

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0990-0391)

TITLE OF INFORMATION COLLECTION: Local and State health Department Involvement with Health Care Coalitions (HCCs).

PURPOSE: ASPR’s Hospital Preparedness Program (under the Office of Preparedness and Emergency Operations) is seeking to better understand, in light of the Healthcare Preparedness Capabilities, how effectively HCCs are working with both their State and Local Health Departments. To that effect we have engaged the Association of State and Territorial Health Officials (ASTHO) and the National Association of City Community Health Officials (NACCHO) to assist us in this endeavor.

Through a series of Guided Discussion and Focus Group (with members volunteering to be a participant) with a subset of each organization’s membership (3 or 4 Focus Group Sessions) ASTHO and NACCHO hope to assess what types of activities the HCCs participate in, what their level of involvement is with their LHD or SHD, and what factors has caused a particular HCC to become more effective. Because there is a heightened emphasis on increased local preparedness and HCC involvements in disaster and emergency response, helping to understand the how best to engage the HPP Awardees in this area is of vital importance.

There are 4 topic areas HPP is seeking to understand in more clarity in order to better assist HCCs:

What are the Successes or Challenges Your SHD or LHD Faces With HCCs.

How Do Healthcare Coalitions Fit Into (a) Response?

What is the ROI for HCCs?

Have the HPP Capabilities Been a Part of Your Response Planning?

NOTE: Many of the parties that most likely would participate are also involved with the two organizations that would be assisting ASPR’s HPP, and this information can be very quickly provided through a series of short duration (60 - 90 minute) calls.

DESCRIPTION OF RESPONDENTS:

State Hospital Preparedness Program Coordinators (approx. 20 total, with 2 Discussion Groups of 10 each).

Local or Community Health Department Officials (within the approximately 2 dozen identified states/ area specified by the Hospital Preparedness Program). There will be 4 – 5 Focus Groups (by area), with an expected 10 or so participants on each call.

TYPE OF COLLECTION: (Check one)

- Customer Comment Card/Complaint Form
- Usability Testing (e.g., Website or Software
- Focus Group

- Customer Satisfaction Survey
- Small Discussion Group
- Other: Guided Discussions

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:George Tobin, Jr. Hospital Preparedness Program, ASPR (4/18/2013)

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

Personally Identifiable Information:

1. Is personally identifiable information (PII) collected? [] Yes [X] No
2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974? [] Yes [] No
3. If Yes, has an up-to-date System of Records Notice (SORN) 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

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden
State Hospital Preparedness Coordinators (ASTHO)	24	90	36
Local Health Department Coordinators (NACCHO)	40	90	60
Totals			96

FEDERAL COST: There is no annual cost to the Federal government on an on-going basis. ASTHO and NACCHO have contracts with ASPR to assist us in various areas. The current contract ends in September, 2013. This is one aspect of the work we hope to have them do as a part of the contracts. The total costs as a part of the contracts, should be under \$10,000, mainly it is the ASTHO and NACCHO staff time to collate the Focus Group discussions and to review with HPP staff.

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?

ASPR’s Hospital Preparedness Program identified a list of states/region where the HCCs were either not well developed /defined or were very well run. NACCHO will primarily focus on gathering small focus groups from the LHD Preparedness Coordinators in these states:

Region	State/ Advanced or Evolved HCCs	State/Less Mature or Developed HCCs
Region 1	CT	VT
Region 2	NJ	PR/NY
Region 3	VA	WV/MD
Region 4	KY	MS/AL
Region 5	MI	IL/IN
Region 6	TX/OK	NM/AR
Region 7	MO	KS/NE
Region 8	UT	WY/MT
Region 9	AZ	NV
Region 10	WA	AK

ASTHO proposed to have 2 or possibly 3 Focus Groups/Guided Discussions with SHD HPP Coordinators from these states, if they are available, since they represent a variety of states structures, level of preparedness, etc. There would most likely be one group email sent out asking each voluntary respondent to provide some basic information, such as how long they have been in their position, which state they represent, various HPP support questions, etc.

Alabama Alaska, Arkansas, Arizona, Connecticut, Illinois, Indiana, Kansas, Kentucky, Maryland (I have), Michigan (I have), Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, Oklahoma, Puerto Rico, Texas, Utah, Vermont, Virginia, West Virginia, Washington (state), Wyoming.

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 (series of 2 or 3 Guided Discussion/Focus Groups)
2. Will interviewers or facilitators be used? Yes No

See Guided Discussion Question