment team generate recommendations for how the NPHII program can be improved. The data will be collected from focus groups comprised of STLT Performance Improvement Managers (PIM). These individuals will be asked how various elements of the program have, or have not helped their progress towards achieving NPHII goals in the areas of accreditation readiness, performance management, and quality improvement. The focus group data collection tool was pilot tested by five CDC NPHII project officers and 3 other CDC public health professionals. Feedback from this group was used to refine the questions as needed, and establish the estimated time required to complete the survey.

2) **TA satisfaction**- The data collection system consists of a web-based questionnaire (**Attachment H– NPHII TA Satisfaction Screen Shots; Attachment I –NPHII TA Satisfaction Word Version**) to be administered to NPHII awardees who are recipients of TA. The primary respondent for the assessment is the STLT's PIM. If the PIM is unable to respond to the data collection tool, the NPHII principal investigator is to respond. As mentioned above, these individuals will report their level of satisfaction with the TA provided by CDC and/or partner organizations. The data collection instrument was pilot tested by six public health professionals. Feedback from this group was used to refine questions as needed, ensure accurate programming and skip patterns and establish the estimated time required to complete the data collection tool. The data collection tool will collect information from all NPHII STLTs who are recipients of TA for the remainder of the program (April 2013 onwards).

Items of Information to be Collected –

1) **Focus groups**- The data collection tool consists of 10 open-ended questions with probes and is organized into five sections.

a. *Introduction* – respondents are asked about how NPHII has helped their organization, and what accomplishments they have achieved to date.

b. *Technical assistance* – respondents are asked for recommendations for improving the two components of NPHII technical assistance (1) support provided by the CDC to help awardees understand NPHII cooperative agreement requirements, and (2) implementation support provided by CDC and CDC-funded capacity-building partners including ASTHO, NACHHO, PHF and APHA.

c. *Role of PIM* – respondents are asked about the impact of their role within their organization, challenges and/or barriers to achieving NPHII outcomes, and what elements of the NPHII program have, or have not, supported their work as PIMs.

d. *Networking with PIMs* – respondents are asked about ways other PIMs have supported their work, and how CDC can better foster peer learning and networking for its NPHII awardees.

e. *Closing* – respondents are asked about the continuation of their work if the NPHII program were to end, and recommendations for improvements to the NPHII program.

2) **TA satisfaction**- The data collection tool consists of 21 questions of various types including dichotomous, multiple response, filter and open-ended questions. The data collection tool is organized into two sections.

a. *Description of technical assistance* – respondents are asked about their organization type, the name of the TA provider, the means of delivering TA, the cooperative agreement objective for which TA was requested and the nature or type of TA received.

b. *Satisfaction with TA* – respondents are asked to assess the timeliness and quality of the TA, the knowledge-base of the TA provider, and their overall level of satisfaction with the TA and the TA request process.

2. Purpose and Use of the Information Collection

The overall purpose of the two data collections are to help CDC understand how various elements of the program have, or have not supported awardees' progress towards achieving NPHII goals in the areas of accreditation readiness, performance management, quality improvement, and the establishment of an organizational culture that is conducive to success in these areas. Specific to each data collection:

1) **Focus Groups**- The purpose of the NPHII focus groups is to capture STLTs experience with the NPHII program, and to understand how various elements of the program have, or have not supported their progress towards achieving NPHII goals in the areas of accreditation readiness, performance management and quality improvement, and the establishment of an organizational environment conducive to achieving these goals. Data will be collected from seven focus groups consisting of homogeneous groups of NPHII PIMs.

2) **TA Satisfaction**- The purpose of the NPHII TA satisfaction data collection tool is to capture NPHII awardees' satisfaction with the technical assistance provided by CDC and partner organizations in advancing NPHII goals in the areas of accreditation readiness, performance management and quality improvement.

The **focus group** data will be used for the following purposes:

- *Technical Assistance* - The findings will help identify facilitators and barriers to achieving program goals, and will inform the development of technical assistance tools and resources.
- *Program recommendations* - Findings from the focus groups will be used to understand which elements of the program have been the most helpful in achievement of NPHII

goals and which may need to be revised. This information will generate recommendations for how NPHII can be improved.

- *Report deliverables* - Findings will be shared with various audiences through the following deliverables:
  - Executive summary – these reports will relay the major findings and recommendations informed by the focus group analysis.
  - Lunch and learn – An hour-long session for OSTLTS staff, to include a presentation on the major focus group findings
  - Summary report – mid-length report that will highlight key findings from the focus groups as well as other findings, and will present programmatic implications and future opportunities

The findings of **TA satisfaction** data collection will be used for the following purposes:

- *Understanding how technical assistance is delivered*- The findings will describe how and what type of technical assistance is offered to recipients.
- *Improvements to technical assistance offerings* – Outcome and satisfaction findings will be used to improve/enhance the technical assistance provided to NPHII awardees, and track whether changes to the TA system lead to improvements in satisfaction levels.
- *Improvements to technical assistance request process* – Respondents feedback will be used to improve the technical assistance request process.
- *Report deliverables* – Findings from the data collection will be used to determine overall and provider-specific satisfaction levels. The specific TA providers will receive the data regarding their TA requests to assist with quality improvement processes.

Privacy Impact Assessment

Data collection and use of findings pose minimal risk to the participating PIMs.

1) Focus Groups- To protect the individual privacy of the respondents, the focus group facilitators will only begin the audio recording of the focus groups after introductions are completed. Once the audio recording has been transcribed (within one week of the focus group), the audio recording will be erased by NNPHI. The written transcript of the audio recording will not include any individual, agency, or jurisdiction identifiers. Notes and transcribed audio recordings will be uploaded to a qualitative data software such as NVivo. Focus group data will be catalogued in NVivo by the STLT category and other relevant selection criteria (funding level and program performance).
2) TA satisfaction- Respondents are participating in their official capacity as Performance Improvement Managers in state, tribal, local and territorial departments of health.

3. Use of Improved Information Technology and Burden Reduction

1) **Focus Groups**- Data will be collected through focus groups lasting no more than two hours allowing respondents to complete questions in a friendly information sharing environment. The focus group method was chosen over a web-based survey because it allows for more in-depth questions about the usefulness of various elements of the NPHII program. Additionally, the focus group environment will allow for more discussion among participants to help identify potential barriers and successes to achieving NPHII goals. The findings from the NPHII focus groups will be used to generate recommendations for NPHII program improvements. The focus group data collection tool was designed to collect the minimum information necessary by a facilitator for the purposes of this project (ie, limited to 10 questions). To reduce travel burden, two focus groups for tribal and territorial NPHII grantees will be conducted during the NPHII grantee meeting, and the remaining focus groups with a sample of local and state grantees will occur in regional settings. Once the information has been collected, it will be analyzed using qualitative data software such as

NVivo. The software will facilitate analysis by organizing, classifying, and sorting data into frequencies. Qualitative thematic analyses will be performed on open-ended questions to compile recommendations for improving the NPHII program and technical assistance.

2) **TA satisfaction**- Data will be collected via a web-based tool allowing respondents to complete and submit their responses electronically. This method was chosen to reduce the overall burden on respondents. The data collection tool was designed to collect the minimum information necessary for the purposes of this project (i.e., limited to 21 questions with appropriate skip patterns).

4. **Efforts to Identify Duplication and Use of Similar Information**

1) **Focus Groups**- This focus group protocol is intended to capture STLTs experience with the NPHII program, and how various elements of the program have, or have not helped their progress towards achieving NPHII goals in the areas of accreditation readiness, performance management and quality improvement, and the establishment of an organizational environment conducive to achieving these goals. There is no information available that can substitute for this data collection as this universe of STLTs has not reported data on these activities for this particular time period through other mechanisms. The focus groups will collect more information about how STLTs are interacting with the various elements of the NPHII program. This qualitative data will add to the more standardized and programmatic information collected in the NPHII assessment and the interim and annual progress reporting respectively.

2) **TA satisfaction**- This data collection tool is intended to assess satisfaction with the TA provided by CDC and/or partner organizations to NPHII awardees. There is no information available that can substitute for this data collection as this universe of STLTs has not reported data on these activities for this particular time period through other mechanisms.

5. Impact on Small Businesses or Other Small Entities

No small businesses will be involved in this data collection.

6. Consequences of Collecting the Information Less Frequently

The purpose of this request is to ensure collection of data that is not otherwise available. The consequences to the program of not collecting this information under this mechanism and within these timeframes are as follows:

- Inability to assess the usefulness of NPHII program elements in a timeframe that is conducive to program review and improvement
- Inability to assess STLT progress on key program outcomes and obtain timely data to inform the provision of assistance to STLTs moving forward
- Inability to inform key assessment questions and adequately assess the initial impact of NPHII
- Inability to provide outcome data to improve the type of TA provided
- Inability to use data to improve the technical assistance request process

There are no legal obstacles to reduce the burden.

7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

There are no special circumstances with this information collection package. This request fully complies with the regulation 5 CFR 1320.5 and will be voluntary.

8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

This data collection is being conducted using the Generic Information Collection mechanism of the OSTLTS Survey Center (OSC) – OMB No. 0920-0879. A 60-day Federal Register Notice was published in the Federal Register on October 22, 2010, Vol. 75, No. 204; pp. 65353-54. Two comments were received from the Association of State and Territorial Health Officials (ASTHO), and the National Association of County and City Health Officials (NACCHO).

CDC partners with professional STLT organizations, such as the Association of State and Territorial Health Officials (ASTHO), the National Association of County and City Health Officials (NACCHO), and the National Association of Local Boards of Health (NALBOH) along with the National Center for Health Statistics (NCHS) to ensure that the collection requests under individual ICs are not in conflict with collections they have or will have in the field within the same timeframe.

9. Explanation of Any Payment or Gift to Respondents

CDC will not provide payments or gifts to respondents.

10. **Assurance of Confidentiality Provided to Respondents**

The Privacy Act does not apply to this data collection. Employees of state and local public health agencies will be speaking from their official roles and will not be asked, nor will they provide individually identifiable information.

This data collection is not research involving human subjects.

11. Justification for Sensitive Questions

No information will be collected that are of personal or sensitive nature.

12. Estimates of Annualized Burden Hours and Costs

1) **Focus Groups**- The estimate for burden hours is based on a pilot test of the focus group script by eight public health professionals. In the pilot test for the focus group, the average time to complete the focus group data collection including time for reviewing instructions, gathering needed information and completing the focus group, was approximately 120 minutes. The introduction and introductory question took 25 minutes to complete, questions about technical assistance took 30 minutes, questions about the PIMs role took 40 minutes, and closing took 25 minutes. For the purposes of estimating burden hours, the upper limit of this range (ie 120 minutes) is used.
2) **TA satisfaction**- The estimate for burden hours is based on a pilot test of the data collection tool by six public health professionals. In the pilot test, the average time to complete the data collection tool including time for reviewing instructions, gathering needed information and completing the data collection tool, was approximately 12 minutes. Based on these results, the estimated time range for actual respondents to complete the data collection tool is 10-15 minutes. For the purposes of estimating burden hours, the upper limit of this range (i.e., 15 minutes) is used.

The annual total burden hours for this data collection averages 10 requests/month for a total of 30 hours. This estimate is based on the present rate of approximately 2-3 NPHII TA requests that are closed on a monthly basis and the expectation that this number will increase

over the coming year to approximately 10 requests/month through March 31, 2014. The rate of TA requests is expected to increase due to an expansion of TA provision by CDC TA providers. This will result in a corresponding increase in TA closures to 10/month.

Estimates for the average hourly wage for respondents are based on the Department of Labor (DOL) National Compensation Survey estimate for management occupations – medical and health services managers in state government (http://www.bls.gov/ncs/ocs/sp/nctb1349.pdf). Based on DOL data, an average hourly wage of $47.49 is estimated for all 73 respondents. Table A-12 shows estimated burden and cost information.

Table A-12: Estimated Annualized Burden Hours and Costs to Respondents – NPHII focus groups and TA assessments

Type of Respondent	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Focus Group STLT PIM's	56	1	2	112	$47.49	$5318.88
TA Satisfaction STLT PIM's*	120	1	15/60	30	$47.49	$1424.70
TOTALS	**176**	**1**	**2.25**	**142**	**$47.49**	**$6743.58**

* Through March 31, 2014

13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers

There will be no direct costs to the respondents other than their time to participate in each survey.

14. Annualized Cost to the Government

There are no equipment or overhead costs. Contractors are being used to support this data collection. The cost to the federal government would be the salary of CDC staff supporting the data collection activities and associated tasks.

The focus group data collection tool will be prepared by OSTLTS CDC staff and NNPHI consultants. Focus groups will be facilitated and analyzed primarily by NNPHI staff.

Table A-14: Estimated Annualized Cost to the Federal Government

Staff (FTE)	Average Hours per Collection	Average Hourly Rate	Average Cost

Focus Group- Health Scientist (GS-14) Assisting with instrument development, OMB package preparation, data quality assurance, data analysis and report preparation	250	$54.87	$13,717.50
Focus Group- ORISE fellow Assisting with instrument development, OMB package preparation, data quality assurance, data analysis and report preparation	150	$23.55	$3,532.50
Focus Group- Cooperative Agreement Partner NNPHI Instrument development, pilot testing, OMB package preparation, data collection, data coding and entry, quality control, data analysis, and report preparation	585	$75.00	$43,875
TA Satisfaction- Health Scientist (GS-14)- Assisting with instrument development, OMB package preparation, data quality assurance, data analysis and report preparation	100	$54.87	$5,487.00
TA Satisfaction- ORISE fellow Assisting with instrument development, OMB package preparation, data quality assurance, data analysis and report preparation	100	$23.55	$2,355.00
Estimated Total Cost of Information Collection for Focus group			**$68,967**

15. Explanation for Program Changes or Adjustments

This is a new data collection.

16. Plans for Tabulation and Publication and Project Time Schedule

1) **Focus Groups**- Results of this data collection may contribute to publications based on the broader NPHII assessment. The results will be used internally to set priorities for NPHII and externally to communicate results with STLT partners through the following deliverables:
   - Executive summary – these reports will relay the major findings and recommendations informed by the focus group analysis.
   - Lunch and learn – An hour-long session for OSTLTS staff, to include a presentation on the major focus group findings
   - Summary report – mid-length report that will highlight key findings from the focus groups and other data, as well as programmatic implications and future opportunities and STLT environment for performance management and QI). These reports are intended to inform stakeholders of the progress made by NPHII STLTs.

The data collected will be analyzed using qualitative data software such as NVivo. Qualitative thematic analyses will be performed on open-ended questions to compile recommendations for NPHII program improvement.

Project Time Schedule

NPHII Focus Groups (December 2012 – September 2013)

Develop focus group protocol and guide……..…..COMPLETE

Develop sampling strategy…….……..…..COMPLETE

Pilot test focus group guide…..……..…..…….COMPLETE
Prepare OMB package……..…….COMPLETE
Submit OMB package…….……...……COMPLETE
OMB approval……..……...Tentative
Conduct data collection …….Tentative 4/23/13 – 5/30/13
Collect, code, enter, quality control, and analyze data……..Tentative – 8/1/13
Prepare report……...…….Tentative – 9/1/13
Disseminate results/reports……..……...Tentative – 10/1/13

2) **TA satisfaction**- The results will be used internally to set priorities to develop improvement plans for the TA request process

Both quantitative and qualitative analyses will be performed. Quantitative analyses will involve using descriptive statistics to determine frequency distributions and corresponding variances for responses to each survey question. Qualitative thematic analyses will be conducted on open-ended questions.

Project Time Schedule
TA Satisfaction (04/01/2013 – 03/31/2014)
Design survey tool…….COMPLETE
Develop protocol, instructions, and analysis plan…….COMPLETE
Pilot test survey questionnaire……..……..COMPLETE
Prepare OMB package…….……..COMPLETE
Submit OMB package……COMPLETE
OMB approval……..……...Tentative
Conduct data collection …….ongoing 10/month through 3/31/2014
Collect, code, enter, quality control, and analyze data…...…ongoing 10/month through 3/31/2014
Prepare report……..…...ongoing 10/month through 3/31/2014
Disseminate results/reports…….....ongoing 10/month through 3/31/2014

17. Reason(s) Display of OMB Expiration Date is Inappropriate
We are requesting no exemption.

18. Exceptions to Certification for Paperwork Reduction Act Submissions
There are no exceptions to the certification. These activities comply with the requirements in 5 CFR 1320.9.

LIST OF ATTACHMENTS – Section A

Note: Attachments are included as separate files as instructed.

A. Original NPHII Funding Opportunity Announcement
B. Listing of FY 2012 NPHII Awardees
C. Logic Model for NPHII
D. NPHII Assessment Questions
E. NPHII Focus Group Protocol
F. NPHII Focus Group Guide
G. NPHII Focus Group Anonymity Statement
H. NPHII TA Satisfaction Screen Shots
I. NPHII TA Satisfaction Word Version