

# **Understanding Changes to Local Health Department Clinical Service Provision**

ASPE Generic Information Collection Request  
OMB No. 0990-0421

## **Supporting Statement – Section B**

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## **Section B – Data Collection Procedures**

### **1. Respondent Universe and Sampling Methods**

This is an exploratory study in which we are trying to learn about effective mechanisms for monitoring changes to local health department (LHD) clinical service delivery. The data we collect will be used to potentially inform the design of questions in order monitor changes over time.

This project proposes to use a positive deviance approach to identify and learn from those LHDs who have been able to continue providing clinical services in a changing environment. We aim to examine where supply of clinical services delivered by LHDs are meeting potential demand for these services. Our sample will be derived from the universe of county-level local health departments. This will include all local health departments in the country that serve a single county (excluding multi-county jurisdictions). We will use quantitative analysis to identify positive deviants, defined as local health department jurisdictions that provide clinical services to the community, particularly in communities where there are few other clinical providers. We do not know how many positive deviants (PDs) will be identified; however, it is likely that there will be more PDs than we are able to interview. As such, we will identify the interview participants by stratifying PDs by contextual factors as outlined above in order to get as varied a sample of interviewees as possible. We anticipate a sample of 30-40 LHDs to be targeted for interviews.

### **2. Procedures for the Collection of Information**

We have developed a telephone interview protocol (not more than 1 hour in length) that focuses on the following topics: types of services provided, changes in service provisions over the past 5 years, LHD funding sources, changes in funding over the past 5 years, interactions with payers (Medicaid, private payers, etc.), and challenges to service provisions and reimbursement, among other topics.

### **3. Methods to Maximize Response Rates Deal with Nonresponse**

We will recruit participants via email and follow up phone calls to non-respondents. Additionally, because we will have more positive deviants than we are able to interview, we will reach out to additional LHDs if the first contacts are non responsive.

### **4. Test of Procedures or Methods to be Undertaken**

We will pilot the interview protocol before interviewing LHD staff; however, the study is exploratory. Feedback from the key informants identified through the positive deviance approach will help ASPE and HHS determine if there are questions we can ask to monitor changes in local health department clinical service delivery.

### **5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data**

Dr. Nathan Hale and Dr. Tamar Klaiman are experts in analyzing data related to local health departments and the use of positive deviance methodology and qualitative methods. They have also consulted with federal staff who have expertise in this area.