## **Request for Approval under the “Voluntary Partner Surveys to Implement Executive Order 12862” (OMB Control Number: 0906-0084)**

**TITLE OF INFORMATION COLLECTION:** Technical Assistance to Support the HHS Viral Hepatitis National Strategic Plan

**PURPOSE:** The purpose of this request for Fast Track approval is to guarantee that HRSA, Bureau of Primary Health Care, Office of Quality Improvement, Quality Division does not violate the PRA by seeking responsive interaction with health centers (Federally Qualified Health Centers) regarding their awareness, knowledge, and use of current guidelines for screening and treatment of Hepatitis B. Interaction will require that health center personnel who attend to patients at risk for and already diagnosed with Hepatitis B share de-identified patient experiences, and help assess the effectiveness of the training and technical assistance provided to raise awareness. These discussions are voluntary, one-on-one, with individuals who have experience with the training and technical assistance developed by the agency on this topic and are willing to share their thoughts and experiences to improve outcomes. The purpose of this low-burden and non-controversial information collection is to learn current processes, barriers to care for screening and treatment, familiarity with Hepatitis guidelines, to right-size training and technical assistance (are webinars too long, what format do you prefer for learning, etc.), and improve upon the development and delivery of that training and technical assistance to better serve health centers where they are on the continuum of care.

**DESCRIPTION OF RESPONDENTS**: Respondents will be health center clinical staff and support personnel who attend to patients at risk for and already diagnosed with Hepatitis B.

**TYPE OF COLLECTION:** (Check one)

[ ] Customer Comment Card/Complaint Form [ ] Customer Satisfaction Survey

[ ] Usability Testing (e.g., Website or Software) [ ] Small Discussion Group

[ ] Focus Group [X] Other: One on One Discussions

**CERTIFICATION:**

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
6. The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.

To assist review, please provide answers to the following question:

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected? [ ] Yes [X ] No
2. If yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974? [ ] Yes [X ] No
3. If yes, has an up-to-date System of Records Notice (SORN) been published? [ ] Yes [X] No

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [ ] Yes [X] No

**BURDEN HOURS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of Respondent** | **No. of Respondents** | **Participation Time** | **Burden Hours Total** |
| Private Sector/ Federally Funded Health Center Staff | 25 | 60 min | 25 Hours |
| **Totals** |  |  |  |

**FEDERAL COST:**

The estimated annual cost to the federal government is $1875. This work will be carried out by consultants at $60/hour. There will be approximately 25 one on one interviews that will last an hour each. The consultants will be directed by a GS-13 and a GS14. The federal staff will not directly participate in the execution of these interviews.

**If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:**

**The selection of your targeted respondents**

1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe? [ ] Yes [X] No

Quality has identified health centers for these interviews based on their performance levels according to 2022 UDS data. They are being selected based on their geographic location to allow for diversity in HHS region, and provide an urban and rural mix.

If the answer is yes, please provide a description of both below (or attach the sampling plan)? If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?

**Administration of the Instrument**

1. How will you collect the information? (Check all that apply)

[X] Web-based or other forms of Social Media

[X] Telephone

[ ] In-person

[ ] Mail

[ ] Other, Explain

1. Will interviewers or facilitators be used? [X] Yes [ ] No

**Please make sure that all instruments, instructions, and scripts are submitted with the request.**