

Supporting Justification for the OMB New Request for Clearance of the “Advancing the Response to COVID-19 Learning Community Measure”

Supporting Statement A: Justification for the Collection of the Data

2/19/2021

Submitted by:

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Supporting Statement for the Advancing the Response to COVID-19 Learning Community Measures

The COVID-19 Learning Community was created in response to the Advancing the Response to COVID-19 Symposium in September 2020. The COVID-19 Learning Community is intended to share best practices, create a network of individuals working with AI/AN people and racial and ethnic minorities, and facilitate networking and peer-to-peer information sharing of promising practices, programs, and/or policy.

The OMH plans to use a set performance and outcome measures to gather information from Learning Community participants on their self-reported learning about and implementation of promising practices, programs and/or policies designed to address the impacts of COVID-19 in racial and ethnic minority and American Indian and Alaska Native populations. The collection of measures from its members is critical to OMH because it provides the agency with data to both effectively manage the COVID-19 Learning Community and to provide measureable outcomes from the Learning Community. Data will help OMH make continuous quality improvements in programming and inform future learning communities.

The performance measure to be reported to OMH are summarized in Exhibit 1.

A. JUSTIFICATION

1. Circumstances Making the Collection of Information Necessary

In 1985, the Report of the Secretary's Task Force on Black and Minority Health, the first comprehensive national racial and ethnic minority health study published by the HHS, documented the wide disparity in health status between racial and ethnic minorities and whites. Although the health of all Americans has continued to improve over two and a half decades since the Report was issued, racial and ethnic health disparities persist and, in some cases, are increasing. The persistence of such disparities suggests current approaches and strategies are not producing the kinds of results needed to ensure that all Americans are able to achieve the same quality and years of healthy life, regardless of their demographic characteristics.

Since its inception in 1985, OMH has been the organizational entity within HHS that coordinates Federal efforts to improve the health status of racial and ethnic minority populations. The office was established with the passage of the Disadvantaged Minority Health Improvement Act (P.L. 101-527, at <http://thomas.loc.gov/cgi-bin/bdquery/z?d101:HR05702:/TOM:/bss/d101query.html>) and given a broad mandate to advance efforts to improve minority health and address racial/ethnic disparities in health. OMH supports research, demonstrations and evaluations of new and innovative programs, and strategies and interventions that increase understanding of ways to improve the health of racial and ethnic minority communities and reduce the burden of disease, disability, and premature death that disparately impacts them. The COVID-19 epidemic has further highlighted the disparities among American Indian and Alaska Native people and racial and ethnic minorities. The COVID-19 Learning Community will create a group of people who learn from each other and share with each other regarding COVID-19 and its disproportionate effects among American Indian and Alaska Native people and racial and ethnic minorities.

2. Purpose and Use of Information Collection

The performance measure data collection provides information to OMH leadership to measure if the COVID-19 Learning Community was successful in meeting its objectives of sharing best practices, creating a network of individuals working with AI/AN people and racial and ethnic minorities, and facilitating networking and peer-to-peer information sharing of promising practices, programs, and/or policies. We anticipate the results of the COVID-19 Learning Community will be summarized and shared with OMH leadership, Federal partners, Learning Community members, and the public at large. Use of this data is vital for ensuring on-going improvement of OMH learning communities and partnership efforts across the nation.

3. Use of Improved Information Technology and Burden Reduction

As noted above in Section 2 (Purpose and Use of Information Collection), the purpose of this data collection is to provide OMH with performance data to be shared with OMH staff and the public regarding the COVID-19 Learning Community.

Using electronic reporting of the small set of outcome and impact results necessary for adequate monitoring and assessment in commercially available software will minimize reporting burden on OMH.

4. Efforts to Identify Duplication and Use of Similar Information

Data collection for the COVID-19 Learning Community does not duplicate other data collection efforts. Data elements for the COVID-19 Learning Community are specific to the learning community goals and outcomes and are not available elsewhere. OMH does not have any other system for the collection of standardized process and performance information for the COVID-19 Learning Community.

5. Impact on Small Businesses or Other Small Entities

The impact of this data collection will be negligible at best because all Learning Community members are entering the Learning Community voluntarily to obtain additional information, share best practices, and learn from one another. The outcome measures proposed in this data collection effort represent the minimum data needed to be useful to measure success of the Learning Community and inform future learning communities.

6. Consequences of Collecting the Information Less Frequently

COVID-19 Learning Community data are proposed to be collected 1 time over a one year period and will be a post survey after the learning community concludes. Less frequent collections pose challenges to obtaining any data regarding the effectiveness of the COVID-19 Learning Community.

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

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

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

In accordance with the Paperwork Reduction Act of 1995, OMH published a notice in the Federal Register announcing the agency's intention to request an OMB review of data collection activities. The 60-day notice for public comment was published on February 24, 2021 in volume 86, no. 35, on pages 11306-11307.

A member of the public representing the National Indian Health Board requested information on the definition of OMH's COVID-19 Learning Community, including the goals of the COVID-19 Learning Community and whether the Learning Community is relevant for Tribes or Native Americans. In its response to the query, OMH described that the COVID-19 Learning Community was created in response to Advancing the Response to COVID-19 Virtual Symposium held in September 2020. The goals of the learning community are to connect, engage, and share knowledge with COVID-19 Learning Community members and learn about and adopt promising practices, programs and policies designed to address the impacts of COVID-19 in racial and ethnic minority and American Indian and Alaska Native populations. This will be done through Learning Sessions held through the course of 2021 that will present best practices based on Learning Community Member needs and allow for peer-to-peer resource sharing. The response closed with directions about how to sign-up to be a participant of the Learning Community.

9. Explanation of any Payment/Gift to Respondents

There will be no payment/gift to respondents.

10. Assurance of Confidentiality Provided to Respondents

The information collected will include personally identifiable information (PII) but will constitute privacy act records. (The PII will include only one personal identifier, or possible personal identifier, i.e., email address, which will be used by OMH's contractor to push the survey out to potential respondents who are members of OMH's COVID-19 Learning Community. The survey responses will not contain, or otherwise be associated with, the respondents' email addresses, so the contractor will not be able to use the email address for record retrieval or any other purposes, such as to contact a respondent to clarify his/her response or to do a follow-up survey. OMH will ensure all participant data is encrypted and password protected and kept private to the extent allowed by law. De-identified participant information will be maintained and used by OMH to report process data (i.e., program participation rate) and outcome data (i.e., number of learning sessions attended).

11. Justification for Sensitive Questions

The COVID-19 Learning Community will not collect member information about an individual's race, Hispanic ethnicity and sex (gender). The COVID-19 Learning Community will collect geographic work location, work area, work interests, and populations served. This information

will serve to summarize the interests of the Learning Community members. As the Office of Minority Health’s mission is to improve the health status of racial and ethnic minorities, it is necessary to collect participant information regarding their geographic work location, work area, work interests, and populations served.

All of the performance measures data will be reported to OMH in de-identified form, and there will be no means to identify responses by individuals.

12. Estimates of Annualized Hour and Cost Burden

Exhibit 1: Annualized Burden Hour Table

Forms (If necessary)	Respondents (If necessary)	Estimated Number of Respondents	Number of Responses per Respondents	Average Burden per Response	Total Burden Hours
<u>Post COVID-19 Learning Community Survey</u>	COVID-19 Learning Community Members	200	1	5/60	17
Total					<u>17</u>

Exhibit 2: Estimated Annualized Respondent Costs

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Learning Community Member (Learning Community Post Survey)	17	\$26.54	\$451.18
TOTAL			\$451.18

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

Respondents will include COVID-19 Learning Community members. There will be no cost to participants other than their time. No additional materials or equipment are needed to generate a report.

14. Annualized Cost to Federal Government

The overall annual cost to the Federal government for compiling data from the COVID-19 Learning Community is \$40,400.00. This total includes time to design the reporting template, provide ongoing technical support, and develop the learning sessions. Exhibit 3 presents total costs to the Federal government for making and implementing enhancements and modifications.

Exhibit 3: Costs to the Federal Government

Category	Cost
Personnel	\$40,000.00
Other Direct Costs (platform and survey tool)	\$400.00
Total	\$40,400.00

15. Explanation for Program Changes or Adjustments

This is a new request.

16. Plans for Tabulation and Publication and Project Time Schedule

Data reported as part of COVID-19 Learning Community Measure will be used for overall evaluation, assessment of results, and for reporting purposes in support of OMH strategic priorities, objectives, and goals. To be of maximum utility, data collection will begin after the last learning session (estimated October-December, 2021).

Available data will be tabulated on an annual basis. In addition, aggregate program data are also used in periodic reports to OMH as needed and appropriate.

Learning community findings will be summarized in a summary report developed by the COVID-19 LearningCommunity Planning Committee. The findings from this assessment may be shared with additional staff at the HHS Office of the Assistant Secretary for Health.

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

This collection of information does not seek approval to exclude the expiration date for OMB approval from any data collection instruments.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

This collection of information involves no exception to the Certification of Paperwork Reduction Act Submissions.