

**Supporting Statement for the Evaluation of the  
National Partnership for Action to End Health Disparities**

Office of Minority Health  
Department of Health and Human Services

June 23, 2016

## A. Justification

### 1. Circumstances Making the Collection of Information Necessary

The National Partnership for Action (NPA) was established to increase the effectiveness of programs that target the elimination of health disparities through the coordination of partners, leaders, and stakeholders committed to action. In 2006, nearly 2,000 committed individuals attended the National Leadership Summit for Eliminating Racial and Ethnic Disparities in Health sponsored by the Department of Health and Human Services (HHS) Office of Minority Health (OMH). They provided the impetus to broaden the dialogue beyond the health community and establish the NPA as a national effort. The summit stimulated a systems-oriented approach that addresses cross-cutting, multi-level issues.

OMH sought to establish the priorities for a national strategy using a community-oriented approach. The result is the *National Stakeholder Strategy for Achieving Health Equity (National Stakeholder Strategy)*. It is a roadmap for eliminating health disparities through cooperative and strategic action. *Blueprints for Action* will align with the *National Stakeholder Strategy* to help guide action at the local, state, and regional levels. There will be blueprints for the 10 HHS regions. Targeted initiatives will be organized by partners in the public and private sectors in support of the NPA.

Leadership for the NPA will be provided by the following entities:

- **Federal Interagency Health Equity Team (FIHET).** The FIHET consists of 12 Federal departments. The overarching purpose of the FIHET is to: (1) identify opportunities for federal collaboration, partnership, coordination, and/or action on efforts that are relevant to the NPA and NSS; and (2) provide leadership and guidance for national, regional, state, and local efforts to address health equity.
- **Regional Health Equity Councils (RHECs).** There are 10 RHECs, each of which covers the same geographic area as an HHS region. They are expected to serve as leaders and catalysts for strengthening health equity actions within a region. Each RHEC will have two co-chairs, multiple Subcommittee chairs, and up to 35 members from a variety of sectors and geographic areas within the region. The RHECs will accomplish their goal by enhancing collaboration between health equity stakeholders in the region, including public-private partnerships, creating alignment between initiatives and programs, leveraging of assets to more effectively accomplish health disparity reduction goals, and supporting actions at the state and local levels in each region.
- **NPA Partner Organizations.** The NPA comprises a network of action-oriented public, private, and nonprofit organizations across the country. To become a partner, an organization must agree to conduct at least one substantial activity during the course of the year that is intended to help achieve one or more of the NPA goals for eliminating health disparities. There is a subset of partners that have signed a Memorandum of Agreement indicating that they will provide more substantial support in implementing the NPA.
- **State Offices of Minority Health (SOMHs).** Each of the 50 States and the jurisdictions involved with the NPA has a minority health or health equity office or entity. These offices share the goal of improving health disparities within their State through the

following core competencies: monitoring health status; informing, educating, and empowering people; mobilizing community partnerships and action; and developing policies and plans to support health efforts. Because of their key role at the State level they are likely to play an important role in implementing the NPA and as key informants about the effect of the NPA in their States.

- **State Departments of Health.** State Departments of Health will play an important role in implementing the NPA. If a commitment to address health disparities is to be realized, it will need to go beyond agencies that are focused on minority health and become part of the overall strategy for improving health. Representatives from State Departments of Health should be able to provide important information on the extent to which this is happening.
- **Community Partners.** As the NPA progresses, it is expected to mobilize community partners to address health disparities at the local level. The development and success of these partnerships will be an important indicator of the success of the NPA. The structure and focus of these partnerships have not been determined because it is too early in the process, but understanding these partnerships and what they do will be an important part of the evaluation.

There are seven questions that the evaluation could answer to determine if the change process has progressed as expected and if the NPA has been effective since the benchmark date of April 8, 2011, when the NPA and *HHS Action Plan to Reduce Racial and Ethnic Health Disparities* were publicly launched:

1. To what extent has a multi-level structure been established to support actions that will contribute to the elimination of health disparities? How was this structure established?
2. How are leaders in the public, private, nonprofit, and community sectors engaged in collaborative, efficient, and equitable working partnerships to eliminate health disparities?
3. How many and what types of identifiable actions are being implemented at the community, State, tribal, regional, and national levels that relate directly to the five goals and 20 strategies in the *National Stakeholder Strategy*?
4. To what extent has public awareness and understanding about health disparities, their determinants, and potential solutions improved?
5. How well is the nation progressing toward better outcomes to achieve the NPA's mission to eliminate health disparities and achieve health equity?
6. How much is the work to end health disparities integrated into stakeholder strategies and mainstream systems (e.g., health care quality improvement, public and community health improvement, economic and community planning and development) in and beyond the health sector?

Section 1707 of the Public Health Service Act (42 U.S.C. 300u-6), as amended by Section 10334 of the Affordable Care Act (ACA), states that OMH is responsible for “develop[ing] measures to evaluate the effectiveness of activities aimed at reducing health disparities and supporting the local community.” The evaluation activities outlined above support OMH's commitment to fulfilling this responsibility.

Community Science has been issued a contract through OMH to conduct an evaluation of the implementation of the NPA. The evaluation will collect data using the following methods:

1. A review of reports and documents developed by the FIHET, RHECs, SOMHs, and selected NPA partners;
2. Annual surveys of the agencies on the FIHET;
3. Annual interviews with a subset of FIHET members;
4. Annual interviews with the co-chairs of the RHECs;
5. Annual group interview with the RHEC Subcommittee chairs in each region;
6. Annual surveys of all RHEC members;
7. Annual surveys of key NPA partner organizations that have signed MOAs specifying the support they will offer in implementing the NPA;
8. Annual surveys with representatives of SOMHs and public health departments in all States and territories participating in the NPA;
9. Case studies of regions, states, and communities that have engaged in activities that seek to reduce health disparities as a result of the NPA;
10. Review of secondary data on selected social determinants and health outcomes.

OMH is seeking approval from the Office of Management and Budget (OMB) for an extension to continue to collect data using five of these data collection methods:

**RHEC:**

1. **Annual interview with RHEC co-chairs (Attachment A).** The RHEC co-chairs from each region will be interviewed together on an annual basis. These interviews will provide more in-depth information about RHEC membership, partnerships and their accomplishments; support provided by the RHEC to its members and partners; the alignment of the RHEC's strategies and goals with the national-level goals of the NPA; and how the RHEC might have influenced collective efforts at the regional, State, or local levels.
2. **Annual interview with RHEC Subcommittee chairs (Attachment B).** The individuals who lead the RHEC Subcommittees will be asked to take part in a group telephone interview and will be asked questions on the effectiveness of the RHEC Subcommittees, RHEC partnerships and their outcomes, and the support provided by the RHEC Subcommittees to RHEC partners.
3. **Annual survey of all RHEC members (Attachment C).** All RHEC members will be asked to complete a Web-based survey covering their assessment of RHEC functioning, RHEC progress meeting its goals, RHEC partnerships and their outcomes, the effectiveness of support provided to the RHECs, and how their participation in the RHEC might have influenced their individual and collective efforts at the regional, State, or local levels.

**NPA Partner Organizations:**

4. **Annual survey of key NPA partner organizations (Attachment D).** NPA partner organizations that have developed a memorandum of agreement to support NPA implementation will be asked to complete a web-based survey covering their activities

and the outcomes of those activities, their experiences as a NPA partner, benefits and costs of the partnership for their organization, and the effectiveness of support provided to the partners.

### **State Key Informants:**

- 5. Annual survey of State Minority Health Office Directors or Coordinators and representatives from State Departments of Health (Attachment E).** A survey will be conducted with the Director or Coordinator of Minority Health Offices and a representative of the State Health Department in each State and in each territory that is implementing the NPA. The interview will cover NPA activities in the States and their outcomes, community initiatives that are related to the NPA and support provided to the States in implementing the NPA. The findings from this survey, combined with the data collected from the RHEC members, will inform decisions about which regions, States, and communities to select for case study.

The survey questionnaire and interview protocol for the federal representatives in the FIHET do not require OMB approval. Instruments for the case studies will be tailored to the activities occurring in the specific region, State, or community, in order to extract specific information based on the responses to the above surveys and interviews. Because none of the instruments will be used with more than nine respondents, we are not requesting OMB approval for those instruments.

## **2. Purpose and Use of Information Collection**

The data to be collected will be used to inform the various stakeholders involved in implementation of the NPA and the *National Stakeholder Strategy* about progress, results, lessons learned, and necessary mid-course adjustments. The evaluation team will facilitate meetings to reflect and discuss the findings with OMH's leadership, staff, and the implementation and communications teams that support the NPA. The meetings will focus on the lessons learned and their implications on strategy improvement and implementation.

Information from the evaluation will also be shared with Congress through its inclusion in OMH's biennial report to Congress.

## **3. Use of Improved Information Technology and Burden Reduction**

The methods being submitted for OMB approval involve two main techniques: web-based surveys and telephone interviews. Every effort has been made to structure the collection of primary data so as to minimize the burden on respondents:

- **Web-based survey.** The Web-based surveys will be administered through a secured Web site that will permit respondents to complete the instrument at a time that is convenient for them and at more than one sitting, if necessary. The survey questions will be primarily close-ended with categorical responses, which will help decrease the amount of time required to complete the survey. Finally, the survey instrument will be programmed to skip questions that are not relevant based on responses to previous questions.

- **Telephone interviews.** These interviews are designed to collect more detailed, nuanced information about NPA implementation than could be captured by a Web-based survey. The telephone format will therefore serve as the most efficient and least burdensome way to collect this information in a uniform manner across all respondents. Training will be provided to the team of skilled interviewers to help probe for additional information as needed and to help progress through the questions as quickly as possible. In addition, interviewers will provide respondents with discussion topics in advance of the call and accommodate their schedules to conduct the calls at convenient times.

#### **4. Efforts to Identify Duplication and Use of Similar Information**

The NPA is a new effort and no other national evaluations of the NPA are being undertaken.

#### **5. Impact on Small Businesses or Other Small Entities**

No small businesses will be involved in this study.

#### **6. Consequences of Collecting the Information Less Frequently**

Over the last three years, the annual collection of information on the NPA's implementation has allowed the evaluation team to determine how efforts have proceeded year to year, and allowed the funding agency (Office of Minority Health) to make adjustments to improve these efforts and better meet the NPA's long-term objectives. The continuation of annual data collection will provide a rich source of data to inform ongoing implementation, and to better inform future strategies. Collecting evaluation data less frequently will not allow OMH to make quick adjustments to the overall strategy, and hinder its ability to track and document all activities and products generated by the NPA on an annual basis.

There are no legal obstacles to reducing the burden of collection.

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

This request complies with the information collection guidelines of 5 CFR 1320.5. There are no special circumstances.

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

A 60-day Federal Register Notice was published in the *Federal Register* on Monday, December 28, 2015, Volume 80, Number 248 [Page 80779] (see Attachment F).

The instruments were shared directly with two to nine appropriate respondent types for each instrument as part of a pilot-testing process and the improved instruments are included in this submission.

Community Science staff members who were consulted on data collection include:

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#### **9. Explanation of Any Payment/Gift to Respondents**

No payment or gift is being offered to respondents.

#### **10. Assurance of Confidentiality Provided to Respondents**

An assurance will be provided to respondents, explaining that their responses will not be identified with them (i.e., will not be linked with their contact information). The survey responses, on their own, will not contain personally identifiable information (PII) and are unlikely to contain other types of sensitive information (such as, confidential or privileged business or commercial information). The responses will be limited to general reflections about respondents' participation in the NPA and their professional activities related to health equity, which makes it unlikely that the substance of an individual-level response would enable the respondent or any organization represented by the respondent to be identified from context, and unlikely that the substance of the responses would pose a risk of harm to respondents and their organizations, or to another person, personally, professionally, or commercially that would require that the responses be confidential. Further, the responses will be summarized by Community Science and provided to and used by the Office of Minority Health in aggregate form only; the individual-level responses will not be shared with or used by the agency.

The respondents' contact information will constitute PII, but it will not be sensitive PII (their identities in association with their involvement with the NPA and with any organization they represent is publicly available). No records will be retrieved by personal identifier. The contact information will not be used to link responses to respondents, or to link responses to organizations represented by respondents, once the responses have been compiled; the contact information will be used only by Community Science, for the sole purpose of compiling the responses.

The respondents' contact information will be collected and used by Community Science as follows:

- For the Web-based survey, Community Science will collect the contact information (i.e., phone number, email address, and mailing address) of the key individual at each site who is overseeing participation in the survey. Community Science will use this contact information to send reminder notices and, if needed, to offer technical support to help complete the survey. On the Web-based survey instrument, only the organization's name will be recorded; individual respondents' names and contact information will not be recorded.
- For the telephone interviews, Community Science will collect names and contact information for each person participating in the interviews. Community Science will use the contact information to arrange the telephone interviews and to collect follow-up information after the interviews are completed, if necessary.

In the case of both interviews and surveys, personally identifiable contact information will not be used as an identifier to retrieve individual level data, and all data collected will be reported to the Office of Minority Health in aggregate and not at the individual level. Only authorized members of Community Science staff will have access to contact information and individual-level data resulting from surveys and interviews. No individual-level information will be shared with the Office of Minority Health.

Prior to the start of data collection, respondents in both data collection methods will be presented a written copy (Web-based survey) or read aloud (telephone interviews) the following privacy assurance statement regarding the handling and use of their contact information (identifying information) in connection with the responses they provide:

Your name and organization will not be attached to specific comments that you share today. Your response may be included with those of other respondents in aggregate form in reports or journal articles.

In addition, participants' names will not be included in any information viewed by officials at OMH or any other HHS agency.

Methods will also be taken to protect study data. Data from the survey and interviews will not identify any individual or entity. Data from the surveys and interviews will be stored in a password-protected database. Only authorized Community Science staff working on the evaluation will have access to the database. The briefs and reports produced for the evaluation will not identify specific individuals or entities. All potentially identifying information will be destroyed at the study's conclusion.

## **11. Justification for Sensitive Questions**

The interviews will not include any questions of a sensitive or personal nature. The questions are designed to solicit information solely regarding particular aspects of each individual or organization's involvement with the NPA. Respondents will be asked to provide factual data and opinions from the perspective of their organizations and their role as an individual involved with



the NPA.

## **12. Estimates of Annualized Hour and Cost Burden**

### 12A. Estimated Annualized Burden Hours

In Exhibit 1, we provide estimates of the collection burden on participants from each category of respondent. Data collection activities include: (1) Web-based surveys with RHEC members, key NPA partners, SOMH Directors or Coordinators, and representatives from State Departments of Health; and (2) telephone interviews with RHEC co-chairs and Subcommittee chairs. Draft protocols may be found in Attachments A through E.

The surveys vary in size and complexity, as shown in the burden estimates below. The estimates are based on the results of the pre-test of the instruments. We also expect that prior to beginning the surveys, the respondents may wish to review documents related to their involvement with NPA and we estimate that this will take approximately 15 minutes. This time is included in the burden estimate.

Each telephone interview will take approximately one hour to complete, and the estimate assumes that respondents will spend approximately 15 minutes reviewing documents related to their experience with the NPA prior to the interview. Interview respondents will also be asked to provide relevant documents or resources that can explain their role in NPA implementation. We estimate that gathering and sending these documents will take an additional 15 minutes on average. This estimate is based on Community Science's experience with many similar instruments involving comparable levels of detail. Respondents are not being asked to gather additional information or data prior to the surveys or interviews. Estimated review time assumes that respondents will read reports or other program documents prior to the survey or interview.

**Exhibit 1. Estimated Burden Hours**

<i>Type of Respondent</i>	<i>Form</i>	<i>No. of Respondents</i>	<i>No. of Responses per Respondent</i>	<i>Average Burden Per Response (Minutes)</i>	<i>Total Burden Hours</i>
RHEC co-chairs	RHEC co-chairs interview ( <a href="#">Attachment A</a> )	20	1	85	28
RHEC Subcommittee chairs	RHEC Subcommittee chairs group interviews ( <a href="#">Attachment B</a> )	50	1	90	75
RHEC members	Survey of all RHEC members ( <a href="#">Attachment C</a> )	350	1	20	117
Key NPA partner organizations	Survey of Key NPA partner organizations ( <a href="#">Attachment D</a> )	15	1	25	6
State Minority Health Office Directors or Coordinators and State Department of Health Representatives	Survey of State Minority Health Office Directors or Coordinators and officials from State Departments of Health ( <a href="#">Attachment E</a> )	110	1	20	37
<b>TOTAL</b>		<b>545</b>	<b>---</b>	<b>---</b>	<b>263</b>

12B. Estimated Annualized Cost Burden

In Exhibit 2, we present the estimated burden cost for the Web-based survey and telephone interviews. The total annualized cost to the respondents \$11,101.26. This cost estimate was calculated based on the total respondent hour burdens noted in Exhibit 1. The wage rate for RHEC chairs and co-chairs is the average mean hourly wage for management occupations in the United States in general. The wage rate for RHEC members is the average mean hourly rate for social and community service managers. The wage rate for key NPA partners is the average mean hourly rate for social and community service managers in advocacy organizations. The wage rate for SOMH Directors or Coordinators and State Department of Health Representatives is the average hourly rate for managers in State government. All average hourly rates are from the Bureau of Labor Statistics Occupational Wage Statistics.

**Exhibit 2. Estimated Burden Cost**

<i>Type of Respondent</i>	<i>Total Burden Hours</i>	<i>Average Hourly Wage Rate</i>	<i>Total Hour Cost</i>
RHEC co-chairs	28	\$54.08 <sup>1</sup>	\$1,514.27
RHEC Subcommittee chairs	75	\$54.08 <sup>1</sup>	\$4,056.08
RHEC members	117	\$32.56 <sup>2</sup>	\$3,809.75
Key NPA partner organizations	6	\$34.74 <sup>3</sup>	\$208.46
State Minority Health Office Directors or Coordinators and State Department of Health Representatives	37	\$40.88 <sup>4</sup>	\$1,512.71
<b>TOTAL</b>	<b>263</b>	Not applicable	<b>\$11,101.26</b>

<sup>1</sup> Based on average mean hourly wage estimates for management occupations. “May 2014 National and Occupational Wage Estimates: United States.”

<sup>2</sup> Based on average mean hourly wage estimates for social and community service managers. “May 2014 National and Occupational Wage Estimates: United States.”

<sup>3</sup> Based on average mean hourly wage estimates for social and community service managers: advocacy organizations. “Occupational and Employment Wages May 2014.”

<sup>4</sup> Based on average mean hourly wage estimates for management occupations. “May 2014 National Industry-Specific Occupational and Wage Estimates: NAICS 999-200-State Government (OES Designation).”

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

Data collection for this study will not result in any additional capital, start-up, maintenance, or purchase costs to respondents or record keepers. Therefore, there is no burden to respondents other than that discussed in the previous section.

**14. Annualized Cost to Federal Government**

The majority of costs for conducting this evaluation are part of a task order from OMH to Community Science. Approximately \$177,580 of that task order will be used to cover the costs of the data collection, analysis, and reporting per annum. The cost for subsequent years will be similar. In addition, a portion of the costs are for personnel costs of several Federal employees involved in the oversight and analysis of information collection, amounting to an annualized cost of \$10,274 for Federal labor. The total annualized cost for the assessment is therefore the sum of the annual contracted data collection cost (\$177,580) and the annual Federal labor cost (\$10,274), or a total of \$187,854.

**15. Explanation for Program Changes or Adjustments**

This is an extension of a previously approved collection of data.

## 16. Plans for Tabulation and Publication and Project Time Schedule

The results of this data collection will be tabulated and summarized in annual reports that will be submitted to OMH, with a final summary report being completed when the evaluation ends. OMH plans to post these reports on its Web site and share the link with NPA stakeholders and partners. Additionally, the evaluation data may be used in conference presentations and journal articles by or with OMH staff.

The remainder of this section describes the analytic techniques that will be employed. Information will be collected over a five-month period following OMB approval. Exhibit 3 provides a schedule for data collection, analysis, and reporting.

### Exhibit 3. Timetable for Data Collection, Analysis, and Publication

<i>Activity</i>	<i>Estimated Start Date</i>	<i>Estimated End Date</i>
Web-based surveys	1 month following OMB approval	3 months following OMB approval
Telephone interviews	2 months following OMB approval	5 months following OMB approval
In-depth data analysis	4 months following OMB approval	7 months following OMB approval
Development of first annual report	6 months following OMB approval	8 months following OMB approval

Pending the availability of funding, data collection and reporting will continue at 12-month intervals. There will be up to three rounds of data collection. Following the final round, a final report summarizing changes over time will be completed. Case studies of implementing the NPA will be planned and conducted in each year of the evaluation.

Data will be analyzed using the following techniques:

- **Descriptive Analysis.** Descriptive statistics will be applied to the Web-based survey data to describe the various entities that have been developed to implement the NPA and their progress on achieving the goals they have been assigned and have developed.
- **Multivariate Analysis.** Analysis will be conducted to determine the extent to which factors related to NPA implementation influence State-level outcomes related to addressing health disparities. Controlling for factors such as the percentage of the State population that are racial/ethnic minorities, does an active and effective RHEC make it more likely that a State will be actively implementing its own health disparities plan? Does it make it more likely that there are specific kinds of policy or program activities in the states?
- **Content Analysis.** The telephone interview responses will be coded to identify common themes and recommendations across respondents for each instrument and across respondents in the same region. These data will be used to describe the activities of the various entities that have been developed to implement the NPA and their progress on achieving the goals they have been assigned. Data also will be used to inform the interpretation of findings from other analyses.

- **Case Study Methods.** The case studies that will be conducted in each year of the evaluation will be informed by the analysis of surveys and interviews. Completed case studies will also inform future analysis by determining the extent to which the entities that have been developed to implement the NPA are supporting community efforts to address health disparities. In the first year, case studies will be conducted in regions with the most NPA activities, since the RHECs will be the first form of structure to be established and become operational. The expectation is that the RHECs will then support the efforts of State and local community entities to end health disparities. Therefore, in subsequent years of the evaluation, case studies will be conducted in States and local communities with the most NPA activities.

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

OMH does not seek approval to eliminate the expiration date from the data collection instruments. All data collection materials will display the OMB expiration details.

**18. Exceptions to Certification for Paperwork Reduction Act Submissions**

There are no exceptions to the certification statement.