

SUPPORTING STATEMENT

Part A

State and Territorial Health Disparities Survey

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Office of Minority Health (OMH)
U.S. Department of Health and Human Services

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A. Justification

1. Circumstances that make the collection of information necessary

In 1985, the United States Department of Health and Human Services (HHS) released a landmark report, the *Secretary's Task Force Report on Black and Minority Health (Heckler Report* [<http://archive.org/stream/reportofsecretar00usde#page/n1/mode/2up>]). It documented the existence of health disparities among racial and ethnic minorities in the United States, and called such disparities "an affront both to our ideals and to the ongoing genius of American medicine." It also emphasized the importance of timely and reliable data to assist in identifying racial and ethnic health disparities, understanding the causes and correlates of disparities, and monitoring progress in reducing them.

The Office of Minority Health (OMH) was created by HHS in 1986, as one of the most significant outcomes of the *Heckler Report* and was reauthorized by the Patient Protection and Affordable Care Act in 2010. OMH's mission is to improve the health of racial and ethnic minority populations through the development of health policies and programs that will reduce health disparities. Several key initiatives developed by OMH include State Partnership Grants (SPGs), the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards), the HHS Action Plan to Reduce Racial and Ethnic Health Disparities and the National Partnership for Action to End Health Disparities (NPA), which is coupled with its National Stakeholder Strategy for Achieving Health Equity.

OMH has a long history of collaborating with states and territories to improve minority health outcomes and reduce health and healthcare disparities. To best facilitate continued partnerships, OMH needs information about the current activities, challenges, and resources within state and territorial minority health entities (SMHEs). The State and Territorial Health Disparities Survey (STHD Survey) is intended to support OMH informational needs by collecting, organizing, and presenting a variety of information about states and territories, including the current status of minority health and health disparities, the organization and operation of the 50+ state and territorial offices of minority health, and state/territorial implementation of federal standards and evidence-based practices designed to address disparities and improve minority health. The STHD Survey, which will focus on the activities, staffing, and funding of SMHEs, is part of a larger project to catalog the extent of health disparities and the activities underway to reduce them in each state and territory. The project also supports development of a *Compendium of State-Sponsored CLAS Standards Implementation Activities* and a *Health Disparities Report* in which the STHD Survey results will be paired with existing data from publicly available sources on minority health and health disparities.

The STHD Survey supports OMH's goals of working with states and territories to improve the health of racial and ethnic minority populations and reduce health disparities. While existing state-specific information sources (e.g., quantitative data points available from the Agency for Healthcare Research and Quality (AHRQ) National Healthcare Disparities Report State Snapshots) offer important facts about the status of health disparities, they do not provide context around the efforts underway to reduce them.

2. Purpose and Use of Information

The STHD Survey will collect standardized data elements across each of the SMHEs while also collecting crucial contextual information necessary for understanding the specific programs states and territories are implementing and the challenges they face. The survey will provide OMH with a comprehensive overview of the infrastructure, resources and efforts within a state/territory to address minority health, health disparities, and health equity issues. Analysis of the survey data will assist OMH in identifying the most appropriate strategies and approaches for addressing social determinants of health and eliminating health disparities through state/territorial partnerships. This state-level focus is consistent with the vision of federal activities, including the HHS Action Plan to Reduce Racial and Ethnic Health Disparities (http://minorityhealth.hhs.gov/npa/files/Plans/HHS/HHS_Plan_complete.pdf).

To achieve the goal of this project the following data collection activity will be implemented:

State and Territorial Survey – Concurrent with OMB clearance, cognitive interviews will be conducted with 7 respondents to inform refinement of the current draft SMHE Interview Protocol presented in Attachment A. Once approved by OMB, semi-structured telephone interviews will be conducted with state/territorial minority health entity directors (or their designees) in approximately 54 states and territories (50 states plus the District of Columbia and the territories of Guam, Puerto Rico, and U.S. Virgin Islands). The purpose of this interview is to collect qualitative information about SMHE program goals and activities, partnerships, and organizational structure, as well as quantitative data elements on staffing and funding.

This study is being conducted by OMH through its contractor, Westat, pursuant to OMH's statutory authority (Section 1707 of the Public Health Service Act, 42 U.S.C. § 300u-6). Data from the OMH STHD Survey will provide OMH with both qualitative and quantitative information across each of the state and territorial offices, which will enable OMH to understand the specific programs that states and territories are implementing and the challenges they face in reducing and eliminating health and healthcare disparities. This information will help OMH work most effectively with states and territories to achieve those goals.

3. Use of Improved Information Technology

A mixed-mode data collection consisting of a semi-structured telephone interview of state/territorial minority office directors (or his/her designee) will be conducted. Some elements of the data collection, such as entity staffing and funding, will require respondents to consult records, while other elements may require additional thought and preparation by the interview respondents. Data collection tables for quantitative information will be distributed to interview respondents for completion in advance of the interview. During the telephone interview the information will be reviewed and any questions or inconsistencies will be resolved. A list of survey topics will also be distributed in advance so that respondents can prepare for the types of questions they will be asked. Attachment B shows the list of survey topics and data collection tables that will be distributed to respondents.

This methodology enables the collection of standardized data elements across each of SMHEs as well as the collection of crucial contextual information necessary for understanding the specific programs states and territories are implementing and the challenges they face.

4. Efforts to Identify Duplication

The National Association of State Offices of Minority Health (NASOMH) has assembled some of the same information from SMHEs, such as organizational structure, lists of activities being undertaken, and funding. This information is presented as part of their State Profiles webpage at: <http://www.nasomh.org/page.asp?id=1&detail=6682>. However, it appears the information has not been updated since 2010, and, according to NASOMH, the information is not uniformly updated at regular intervals. This new collection will replace and expand NASOMH's previous efforts. The STHD survey will provide OMH the information necessary to develop and disseminate a comprehensive state/territorial minority health entity health disparities report (including, survey results, minority health status, social determinants of health, and state-wide initiatives and programs to reduce health disparities) for the 50 states, the District of Columbia, and US territories and/or commonwealths.

5. Involvement of Small Entities

This does not apply. State and territorial minority health offices are not small businesses.

6. Consequences if Information Collected Less Frequently

This is a one-time data collection.

7. Special Circumstances

This request is consistent with the general information collection guidelines of 5 CFR 1320.5(d) (2). No special circumstances apply.

8. Federal Register Notice and Outside Consultations

8.a. Federal Register Notice

As required by 5 CFR 1320.8(d), a 60-day notice was published in the Federal Register on May 8, 2015, Vol. 80, No. 89, pages 26571-72. There were no comments received.

8.b. Outside Consultations

To ensure the development of a survey instrument that captures all of the information critical for understanding the status of minority health, health disparities, and SMHEs' structure and programs, a Technical Expert Panel (TEP) of 11 individuals was convened virtually. Use of the TEP during instrument development enhanced OMH's ability to operationalize quantitative elements within the survey, such as staffing and funding, in a way that is both accurate and feasible for state/territorial offices to report. TEP members also provided key insights into the structure and operations of state and territorial entities that assisted in refining the qualitative questions and probes. See Attachment C for a list of TEP members.

9. Payments/Gifts to Respondents

No payment or remuneration is provided to respondents for participating in the survey.

10. Assurance of Confidentiality

This information collection will not involve any personal health information. The personally identifiable information (PII) that will be collected will be minimal (only the contact information for the respondents) and no PII will be publicly disclosed. Identifiers such as name, email address, telephone number, and position will be collected to facilitate survey administration and to follow up, as necessary, to ensure that all data elements are collected. Once data collection is complete, personal identifiers will be removed from the data and destroyed. A profile of each state/territory's activities will be highlighted in the final health disparities report but the name/identity of POCs will not be included. This will be kept private to the extent allowed by law.

It has not yet been determined what non-PII information collected for the STHD survey will be publicly disclosed. A pilot test of the STHD Survey will be conducted with a sample of seven (7) states/territories. Upon completion of the pilot test, a determination will be made as to what non-PII information will be publicly disclosed. All respondents will be told in advance what data collected will be publicly disclosed, and that the same data will be publicly disclosed for all respondents. The state/territorial point of contact providing data on behalf of the SMHE will also be told the purposes for which the information is collected and that any identifiable information about them will not be reported.

11. Questions of a Sensitive Nature

There are no questions of a sensitive nature.

12. Estimates of Annualized Burden Hours and Costs

Exhibit 1 shows the estimated annualized burden hours for the respondents' time to participate in the interview and data table data collection. An estimated 54 points of contact (POCs)/respondents will participate. Completing the interview and data tables will take about 90 minutes. Each POC will participate in a 60 minute telephone interview as well as complete two data tables (which will take a total of about 30 minutes) The total annual burden hours are estimated to be 81.

The 54 respondents/POCs shown in Exhibit 1 are based on a census of U.S. States and the District of Columbia plus all territories for which OMH has an identified point of contact for minority health.

Exhibit 1. Estimated annualized burden hours

Form Name	Number of respondents/ POCs	Number of responses per POC	Hours per response	Total burden hours
State and Territorial Survey	54	1	1.5	81
Total	54	1	1.5	81

Exhibit 2 shows the estimated annualized cost burden based on the respondents' time to complete the survey and data tables. The cost burden is estimated to be \$3,404.43 annually.

Exhibit 2. Estimated annualized cost burden

Form Name	Total burden hours	Average hourly wage rate*	Total Respondent cost
State and Territorial Survey	81	\$42.03	\$3,404.43
Total	81	\$42.03	\$3,404.43

*The wage rate in Exhibit 2 is based on May 2013 National Industry-Specific Occupational Employment and Wage Estimates, Bureau of Labor Statistics, U.S. Dept. of Labor. The mean hourly wage for state government (Top Executives, Occupation Code 11-1000) is located at http://www.bls.gov/oes/current/naics4_999200.htm#11-0000.

13. Estimates of Annualized Respondent Capital and Maintenance Costs

Capital and maintenance costs include the purchase of equipment, computers or computer software or services, or storage facilities for records, as a result of complying with this data collection. There are no direct costs to respondents other than their time to participate in the study.

14. Estimates of Annualized Cost to the Government

Exhibit 3 shows the estimated annualized cost to the government for developing, fielding, and reporting the results of the STHD Survey. The cost is estimated to be \$456,743 annually.

Exhibit 3. Estimated Annualized Cost

Cost Component	Annualized Cost
Project Development	\$54,805
Data Collection Activities	\$169,350
Data Processing and Analysis	\$5,023
Publication of Results	\$82,953
Project Management	\$36,921
Overhead	\$107,691
Total	\$456,743

15. Changes in Hour Burden

This is a new collection of information.

16. Time Schedule, Publication and Analysis Plans

As soon as OMB approval is received, survey data collection activities will begin. Information for the STHD Survey is collected by OMH through its contractor, Westat. The estimated time schedule to conduct these activities is shown below:

1. Finalize introductory/recruitment letters (drafts shown as Attachment D) to state/territorial minority health entity contacts from the Deputy Assistant Secretary for Minority Health (1 month)
2. Recruit State and Territorial minority health entities and conduct STHD Survey (3 months)
3. Data compilation and analysis (5 months)

4. Produce Health Disparities Report (6 months). A limited number of hard copies will be published and the report will also be posted on the OMH Web site.

Quantitative data elements from the STHD Survey will be input into a database that can be analyzed with standard statistical software to produce descriptive statistics (e.g., mean, median, distribution). Qualitative, narrative data from the SMHE interviews will be analyzed for major themes at the national level and reported individually at the state level. These data will then be used to produce a Health Disparities Report presenting survey findings and health disparities metrics.

17. Exemption for Display of Expiration Date

OMH does not seek this exemption.

List of Attachments:

- Attachment A: Office of Minority Health State and Territorial Survey Interview Protocol
- Attachment B: List of interview topics and Data Collection Tables
- Attachment C: TEP Members
- Attachment D: Introductory letters from Deputy Assistant Secretary for Minority Health