

This request will be to approve a revision to a currently approved collection with OMB number 0990-0407 and notice of action expiring on April 30, 2016.

Supporting Statement for OS Think Cultural Health

Date: July 8, 2015
OMB Cont.: #0990-0407
Title: OS Think Cultural Health (TCH) Website Quality Improvement Effort
Program: HHS/OS/OMH
Contact: Christine Montgomery, Office of Minority Health, 240-453-6176

A. Justification

1. Circumstances Making the Collection of Information Necessary

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The Office of Minority Health (OMH), Office of the Secretary (OS), Department of Health and Human Services (HHS) is requesting approval from OMB to revise a currently approved collection with OMB number 0990-0407 to cover routine data collection activities to be collected directly from respondents who complete an online registration form in order to receive access to e-resources, e-learning programs, and/or “Join the CLCCHC” offered on the Think Cultural Health (TCH) website. Specifically, to ensure that the suite of e-learning programs and e-resources housed on the TCH website are relevant, useful, and appropriate to their target audiences, the requested revision is to cover an additional types of data collection to obtain user feedback: course/unit evaluation questions, follow-up surveys, focus groups, and key informant interviews. The feedback obtained through these activities will be used to update and revise the e-learning programs and e-resources offered on TCH.

The TCH website is an initiative of the HHS OMH’s Center for Linguistic and Cultural Competence in Health Care (CLCCHC), with the goal of advancing health equity at every point of contact. The TCH website was created in recognition of the effectiveness of on-line distance learning, and is a repository of the latest resources and tools to promote cultural and linguistic competency in health care. Its features include: a clearinghouse of resources on health equity, health disparities, health literacy, and cultural competency; an interactive map tracking state activities related to cultural and linguistic competency; an e-resource on the provision of communication and language assistance services in

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health care organizations; a suite of accredited e-learning programs in cultural and linguistic competency designed for health and health care professionals such as physicians, nurses, oral health providers, and disaster preparedness personnel, available at no cost to respondents; and a “Join the CLCCHC” feature where registrants can choose to receive access to exclusive content (e.g., quarterly e-newsletter, webinar catalog, and specialty educational units). The TCH website is unlike other government websites in that its suite of e-learning programs affords health and health care professionals the ability to earn continuing education credits through training in cultural and linguistic competency.

The TCH website was created in recognition of the effectiveness of online distance learning. It supports the Office of Minority Health within the Office of the Secretary of the Department of Health and Human Services (HHS/OS/OMH) in complying with the cultural competency requirements of the Patient Protection and Affordable Care Act of 2010 (ACA) (P.L.111-148) (**Attachment A**), as well as the Secretary’s Plan to Reduce Racial and Ethnic Health Disparities, the National Stakeholder Strategy for Achieving Health Equity, Healthy People 2020, the Secretary’s Strategic Plan priorities, and the Assistant Secretary for Health’s Public Health Quality agenda.

2. Purpose and Use of Information Collection

All information will be collected directly from respondents who wish to register to receive access to e-resources, e-learning programs, and/or “Join the CLCCHC” offered on the site, via completing an online website registration form (**Attachment B**). To create a respondent user account, individual-level information collected via the registration form, which includes the registrant’s email address/username, country, zip code, sex, age, ethnicity, race, primary language, place of employment, level of seniority, professional role, how the user heard about TCH, and future contact information (if desired). Collection of this type of individual-level information is needed to verify that the website is used by a variety of health professionals, representing various demographic characteristics, as required for HHS/OS/OMH to comply with the cultural competency requirements of the ACA. For those individuals registering for one of the e-learning programs, the registration questions also ask for the user’s first and last name, street address, relevant license/membership numbers, degree, and type of certificate the individual would like to receive upon completion, to generate certificates of continuing education credit/statements of participation, and for accreditation purposes. Course/unit evaluation information will also be collected directly from those registered users who have completed a course/unit of an e-learning program and/or an e-resource, via the administration of online questions

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specific to the resource or e-learning program course/unit completed **(Attachment C)**.

In addition, to ensure that the e-learning programs and e-resources offered on the TCH website are relevant, useful, and appropriate to their target audiences, a more comprehensive quality improvement approach is needed to obtain user feedback. This quality improvement approach includes three types of data collection: follow-up survey, focus groups, and key informant interviews.

For follow-up surveys, information will be collected directly from registered respondents who have completed a course/unit of an e-learning program and/or an e-resource and have given consent for follow-up, via administration of an electronically transmitted follow-up survey **(Attachment D)**. Individual-level information collected by the follow-up survey includes how the respondent has used the information learned from the e-learning program or e-resource in his/her daily work and other suggestions for improvement.

Focus groups and key informant interviews will be conducted to pilot test and field test draft content with respondents who are representative of the target audience, and to obtain in-depth feedback about the e-learning program and/or e-resources on the TCH website. For focus groups and key informant interviews, information will be collected in person and via phone, respectively. Focus group data will be collected using a moderator's guide protocol **(Attachment E)** and key informant data will be collected using an interview protocol **(Attachment F)**. While questions will remain the same across focus groups and key informant interviews, there will be some variability in the wording of questions to obtain feedback specific to a particular e-learning program or e-resource.

The information collected from potential focus group and key informant interview respondents pertains to a smaller subset of respondents who have consented to provide in-depth feedback about the e-learning programs and/or e-resources available on the TCH website. Individual-level information collected includes first name, last initial, age, sex, race, ethnicity, work setting, professional title, and other information relevant to the purpose of the focus group (e.g., demographic characteristics of patients served). Please see the appendices for the data collection instruments for focus groups and key informant interviews.

The collection of registration information, course/unit evaluation, and follow-up surveys will occur via questions administered online. Each respondent is a single registrant/user of the TCH e-learning program(s) and/or e-resource(s). There are no requirements for annual responses. A single respondent completes the

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registration process to access an e-learning program or other resource on the website only one time, and completes course-specific questions for each e-learning program course/unit or e-resource per completion. If the respondent opts to be contacted for follow-up, he or she will be invited to participate in the follow-up survey, a focus group, or a key informant interview. Respondents electing to be contacted for follow-up will not be asked to participate in more than one follow-up activity (i.e., survey, focus group, or key informant interview). There are no requirements for annual responses.

The information generated from these data collection efforts will have multiple applications. The respondent registration questions will be used by HHS OMH to understand trends in registration for TCH's various offerings, to inform targeted marketing efforts, to inform the development of future e-learning programs and resources, and to generate certificates of credit/statement of participation for respondents of e-learning programs. The course/unit evaluation questions will be used by HHS OMH to assist in improving existing resources provided on the TCH website. Follow-up survey, focus group, and key informant interview data will be used to inform the development of new e-learning programs and e-resources; to inform the maintenance and improvement of current e-learning programs and e-resources on the TCH website; and to understand trends and outcomes of content utilization (i.e., who, how, and where e-learning program and e-resources are being implemented).

3. Use of Improved Information Technology and Burden Reduction

The use of online registration and course/unit evaluation questions for e-learning programs and resources on the TCH website reduces the burden on website respondents for acquiring necessary, current, and updated information from disparate locations. The online format also allows respondents to register, login, and receive information that would otherwise have to be retrieved through other more burdensome means such as standard mail, telephone, or facsimile. In turn, respondents have immediate access to information upon completion of the registration form that is designed to collect all necessary information while minimizing respondent burden. The use of electronic course/unit evaluation questions allows respondents who have accessed an e-resource or completed a e-learning program course/unit to provide instant feedback that would otherwise have to be retrieved through other more burdensome means such as standard mail, telephone, or facsimile.

The follow-up approaches vary in their use of technology, but are all meant to minimize respondent burden. The follow-up survey, administered in an online

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format, allows registered respondents who elect to be contacted for follow up, the ability to provide feedback that would otherwise have to be retrieved through other more burdensome means such as standard mail, telephone, or facsimile. While focus groups and key informant interviews may be regarded as more burdensome than other data collection methods (such as electronic surveys), they achieve feedback that is more rich, nuanced, and in-depth. This caliber of results is necessary to appropriately understand and respond to the target audience's assessment of strengths and weaknesses of the e-learning programs and e-resources under review. Participation in any of the follow-up data collection methods is completely voluntary, will occur once per respondent, and respondents will notified of the time commitment during the informed consent process. In accordance with industry standards, focus group participants will receive remuneration appropriate for their time.

4. Efforts to Identify Duplication and Use of Similar Information

Based on the nature of the TCH website, the registration form requires the collection of specific information, such as the registrant's email address/username, country, zip code, sex, age, ethnicity, race, primary language, place of employment, level of seniority, professional role, permission to receive information about other resources, how the user heard about TCH, and contact information (if desired) to allow for the creation of respondent accounts. Collection of this type of information has been used for websites and services to verify that the site is used by a variety of health and health care professionals representing different genders, races, skills, and demographic locations, as required for HHS/OS/OMH to comply with the cultural competency requirements of the ACA. For the e-learning programs, the registration questions also collect the respondent's first and last name, street address, relevant license/membership numbers, degree, and certificate type in order to generate certificates of continuing education credit/statements of participation, and for accreditation purposes. There is no existing repository of this information that can be leveraged to complete the forms on behalf of the registrants of the TCH website.

The information being collected by the course/unit evaluation questions pertains to the individuals who have elected to complete a course/unit of an e-learning program or an e-resource. As the information collected through the follow-up surveys, focus groups, and key informant interviews is specific to an e-resource or a particular unit of an e-learning program on the TCH website, there is no existing repository of this information that can be leveraged to satisfy or supersede the need for engaging with registered program respondents.

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5. Impact on Small Businesses or Other Small Entities

While the TCH website features are open and available to the public, the majority of respondents are in the health professions. HHS recognizes dentists and physicians as small business entities. In an effort to reduce the burden on these health professionals and/or small business entities, the information being collected has been kept at the minimum required to achieve the intended purpose of the TCH website. In addition, the course/unit evaluation questions and follow up surveys, focus group moderator's guide protocol, and key informant interview protocols all undergo rigorous review to achieve the intended purpose of this feedback mechanism while minimizing respondent burden. In accordance with industry standards, focus group participants receive remuneration appropriate for their time.

6. Consequences of Collecting the Information Less Frequent Collection

There are no legal obstacles that would prevent the reduction of burden on the respondent. The TCH website requires that registrants submit their information only once as part of the initial registration process. Information requested by course/unit evaluation questions is required only once, upon a user's completion of a program. One-time participation in follow-up activities (i.e., follow-up survey, focus group, key informant interview) is requested from those respondents consenting to such participation. No data is collected periodically. There are no increases of the burden on registrants/respondents.

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

There are no special circumstances that would result in data collection outside of this process.

8. Comments in Response to the Federal Register Notice/Outside Consultation

A 60-day Federal Register Notice has been published for this system (Vol. 80, pgs. 45662-45663; July 31, 2015). There were no comments received. Another System of Record does not need to be submitted, as this request is to approve a revision to a currently approved collection, not a new approval.

As required by the Privacy Act (5 U.S.C. § 552a) (**Attachment G**), because some of the information being collected from respondents is personally identifiable information (PII) that will be retrieved by name or other personal

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identifier, a System of Records Notice (SORN) with system number 09-90-1202 was submitted to OMB for review concurrently with submission of the original Supporting Statement of the currently approved collection. The privacy risks associated with this collection include risk of unauthorized access to the database system on which the information is stored and maintained. To mitigate this risk, access to the records in the Think Cultural Health database will be limited to agency contractors, consultants, or HHS grantees who have been engaged by the agency to assist in accomplishment of an HHS function utilizing password security, encryption, firewalls, and secured operating system. Electronic records are stored in databases on magnetic tape, on magnetic disk and in secure electronic files at the contractor's location (Astute Technology, Reston, VA), the data center (Equinix, Ashburn, VA) and at the tape storage facility (GRM, Capital Heights, MD). All information will be maintained for a minimum of six years after the contract is no longer funded.

The TCH SORN, in addition to published website policies, provided public notification as to the purposes for which information being collected will be used, disclosed, and retained. A Privacy Act Statement is pre-existing and currently is listed on each registration form. In order to award continuing medical education units or certificates of completion for TCH's e-learning programs to users, certain fields in the registration form course/unit evaluation forms are required by accreditation bodies. Individuals who do not provide all required information are not able to receive continuing medical education units or certificates of completion.

This notice is provided pursuant to the Privacy Act of 1974, 5 U.S.C. § 552a: This information is solicited under authority of 42 U.S.C. § 300u-6. Furnishing the information requested on this form is optional, but failure to provide all of the information marked with an asterisk will prevent the user from registering to complete the e-learning program and receiving continuing education units on this website. The principal purpose for which the information is used is to administer the Think Cultural Health e-learning programs. Contact information is used to ensure correct reporting of continuing education units to the accrediting agency; all other information is used to compile utilization statistics about users of the site. The statistics (showing how, where and by whom the program is utilized) are needed for research, marketing, and quality improvement purposes directed at ensuring the site is used by individuals representing a variety of skills and backgrounds. OMB Control Number 0990-0407. Expiration Date 4/30/2016.

9. Explanation of any Payment/Gift to Respondents

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Remuneration for participating in focus groups is given in the form of a gift card (i.e., Visa card) to each participant. Incentives provided to health and health care professionals and community health workers will be \$75 or less for 90-minute focus groups. Larger incentives may be needed for longer time commitments (e.g., requesting that activities be completed prior to focus group attendance). Larger incentives also may be needed when working with harder-to-recruit professional disciplines. If incentives greater than \$75 for 90-minute focus groups are offered to participants, the Agency will submit a non-substantive change request to OMB with justification for the incentive amount that is based on the expectation placed on the subjects being recruited and the difficulty of recruitment. Incentive amounts will not be justified based upon amounts paid by private sector market research firms. The focus groups are completed during development of new e-learning programs and e-resources, which are developed upon request from the client. The number of focus groups planned per year is minimal given the development of new e-learning programs and e-resources is as the situation arises. No other token of appreciation or incentive will be provided to other respondents; only those who participate in the focus groups will be incentivized/receive an incentive.

10. Assurance of Confidentiality Provided to Respondents

Information being collected is voluntarily provided by respondents. Access to the information is limited to agency contractors, consultants, or HHS grantees. Access is granted via role-based responsibilities. The system is password protected, encrypted and the operating system is secure. Any reports summarizing user demographics or program feedback will provide results in aggregate. No individual-level information will be published.

11. Justification for Sensitive Questions

The purpose of the data collection is to collect information that facilitates the creation of a unique user profiles to monitor information, such as training records, and to ensure that the e-learning curricula and e-resources offered by TCH are relevant, useful, and appropriate to their target audiences, which involves collecting opinions and feedback about TCH programs directly from a user. To accomplish this, it is necessary to collect specific types of PII such as first and last name, age, race/ethnicity, and sex to reduce the likelihood that a single record could be mistaken for any other individual than that which it is intended and to inform respondent screening and inclusion. To reduce the burden on respondents, the collection of PII is limited to the minimum amount of information required to

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provide reasonable and confident identification of a single registrant and to screen based on inclusion criteria.

12. Estimates of Annualized Hour and Cost Burden

While the TCH website features are open and available to the public, the majority of respondents are in the health and health care professions. Each respondent registers as a single user. The TCH website requires that respondents submit their information only once as part of the initial registration process. Information requested by course/unit evaluation questions, follow-up surveys, focus groups, and key informant interviews is required only once, upon a user’s completion of a program. There are no requirements for annual responses.

On average, it took 3 minutes for a respondent to complete the online registration form. On average, it took 5 minutes for a respondent to complete the course/unit evaluation questions, and will take 10 minutes for a respondent to complete the follow-up survey. On average, it will take approximately 2 hours for participation in a focus group, or 1 hour for completion of a key informant interview (these time frames are within the ranges specified as industry standards for focus groups and key informant interviews).

12A. Estimated Annualized Burden Hours

Form Name	Type of Respondent	No. of Respondent	No. Responses per Respondent	Average Burden per Response (hours)	Total Burden (hours)
TCH Registration Form	Health and Health Care Professionals	9460	1.00	3/60	473
TCH Course/unit Evaluation Form	Health and Health Care Professionals	9460	1.00	5/60	788
TCH Follow-Up Survey	Health and Health Care Professionals	4208	1.00	10/60	701
TCH Follow-Up Survey	Community Health Workers	6	2.00	10/60	2
TCH Focus Group Moderator’s	Health and Health Care Professionals	15	1.00	120/60	29

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Guide					
TCH Key Informant Interview Protocol	Health and Health Care Professionals	13	1.00	60/60	13
Informant Interview Protocol	Community Health Workers	25	1.00	60/60	25
TOTAL					2031

12B.

These are not annual collections. These are each a one-time collection used for registration or for user feedback purposes on programs offered by the TCH website. Though there are no annual burden costs to respondents, a one-time cost can be calculated.

The **registration form** does not collect salary information pertaining to respondents as part of the data collection; therefore, figures were based on statistics provided by the Department of Labor. Using the latter, it was determined that the national average hourly wage for the types of respondents using the TCH website ranges from \$16.88 to \$93.74. This information was used to equate to an average \$43.83 (avg. *all* hourly wages) per hour for respondents. The average respondent is expected to complete each registration form in 0.05 hours, thus making the cost of burden $\$43.83 \times 0.05 \text{ hours} = \2.19 , a one-time total respondent cost burden per form.

The **course/unit evaluation questions** do not collect salary information pertaining to respondents as part of the data collection; therefore, figures were based on statistics provided by the Department of Labor. Using the latter, it was determined that the national average hourly wage for the types of respondents using the TCH website ranges from \$16.88 to \$93.74. This information was used to equate to an average \$43.83 (avg. *all* hourly wages) per hour for respondents. The average respondent is expected to complete the course/unit evaluation questions in 0.0833 hours, thus making the cost of burden $\$43.83 \times 0.0833 \text{ hours} = \3.65 , a one-time total respondent cost burden per course/unit evaluation question set.

Respondent salary information is not collected as part of the **follow-up survey questions**; therefore, figures were based on statistics provided by the Department of Labor. Using the latter, it was determined that the national average hourly

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wage for the types of expected respondents ranges from \$16.88 to \$93.74. This information was used to equate to an average \$43.83 (avg. *all* hourly wages) per hour for respondents. The average respondent is expected to complete each form in 0.1667 hours, thus making the cost of burden $\$43.83 \times 0.1667 \text{ hours} = \7.31 , a one-time total respondent cost burden per follow-up survey.

Respondent salary information is not collected as part of the **focus group or key informant interview** demographic questions; therefore, figures were based on statistics provided by the Department of Labor. Using the latter, it was determined that the national average hourly wage for the types of expected respondents ranges from \$16.88 to \$93.74. This information was used to equate to an average \$43.83 (avg. *all* hourly wages) per hour for respondents. The average respondent is expected to complete a focus group in 2 hours maximum and a key informant interview in 1 hour maximum, thus making the cost of burden for focus group participation $\$43.83 \times 2 \text{ hours} = \87.66 ; and the cost of burden for key informant interview participation $\$43.83 \times 1 \text{ hour} = \43.83 . For community health workers, the cost of burden for key informant interview participation is $\$18.35 \times 1 \text{ hour} = \18.35 . Each of these calculations reflects a one-time total respondent cost burden for the respective data collection method.

Form Name	Type of Respondent	Total Burden (hours)	Hourly Wage Rate	Total Respondent Costs
TCH Registration Form	Health and Health Care Professionals	473	\$43.83	\$20,732
TCH Course/unit Evaluation Form	Health and Health Care Professionals	788	\$43.83	\$34,538
TCH Follow-Up Survey	Health and Health Care Professionals	701	\$43.83	\$30,725
TCH Follow-Up Survey	Community Health Workers	2	\$18.35	\$37
TCH Focus Group Moderator's Guide	Health and Health Care Professionals	29	\$43.83	\$1,271
TCH Key Informant Interview Protocol	Health and Health Care Professionals	13	\$43.83	\$570

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Informant Interview Protocol	Community Health Workers	25	\$18.35	\$459
TOTAL		2,031		\$88,332

13. Estimates of other Total Annual Cost Burden to Respondents or Recordkeepers/Capital Costs

There is no burden of cost to respondents as the collection participation is voluntary and free to respondents. Monetary incentives commensurate with industry standards for the respondent type, length of focus group, and any required prior activities associated with participation are provided to focus group participants. HHS assumes the burden of cost pertaining to the maintenance and acquisition of necessary equipment (i.e. computer hardware and software) associated with the collection.

14. Annualized Cost to Federal Government

An estimated \$16,000.00 will be spent for development and operational costs to launch the TCH user registration form and course/unit evaluation questions, to conduct the focus groups and key informant interviews, and to disseminate follow-up surveys. Six technical staff, whose hourly salaries ranged from \$35.00 to \$55.00, will be involved in these activities. Approximately 400 hours of staff time will be devoted to website activities, completing focus group and key informant interview activities, and follow-up survey activities. While there is no daily completion of all of these activities, it is estimated that annual operation and oversight of these activities will involve 2 technical staff, whose hourly salaries range from \$35 to \$70. Approximately 500 hours of staff time is required annually to operate and maintain the user registration and course/unit evaluation question forms, conduct focus groups and key informant interviews, and conduct follow-up surveys. At an average of \$43.00 per hour, the annual cost to the Federal Government of these TCH data collection activities is approximately \$21,500.00

15. Explanation for Program Changes or Adjustments

This is a revised submission seeking to amplify the current data collection effort to be more comprehensive and to enhance quality improvement capabilities. The additions/adjustments described herein are an effort to outline a more nuanced, comprehensive quality improvement approach for the TCH website and TCH

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initiative. Of note, the number of burden hours in the revision appears to be significant decrease from the original burden hours in the original request. Though the previous request indicated a total burden of 5,934 hours, this estimate was not annualized. Thus, the number of total burden hours indicated in the original request should have been 1,978 hours, which is closer to the total number of burden hours reflected in this revision (2,031).

16. Plans for Tabulation and Publication and Project Time Schedule

The information being generated from this assessment will be used to understand trends in registration and content utilization for TCH's various programs, to inform targeted marketing efforts, to inform the development of future e-learning programs and resources, to inform the revision/maintenance of current e-learning programs and e-resources; to generate certificates of credit/statement of participation for respondents of e-learning programs; and to assist in improving existing or future resources provided on the TCH website. The information being collected may be used for publication in the future. The time schedule of collection will be indefinite depending on the life of the system.

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

Not applicable.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.

B. Collection of Information Employing Statistical Methods

The information collection is a voluntary process for registrants/respondents registering on the TCH website to receive a newsletter and to complete training. The information collection is a voluntary process for individuals electing to participate in a focus group or key informant interview about a specific e-learning program or e-resource on the TCH website. The information collection is a voluntary process for respondents who have completed an e-resource or a unit of an e-learning program on the TCH website and who have consented to receiving a follow-up survey.

For this collection, item 17 on OMB 83-1 form is "No." Therefore, section B of the supporting statement is not applicable.

Attachments to the Supporting Statement

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- A. Patient Protection and Affordable Care Act of 2010 (ACA) (P.L.111-148)
- B. TCH User Registration Form
- C. TCH Course/unit Evaluation Questions
- D. TCH Follow-up Survey
- E. TCH Focus Group Moderator's Guide
- F. TCH Key Informant Interview Protocol
- G. Privacy Act (5 U.S.C. § 552a)