

COVID-19 Information Collection Survey Tool Questions for PCAs 1/29/2021

The goal of this survey is to increase information sharing between Health Centers, PCAs, and the Health Resources and Services Administration in order to better support COVID-19 (Coronavirus) emergency response efforts.

Reminder: As part of COVID-19 emergency-response efforts, we are asking PCAs to follow up with the health centers in their State/Territory that haven't responded to the online COVID-19 data collection survey to help maximize the response rate. PCAs are asked to fill out their individual survey every two weeks, by Thursday, 11:59 PM EST, to supplement information received directly from Health Centers.

Question Number	Question Field	Description	Answer Field
Question 1	Please enter your email address	[you@example.com]	[text field]
Question 2	Please select your organization:	[Select an answer choice from the list]	Pick List of all PCAs
Question 3 (a, b, c)	<p><u>Key State-wide Issues/Concerns (Select your top five):</u></p> <ul style="list-style-type: none"> • PPE supplies • Testing supplies • Financial stability • Infrastructure needs (such as technology or equipment to support operations) • Care for specific populations • Addressing health disparities • Telehealth/virtual health care • Workforce • COVID-19 vaccine distribution and administration • Other (e.g., emerging issues) 	<p>[Select top five answers that apply from the list; 1 is required; 2 - 5 are optional; may only select an issue once]</p> <p>[Please briefly describe the issue from the State perspective]</p>	<p>Pick List Multi-select (subcategory choices)</p> <p>[Free text]</p>
Question 4	How is your organization connected with your state/local emergency response efforts (e.g., public health department, governor's office), including testing, reopening plans, vaccination plans, etc.? Please include any changes since your last update.	[Please describe]	[Free text]
Question 5	Are there issues with COVID-19 vaccine confidence, communications, or outreach in your state? If yes, please identify the specific counties (or other local public health	[Please describe]	<p>Pick List Y/N</p> <p>If response is Y, then add</p> <p>[Free text]</p>

	jurisdictions) and describe the circumstances.		
Question 6	Please provide any additional COVID-19 related information, comments, and/or needs from HRSA.	[Please describe]	[Free text]

Public Burden Statement: Health centers (section 330 grant funded and Federally Qualified Health Center look-alikes) deliver comprehensive, high quality, cost-effective primary health care to patients regardless of their ability to pay and are critical in the national response to COVID-19. These forms provide HRSA with the information essential for analyzing health center progress, challenges, and needed technical assistance around COVID-19. The OMB control number for this information collection is 0906-0062 and it is valid through XX/XX/202x. This information collection is mandatory under the Health Center Program authorized by section 330 of the Public Health Service (PHS) Act (42 U.S.C. 254b). Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.