

**DOCUMENTATION FOR THE GENERIC CLEARANCE
FOR THE COLLECTION OF HEALTHCARE PREPAREDNESS PROGRAM (HPP)
NEEDS ASSESSMENT QUESTIONNAIRE**

TITLE OF INFORMATION COLLECTION:

- INTERVIEWS
- SMALL DISCUSSION GROUPS
- FOCUS GROUPS
- QUESTIONNAIRES
- OTHER (EXPLAIN: LARGE DISCUSSION GROUP)

DESCRIPTION OF THIS SPECIFIC COLLECTION

1. Intended purpose

The HPP supports priorities outlined by the National Preparedness Goal (the Goal) established by the Department of Homeland Security (DHS). The Goal guides entities at all levels of government in the development and maintenance of capabilities to prevent, protect against, respond to and recover from major events. Emergency response efforts are sometimes disparate; and effective coordination is often lacking across governmental jurisdictions, communities, and the health and emergency response systems. This data collection tool and subsequent analysis will aid HPP, and its awardees to better plan for future preparedness for the nation and sustainability.

2. Need for the collection

This data collection effort is crucial to the Hospital Preparedness Program's information sharing and decision-making capabilities for its awardees. This questionnaire is meant for Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program (HPP) awardees and Healthcare Coalitions (HCCs). This purpose of this questionnaire is to obtain feedback on current HPP's Healthcare Preparedness Capabilities and how completely they cover the goals of the program and the concepts of Preparedness, Response, Mitigation, and Recovery.

3. Planned use of the data

The information provided will inform HPP's planning for the next project period (beginning in 2017). More specifically to help HPP:

1. Prioritize program capabilities;
2. Identify any gaps in the existing capabilities; and,
3. Identify any points to clarify in the next funding cycle.

This data collection effort will improve coordination and enhance integration to help create a better common operating picture among our HPP awardees. These resources will also build on existing tools and literature related to this topic, but would lack key

informant information from the program and on-the-ground perspective of stakeholders without this data collection.

4. Date(s) and location(s)

Data will be collected through a large group discussions and online questionnaire to be held online and over conference call, during a two week period.

5. Collection procedures

The data collection will be conducted through a large group discussion and online anonymous questionnaire over a two week period. The applicable population (universe) is the HPP Grantees (62) for the data collection process. The anticipated response rate is 90-100 percent. An email containing a link to the healthcare professional will be distributed to all POCs. POCs will be responsible for completing the survey. However, POCs may discuss with and gather information from other point of contact healthcare coalition professionals working within the same healthcare organization in order to generate the most accurate and objective responses. The data from the completed surveys will be directed to HPP Division within ASPR.

6. Number of collections (e.g., focus groups, surveys, sessions)

There will be one online questionnaire distributed, with the possibility of related follow-up group discussions.

7. Description of respondents/participants

The applicable population (universe) is the HPP Grantees (62), and applicable Healthcare Coalition POCs .

8. Description of how results will be used

The qualitative information gathered from the large group discussion will be summarized by the Contractor for this project. Contractor staff will pull out the main themes from the group discussion and provide as notes to HPP (Science Healthcare Preparedness Evaluation and Research –SHARPER and HPP Field Project Officers- FPO). Together, Contractor staff and HPP will then decide what implications these themes have for informing the current HPP’s Healthcare Preparedness Capabilities and how completely they cover the goals of the program and the concepts of Preparedness, Response, Mitigation, and Recovery. This data collection tool and subsequent analysis will aid HPP, and its awardees to better plan for future preparedness for the nation and sustainability.

9. Description of how results will or will not be disseminated and why or why not

Survey analysis will be shared after they are finalized, with survey and group participants, and key stakeholders; and made available to the public upon request.

AMOUNT OF ANY PROPOSED STIPEND OR INCENTIVE – NONE

BURDEN HOUR COMPUTATION (Number of responses (X) estimated response or participation time in minutes (/60) = annual burden hours):

Category of Respondent	No. of Respondents	Participation Time	Burden
HPP Grantees and HPP HCC POCs	62	30 minute (.5 hours)	75 hours

BURDEN COST COMPUTATION

Category of Respondent	No. of Respondents	Hourly Rate	Response Time	Total
HPP Grantees and HPP HCC POCs	62	34.21	30 minutes (.5 hours)	\$2,565.75

OTHER SUPPORTING INFORMATION

REQUESTED APPROVAL DATE: May 29, 2015

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DEPARTMENT/OFFICE/BUREAU: HHS/ASPR