Division of Community Health (DCH) Awardee Training Needs Assessment

Information Collection Request

New

Supporting Statement – Section A

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- **Goal of the study:** To collect information needed to assess and prioritize the training needs of awardees funded under two new cooperative agreement programs: PICH and REACH.

- **Intended use of the resulting information:** Findings will enable the Division of Community Health (DCH) to develop appropriate training activities that best support awardees' community efforts to fulfill their funded objectives.

- **Methods to be used to collect data:** The DCH Training Needs Assessment is a cross-sectional web-based survey to be conducted at two points in time: once near the beginning of the project period (approximately third quarter of 2015) and again in the second year of the project period (last quarter of 2016). The first administration of the survey will provide an initial assessment of awardee needs at program start-up, their preferences with respect to training modalities, and facilitators and barriers to training access. The second administration of the needs assessment will identify any new or modified training needs that arise as awardees progress in their cooperative agreement activities.

- **Respondents:** Respondents will be awardee staff and coalition members associated with 88 cooperative agreement recipients (49 REACH and 39 PICH). Information will be requested from individuals in four positions (roles) associated with each award: the principal investigator or program manager, the lead evaluation staff member, the lead media/communications staff member, and a coalition member.

- **How data will be analyzed:** Quantitative analyses will involve using descriptive statistics to determine frequency distributions and corresponding variances for responses to each assessment question. Qualitative thematic analyses will be conducted on open-ended questions. Analysis will focus on awardee needs and preferences by role.

Part A. Justification

A1. Circumstances Making the Collection of Information Necessary

Background

The Centers for Disease Control and Prevention (CDC), Division of Community Health (DCH) requests approval for a new information collection designed to assess the training needs of awardees funded under two new cooperative agreement programs: Partnerships to Improve Community Health (PICH) and Racial and Ethnic Approaches to Community Health (REACH). Findings will be used by DCH to develop training and educational resources and tools for use by PICH and REACH awardees and may be shared through presentations at awardee meetings, and distributed to technical assistance providers for PICH and REACH awardees. CDC's authorization to conduct this assessment is provided by Section 301 of the Public Health Service Act (42 U.S.C. 241) (Attachment A1).

The DCH believes every person should have the opportunity to attain his or her full health potential, and is committed to addressing health equity by improving opportunities for health, particularly in communities with the greatest disease burden. Through its cooperative agreement programs, DCH has supported sustainable community health initiatives designed to 1) align with the National Prevention Strategy and Healthy People 2020 focus areas, and 2) bring health benefits to the greatest number of people in need. In 2014, DCH announced two new cooperative agreement programs (PICH and REACH) authorized by the Public Health Service Act. The REACH cooperative agreement is financed in part by the Prevention and Public Health Fund of the Affordable Care Act (Attachment A2). The new programs are designed to address chronic diseases and risk factors for chronic diseases, including physical inactivity, poor diet, obesity, and tobacco use. These risk factors contribute to chronic conditions such as heart disease, cancer, diabetes, and obesity, which are the leading causes of death and disability in the United States—accounting for 7 of every 10 deaths (CDC, 2009). The PICH and REACH programs will provide support for implementation of broad, evidence- and practice-based policy and environmental improvements in large and small cities, urban and rural areas, tribes, multi-sector community coalitions, and racial and ethnic communities experiencing chronic disease disparities. In September 2014, 39 PICH and 49 REACH awardees received funding totaling $84.2 million. Attachment B provides a list of PICH and REACH awardees, by type of affected public (state/local/tribal government sector or private sector).

PICH is the newest generation in CDC's long history of community health initiatives that aim to improve health and reduce the burden of chronic diseases. The program uses evidence- and practice-based strategies to create or strengthen healthy environments that make it easier for people to make healthy choices and take charge of their health. Governmental agencies and nongovernmental organizations will collaborate with multi-sector community coalitions of businesses, schools, nonprofit organizations, and other community organizations. Awardees will use public health strategies to reduce tobacco use and exposure, improve nutrition, increase physical activity, and improve access to chronic disease prevention, risk reduction, and management opportunities. Projects will serve three types of geographic areas: large cities and urban counties, small cities and counties, and American Indian tribes.

REACH, a CDC program that began in 1999, focuses on racial and ethnic communities experiencing health disparities. Awardees include local governmental agencies, community-based nongovernmental organizations, tribes and tribal organizations, Urban Indian Health Programs, and tribal and intertribal consortia. These awardees will also use public health strategies to reduce tobacco use and exposure, improve nutrition, increase physical activity, and improve access to chronic disease prevention, risk reduction, and management opportunities. Seventeen organizations are receiving funds for basic implementation activities, and 32 additional organizations are receiving funds to immediately expand their scope of work to improve health and reduce health disparities.

CDC requests OMB approval for two years to collect information needed to assess the current and anticipated training needs of PICH and REACH awardees. The DCH Training Needs Assessment instrument will be administered twice: once near the end of the first year of the program (approximately third quarter of 2015) and again in the second year of the project period (last quarter of 2016). Results of both administrations of the needs assessment will enable DCH

to identify training needs and develop appropriate training activities that best support awardees' community efforts to fulfill their funded objectives.

Information will be collected using a Web-based platform to facilitate data entry and management. CDC plans to administer the same needs assessment instrument at both points in time, however, changes could be indicated based on initial findings or experience with real-time training. If changes to instrument content are needed prior to the second cycle of information collection, CDC will use the Change Request mechanism to request OMB approval of revised instrument content.

A2. Purpose and Use of the Information Collection

The purpose of the DCH training needs assessment is to help DCH determine and prioritize the training needs of PICH and REACH awardees. The needs assessment includes questions about awardees' preferences with respect to training topics and priorities, delivery format (modality), timing, frequency, preferred technological platforms, and facilitators and barriers to training access. In order to identify needs and preferences from multiple perspectives, information will be collected from 4 respondents (roles) associated with each awardee: the principal investigator (or program manager), the evaluation lead, the media/communications lead, and a coalition member. The six questions guiding the training needs assessment are:

1) What are the training needs of DCH awardees?
2) How do DCH awardees prioritize their training needs (i.e., which needs are most/least important or urgent)?
3) Do DCH awardee training needs and priorities differ by respondent role (e.g., program manager, evaluator, coalition member)?
4) What modalities do DCH awardees prefer for the delivery of training (e.g., tool/resource, Webinar, conference call, one-on-one consultation with an expert, in-person event, online module, and/or peer discussion)?
5) What facilitators have DCH awardees encountered/do they anticipate encountering in accessing DCH training?
6) What barriers have DCH awardees encountered/do they anticipate encountering in accessing DCH training?

Completion of the needs assessment process will provide a rich set of information that can be used for planning purposes to ensure that DCH is responsive to the training needs of awardees and is proactive in developing support. This information collection will help DCH ensure that it provides its awardees with training activities that are learner-directed, task-centered, immediately applicable, connected to experiences, and relevant to the participant. The information will be used by DCH in aggregate.

Findings from the needs assessment will also be shared with other CDC Divisions and Centers participating in the NCCDPHP Workgroup on Translation (WGOT). Many WGOT members serve audiences similar to those who serve as respondents for this survey. The needs assessment results will help inform WGOT strategies and priorities as they reach out to these audiences. We will also share the results at the annual Translation Day meeting. Last year, over 200 from staff from around the Center and CDC attended.

A3. Use of Improved Information Technology and Burden Reduction

The DCH needs assessment will be administered via a web-based questionnaire platform, Askia, allowing respondents to complete and submit their responses electronically. This method was chosen to reduce the overall burden on respondents to access, complete, and submit the assessments. The information collection instrument was designed to collect the minimum information necessary for the purposes of this project (i.e., limited to 16 questions). To meet the needs of all respondents, for those with no known email address or who do not have computer access at work, staff from ICF will administer the needs assessment via telephone. It should be noted, however, that DCH does not anticipate any of its awardees not having access to email or a computer.

A4. Efforts to Identify Duplication and Use of Similar Information

As DCH's REACH and PICH awardees are newly funded as of September 2014, this is the first and only attempt to date to determine and prioritize their training needs. While other assessments of the training needs of CDC awardees may have been conducted in the past, the DCH needs assessment is specific to the needs of REACH and PICH awardees who are striving to meet the outcomes noted in the 2014 Funding Opportunity Announcements (FOAs) and the objectives noted in their Community Action Plans (CAPs). The information requested through the training needs assessment process is not collected through routine monitoring of awardee work plans (see Monitoring and Reporting System for the Division of Community Health's Cooperative Agreement Programs, OMB No. 0920-1053, exp. 3/31/2018).

A5. Impact on Small Businesses or Other Small Entities

Some awardees or coalition members may be based in private, for-profit or not-for-profit businesses or organizations, however, none are expected to be small businesses or organizations. Participation in the needs assessment is voluntary and does not involve a record-keeping requirement. The information collection will not have an impact on small businesses or other small entities.

A6. Consequences of Collecting the Information Less Frequently

This information collection is critical to expanding DCH's understanding of the training needs of REACH and PICH awardees. Data will be collected at two points in time: once at the near the end of the first year of the program (approximately third quarter of 2015) and again in the second year of the project period (last quarter of 2016). The first administration of the needs assessment will serve the purpose of gathering an initial assessment of awardee needs at the end of the first year of the program, after program start-up. The second administration of the needs assessment is intended as a mid-FOA check to meet new or modified training needs that arise as awardees progress in their cooperative agreement activities. Without this information, DCH will have limited capacity to respond to the training needs of awardees and be proactive in developing awardee support. There are no legal obstacles to reducing the burden.

A7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

There are no special circumstances. This request fully complies with the regulation 5 CFR 1320.5.

A8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

Comments in Response to the Federal Register Notice

A Notice was published in the Federal Register on November 7, 2014; Vol. 79, No. 216, pp. 66379-66380 (Attachment C1). One public comment was received and acknowledged (Attachment C2).

Efforts to Consult Outside the Agency

CDC received feedback from three former DCH awardees regarding the questions' utility to their training needs. The feedback was incorporated into the assessment.

A9. Explanation of Any Payment or Gift to Respondents

DCH awardees will not receive any payment or gifts for their participation in this data collection effort.

A10. Assurance of Confidentiality Provided to Respondents

All information collection instruments and recruitment materials have been reviewed by the Institutional Review Board (IRB) for the data collection and management contractor, ICF International. Information collection was determined to be exempt from the need for IRB approval. ICF's IRB determination memorandum is included as Attachment D.

A.10.1 Privacy Impact Assessment Information

The training needs assessment involves a minimum amount of information in identifiable form (IIF). Respondents will be recruited from the organizations that received funding under the PICH and REACH cooperative agreements. DCH Project Officers will provide ICF International with initial Principal Investigator/Program Manager contact information for the PICH and REACH awardees. ICF International will then contact the Principal Investigator/Program Manager from each award to identify additional respondents who serve in the following roles: evaluation lead, communications lead, and coalition member. ICF will compile the IIF (name, role/title, organizational affiliation, and email information) into a password-protected master sample file for purposes of administration of the needs assessment. ICF will not provide the contact information for additional respondents to CDC. Contact information for respondents will be destroyed when information collection is complete and any requests for clarification have been addressed.

IIF will be stored separately from response data. A linking file will be created and available only to senior project management at ICF. This information only will be used to ensure completeness of the data files. A unique ID will be assigned to each respondent to track questionnaire completion. The linking file will include the role of the respondent and their organization (and will not include the individual's name or contact information) and the code assigned to the data file. This will ensure that no personally identifiable information, outside of the individual's role and organization, is re-linkable. Identifiable responses will not be provided to DCH staff. Only aggregated information will be reported. All files containing IIF will be kept separate from files containing response data and will not be linkable. The first and second administrations of the needs assessment will not be linked at the level of the individual respondent. Contact

information for respondents will be destroyed when the sample is complete and any data queries have been addressed.

Overview of the Data Collection System

Information collection and management will be conducted by CDC's contractor, ICF International.

Four rounds of communication will be sent to the needs assessment respondents: an initial email (see Attachment E); a follow-up email sent 2 weeks after the initial email (see Attachment F); a final reminder email sent 1 week after the follow-up email (see Attachment G); and a thank you email sent 1 week after the reminder email (see Attachment H). Each email will include a link to the survey web site.

Needs assessment information will be collected via Askia, an online questionnaire software product (see Attachment I for screen shots of the information collection instrument). A telephone interview option will be available for any respondent who prefers this format (see Attachment J for the alternate Telephone Interview Guide version of the needs assessment instrument). The information collected will be maintained for 12 months after the final administration of the assessment.

Items of Information to be Collected

The information collection instrument consists of 16 questions of various types including dichotomous, multiple response, filter and open-ended questions. Depending on the role of the respondent and the answers to prior questions, the assessment will display the appropriate questions. Attachment K – Needs Assessment Respondent Matrix includes a table displaying which questions will be asked of which respondent roles. The data collection tool is organized into five sections.

1) Background information – respondents are asked about their role, years of experience, type of organization, type of awardee, and their award's target population to contextualize responses to the training questions.
2) Strategic directions and priority interventions – respondents are asked about the areas of greatest training needs related to the short-term outcomes and population-based strategies to be addressed in their cooperative agreements.
3) Foundational skills - respondents are asked about the areas of greatest training needs in regard to critical foundational skills and competencies related to DCH work.
4) Facilitators and barriers to accessing training - respondents are asked to identify facilitators and challenges in accessing DCH training.
5) Preferred modalities for learning knowledge and skills.
6) Additional Needs - respondents are provided an opportunity to identify additional areas where they need training.

How the Information will be Shared and For What Purpose

There are no plans to publish the information outside of CDC. Findings will be analyzed and reported in aggregate, by respondent role, to inform CDC training plans and to set priorities to develop trainings for DCH awardees.

Impact of Proposed Collection on Respondent's Privacy
Participation in this information collection is expected to have no impact on respondents' privacy. Respondents will not be named in reports disseminated to or by CDC. ICF will not provide CDC with IIF collected for respondent recruitment. Contact information for respondents will be destroyed when the sample is complete and any data queries have been addressed.

Nature of Participation and Opportunities to Consent
Participation in the needs assessment is voluntary, but awardees are encouraged to participate to ensure that DCH provides meaningful training opportunities that are responsive to awardees' stated needs and preferences. The voluntary nature of participation is described to respondents on the first screen shot of the web-based training needs assessment instrument (see Attachment I) or in the introductory part of the telephone interview (see page 1, Attachment J).

How Information will be Secured
ICF will utilize its secure servers to protect and maintain information related to the needs assessment. IIF collected for recruitment will be kept in password-protected files on a secure server accessible only through password-protected computers. This IIF will not be linked to files containing response data. Information will be analyzed and reported in aggregate.

Privacy Act Determination
This ICR has been reviewed by CDC/NCCDPHP which determined that the Privacy Act does not apply. The training needs assessment involves a minimum amount of information in identifiable form (IIF) which is maintained temporarily by the contractor to facilitate completion of the needs assessment instrument. Respondents will be recruited from the organizations that received funding under the PICH and REACH cooperative agreements. DCH Project Officers will provide ICF International with initial Principal Investigator/Program Manager contact information for the PICH and REACH awardees. ICF International will then contact the Principal Investigator/Program Manager from each award to identify additional respondents who serve in the following roles: evaluation lead, communications lead, and coalition member. ICF will compile the IIF (name, role/title, organizational affiliation, and email information) into a password-protected master sample file. Importantly, IIF will be stored separately from response data. ICF will not provide the contact information for additional respondents to CDC. Contact information for respondents will be destroyed when information collection is complete and any requests for clarification have been addressed. Response information is not sensitive, and no system of records is being created.

Identification of Website(s) and Website Content Directed at Children Under 13 Years of Age
Although the training needs assessment will be administered as a Web-based questionnaire using the Askia platform, it will not refer respondents to any other Websites. No content is directed at children under 13 years of age. The Web-based needs assessment will not use cookies, and will not require rules of conduct or privacy policy agreements.

A11. Justification for Sensitive Questions

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

A12. Estimates of Annualized Burden Hours and Costs

There are 39 PICH awardees and 49 REACH awardees (total of 88 awardees; 47 private sector entities and 41 state/local/tribal government entities). The training needs assessment instrument will be administered to 4 respondents associated with each awardee (4 X 88 = total of 352 respondents). The same instrument will be used for all information collection, however, embedded skip logic will direct respondents to specific subsets of questions, depending on their role in the cooperative agreement. Based on a limited pre-test of the instrument with 7 former DCH awardees, the average burden per response is expected to vary according to the respondent's role. For the purposes of estimating burden hours, the average number of minutes per role is used (50 minutes per response for the principal investigator or program manager; 30 minutes per response for the evaluation lead; 20 minutes per response for the media/communication lead; and 1 hour per response for the coalition member). The burden statement on the instrument indicates that burden varies from 20 to 60 minutes, with an average burden per response of 42 minutes. The estimate of 42 minutes is an adjusted average of all response times.

A list of PICH and REACH awardees, by type of affected public, is provided in Attachment B. In addition, a more detailed breakdown of respondents, which includes respondent role, awardee affiliation, and type of affected public, is provided in Section B.1. The detailed breakdown was used to construct the burden table. Three roles (principal investigator or program manager, evaluation lead, and media/communications lead) are always classified according to the type of entity that the received the PICH or REACH cooperative agreement. However, all coalition members are assumed to be based in the private sector.

OMB approval is requested for 2 years. The DCH awardee training needs assessment will be administered twice: once during the third quarter of 2015 and once during the last quarter of 2016. Each administration will include approximately 352 participants. The total estimated annualized burden hours are 237. The total estimated annualized cost to respondents is $6,008.

The hourly wage rates were determined by evaluating the backgrounds of current individuals in each role of current DCH awardee organizations and identifying the corresponding mean hourly wage rate published in 2010 by the Bureau of Labor Statistics, U.S. Department of Labor. Where information was not available from BLS, other sources were used (noted below). Table A-12.1 shows estimated burden and cost information.

Table A-12.1. Estimated Annualized Burden Hours and Costs to Respondents

Type of Respondent		Number of Respondents	Number of Responses per Respondent	Average Burden per Response	Total Burden Hours	Hourly Wage Rate ($)	Total Cost ($)
Private Sector Respondents Associated with PICH or REACH Awards	Principal Investigator	24	1	50/60	20	$34.25	$685
	Program Manager	23	1	50/60	19	$24.91	$473
	Evaluation Lead	47	1	30/60	24	$27.88	$669
	Media/ Communication	47	1	20/60	16	$22.03	$352

Type of Respondent		Number of Respondents	Number of Responses per Respondent	Average Burden per Response	Total Burden Hours	Hourly Wage Rate ($)	Total Cost ($)
State/ Local/ Tribal Government Sector Respondents Associated with PICH or REACH Awards	Lead						
	Coalition Member	88	1	1	88	$21.55	$1,896
	Principal Investigator	21	1	50/60	18	$34.25	$617
	Program Manager	20	1	50/60	17	$24.91	$423
	Evaluation Lead	41	1	30/60	21	$27.88	$585
	Media/ Communication Lead	41	1	20/60	14	$22.03	$308
Totals		**352**			**237**		**$6,008**

Hourly wage rate estimates were retrieved from the Bureau of Labor Statistics, *National Compensation Survey 2010*, posted at http://www.bls.gov/ncs/. The BLS classification of "Epidemiologist" was used for the role of principal investigator. The BLS classification of "Health educator" was used for the role of program manager. The BLS classification of "Evaluation specialist" was used for the role of evaluation lead. The BLS classification of "Miscellaneous media and communications workers" was used for the role of media/communication lead. The BLS classification of "Community and social services occupations" was used for the role of coalition member.

A13. Estimates of Other Total Annual Cost Burden to Respondents and Record Keepers

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

A14. Annualized Cost to the Federal Government

Costs to the federal government include the costs of CDC personnel associated with the project and the cost of a contract for information collection and management.

The needs assessment will be supervised by two CDC DCH federal employees, a task lead (public health educator) and a contracting officer representative (also a public health educator). The cost of federal employees is estimated at $6,386 annually. CDC DCH staff, in close consultation with ICF, will provide oversight to all activities and ensure data collection is being conducted in accordance with OMB requirements. They will also assist in instrument development, interpretation of findings, and report preparation.

The total contract cost for carrying out the project is $345,000. Annualized over the 2-year period of this clearance request, the annualized cost of the contract is $172,500. The costs in the contract include effort for assessment development, data collection and management, and analysis of findings.

The total annualized cost of the project is $178,886, as summarized in Table A.14.

Table A-14: Estimated Annualized Cost to the Federal Government over 2-Year Clearance Period

Staff (FTE)	Average Hours per Collection	Average Hourly Rate	Annualized Cost
Public Health Educator, GS-14 Step 7 - Assisting with instrument development, OMB package preparation, data analysis and report preparation	75	$58.67	$4,400
Public Health Educator, GS-13 Step 7 – Coordinating with external contractor, contract oversight, and report preparation.	40	$49.65	$1,986
External Contractor, ICF International - Instrument development, pilot testing, OMB package preparation, data collection, coding and entry, quality control, data analysis, and report writing for one administration of the training needs assessment			$172,500
Estimated Annualized Total Cost of Information Collection			**$178,886**

Average hourly wage rates were retrieved from the US Office of Personnel Management, *Salary Table 2014-ATL Incorporating the 1% general scheduled increase and locality payment of 19.29% for the locality pay area of Atlanta-Sandy Springs-Gainesville, GA Total increase: 1% Effective January 2014 Hourly Basic (B) Rates by Grade and Step*, posted at: http://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/14Tables/html/ATL_h.aspx.

A15. Explanation for Program Changes or Adjustments

This is a new information collection.

A16. Plans for Tabulation and Publication and Project Time Schedule

Plans for Tabulation/ Data Analysis

The results will be used internally to set priorities to develop trainings for DCH awardees. 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 assessment question. Qualitative thematic analyses will be conducted on open-ended questions. Analysis will focus on awardee preferences by role (e.g., program manager, coalition member) on training modalities as well as facilitators and barriers to training access. All analyses will be conducted by ICF staff trained in the appropriate qualitative and/ or quantitative research methods.

Plans for Publication

There are no plans to publish the information outside of CDC. Findings will be reported in aggregate to inform internal CDC training plans.

Project Time Schedule

Information collection for the first needs assessment will be initiated as soon as possible after receipt of OMB approval, in approximately the third quarter of 2015. An estimated timeline for information collection and analysis is provided below. The first needs assessment may be initiated prior to July 2015 if practicable.

Table A-16. Data Collection and Analysis Time Schedule

Activity	Timeframe
First Administration of the DCH Training Needs Assessment (2015)	
Receive OMB Approval	June 30, 2015
CDC to compile master list of respondents	June 30, 2015
Administer web-based assessment - 1	July 2015
Send initial email (with embedded assessment link)	1st week of July, 2015
Send follow-up email (with embedded assessment link)	2 weeks after initial email
Send final email (with embedded assessment link)	1 week after follow-up email
Send thank you email	Within 1 week of close of assessment
Conduct data analysis	August 2015
Draft report of findings	August - September,2015
Second Administration of the DCH Training Needs Assessment (2016)	
CDC to compile master list of respondents	September 2016
Administer web-based assessment - 2	October 2016
Send initial email (with embedded assessment link)	1st week of October 2016
Send follow-up email (with embedded assessment link)	2 weeks after initial email
Send final email (with embedded assessment link)	1 week after follow-up email
Send thank you email	1 week after close of assessment
Conduct data analysis	November – December 2016
Draft report of findings	January – February 2017

A17. Reason(s) Display of OMB Expiration Date is Inappropriate

No exception is requested. The expiration date will be displayed on all information collection instruments.

A18. 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.

References

Centers for Disease Control and Prevention's National Center for Chronic Disease Prevention and Health Promotion (2009). The Power of Prevention: Chronic Disease - the Public Health Challenge of the 21st Century. Retrieved August 2014 from http://www.cdc.gov/chronicdisease/pdf/2009-power-of-prevention.pdf.

National Partnership for Action to End Health Disparities (2011). National Stakeholder Strategy for Achieving Health Equity. Rockville, MD: U.S. Department of Health & Human Services, Office of Minority Health

U.S. Department of Health and Human Services (2011). HHS Action Plan to Reduce Racial and Ethnic Disparities: A Nation Free of Disparities in Health and Health Care. Washington, D.C.: U.S. Department of Health and Human Services.