

Health Resources and Services Administration
SUPPORTING STATEMENT
HRSA Maternal and Child Health Bureau (MCHB) Infant Mortality Collaborative
Improvement and Innovation Network (CoIIN) Participant Satisfaction Survey

A. Justification

1. Circumstances of Information Collection

The Health Resources and Services Administration (HRSA) currently has approval under the generic clearance, Office of Management and Budget (OMB) Control No. 0915-0212, to conduct customer satisfaction surveys and focus groups. This collection of information helps fulfill the requirements of:

Executive Order 12862, "Setting Customer Service Standards," which directs Agencies to continually reform their management practices and operations to provide service to the public that matches or exceeds the best service available in the private sector.

This is a request for OMB approval of a voluntary participant satisfaction survey under HRSA's generic clearance. Through a contract with Abt Associates, HRSA's MCHB will receive feedback from the Infant Mortality CoIIN¹ participants in 13 HRSA Regions IV and VI states.

Executive Order 12862 directs agencies that "provide significant services directly to the public" to "survey customers to determine the kind and quality of services they want and their level of satisfaction with existing services." The objective of the CoIIN participant satisfaction survey is to get feedback on the participants' experience with the CoIIN, including recommendations about how it might be changed or improved. The respondents are part of the initial group to implement the Infant Mortality CoIIN. The feedback will be used to inform future CoIIN or CoIIN-related activities, including work to be done by states in the national CoIIN roll-out and other infant mortality work taking place at the local, state, and national level.

2. Purpose and Use of the Information

The US infant mortality rate (IMR) is among the highest of the 34 Organization for Economic Co-operation and Development (OECD) nations. In 2008, the US IMR was 6.6 per 1,000 live births, compared to the average of 4.6 per 1,000 among OECD nations. While the US has achieved important reductions in the IMR during the latter half of the 20th century (26.0 per 1,000 in 1960 to 6.6 in 2000), in the last 10 years, the rate of decline has slowed. Further, even as the overall IMR has dropped, infant mortality remains one of the largest racial/ethnic and geographic disparities in the US. Moreover, the top quartile of infant mortality rates in the US is

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found almost entirely in Regions IV and VI. In Region IV, the overall IMR in 2005-2007 was 30% higher than the rate in all other regions; in the Region VI states, the overall IMR was slightly higher than the IMR in all other regions, but several individual states within the region had rates substantially higher than the rate in all other regions.

Through the Infant Mortality CoIIN, participants test new and innovative approaches (e.g., peer-to-peer learning, rapid cycle testing, process measurement to reduce IMRs). The CoIIN approach is being used across many areas (e.g., home visiting) so it is important to get feedback from the early users that can be used to inform the broader use of this approach across multiple types of activities.

We will be asking all of the Region IV and VI participants who indicated medium or high levels of CoIIN involvement to answer satisfaction questions, and we will let them know that responding is completely voluntary. No individual respondents will be identified in summary reports of the responses that we produce. The questions will include satisfaction with the meetings' content and organization, as well as uses of, and satisfaction with, the collaborative web space, data dashboard and technical assistance provided. We will also ask questions about barriers to involvement, as well as suggestions for improvement. A copy of the survey instrument is attached.

3. Use of Improved Information Technology

The survey will be administered through FluidSurvey, an electronic survey developed and used by Abt Associates.

4. Efforts to Avoid Duplication

The survey is designed to collect information about the CoIIN experience overall, as well as about its five Strategy Teams (Early Elective Delivery, Inter-conception Care, Perinatal Regionalization, Safe Sleep and Smoking Cessation). The proposed survey is unique to this activity and the information is not found elsewhere.

5. Involvement of Small Entities

The survey will not have a significant impact on small businesses or other small entities.

6. Consequences if Information Collected Less Frequently

The survey will be administered once to assess satisfaction with the Infant Mortality CoIIN in Regions IV and VI.

7. Consistency With the Guidelines in 5 CFR 1320.5(d)(2)

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The survey will be implemented in a manner fully consistent with 5 CFR 1320.5(d)(2).

8. Consultation Outside the Agency

In accordance with 5 CFR 1320.8(d), on June 5, 2012, a 30 day notice was published in the Federal Register for HRSA's generic clearance, OMB Control No. 0915-0212 (Vol. 77, Page 33224).

9. Remuneration of Respondents

Not Applicable.

10. Assurance of Confidentiality

This collection of information will fully comply with all aspects of the Privacy Act. Participation is fully voluntary and the reported responses will be anonymous. Respondents will be assured that neither their participation/non-participation nor any responses to items will have any effect on their participation in HRSA programs.

11. Questions of a Sensitive Nature

The survey does not contain questions of a sensitive nature.

12. Estimates of Annualized Hour Burden

Respondents

Respondents will include CoIIN participants from the 13 states in Regions IV and VI who indicate a medium or high level of involvement in at least one CoIIN Strategy Team over the past two years. The respondents will be asked to answer overall CoIIN questions. Additionally, respondents will be asked Strategy Team-specific questions only for the specific teams on which they participated at a medium or high level of participation.

Annual burden estimates

The total respondent burden for the satisfaction surveys is estimated to be 32.5 hours. We expect a total of 65 respondents to participate in the survey; this includes an average of 5 participants from each of the 13 states. We derived the burden estimate by having CoIIN Strategy Team liaisons to each of the five Strategy Teams complete Part I and two sections of Part II, and averaging the time that it took each. We are estimating, using Bureau of Labor and Statistics data (<http://www.bls.gov/oes/current/oes119111.htm>) that the wage rate for Health Services

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Managers is \$48.72. The liaisons included: Sarah Ball, Jessica Levin, and Meghan Woo of Abt Associates, Inc. (www.abtassociates.com, 617-492-7100). Each participant will complete the questions in Part I; we expect participants to complete two of the strategy team sections in Part II.

Survey	Number of Respondents	Responses per Respondent	Total Responses	Hours per Respondent	Total Burden Hours	Wage Rate	Total Hour Cost
Participant Satisfaction Survey	65	1	65	0.5	32.5	\$48.72 hour	\$1,583.40

Planned frequency of information collection

This is a one-time project.

13. Estimates of Annualized Cost Burden to Respondents

The only associated cost to respondents is their time to provide the requested information.

14. Estimates of Annualized Cost to the Government

The participant survey will be carried out by Abt Associates through its CoIIN contract. HRSA/MCHB’s Contracting Office Representative is James Resnick (GS-15, Step 05, with an hourly rate of \$67.88). Mr. Resnick’s time on this activity is estimated at four hours. Therefore, the estimated cost to the government, combining Abt Associates plus Mr. Resnick’s time, is \$16,702.

15. Change in Burden

Not Applicable. This is a new activity under HRSA’s generic clearance and will be included in the total burden currently approved by OMB under OMB Control No. 0915-0212.

16. Plans for Analysis and Timetable of Key Activities

The survey will be conducted over a two-month period. The results will be compiled into a summary report of the overall, state and Strategy Team results. The findings will only be used for internal CoIIN improvement and will not be generalized to the public. There are no plans for publication of any survey results.

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17. Exemption for Display of Expiration Date

No exemption is being requested. The expiration date will be displayed.

18. Certifications

This information collection activity will comply with the requirements in 5 CFR 1320.9.

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