

**Request for Approval under the “Generic Clearance for the Collection of
Routine Customer Feedback” HHS Online Customer Surveys (OMB Control
Number: 0990-0379)**

TITLE OF INFORMATION COLLECTION:

National Hypertension Control Initiative (NHCI) Community Health Center Assessment

PURPOSE:

The assessment will collect basic environmental information about each of the 350 HRSA funded Health Centers – including types of blood pressure devices and training, use of self-measured Blood Pressure (SMBP) programs, Community partner engagement, and use of patient portals.

The information will be used to determine how to parse out the 350 health centers into cohorts based on capabilities and needs, as well as identify Technical Assistance (TA) focus to support improved use of best practices within the health Centers – to improve blood pressure control rates.

DESCRIPTION OF RESPONDENTS:

The respondents are the project directors of the 350 HRSA funded Community Health Centers.

TYPE OF COLLECTION: (Check one)

- | | |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form | <input type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software) | <input type="checkbox"/> Small Discussion Group |
| <input type="checkbox"/> Focus Group | <input checked="" type="checkbox"/> Other: <u>Health Center Inventory Survey</u> |

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.

Name: Eduardo Sanchez

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

Personally Identifiable Information:

1. Is personally identifiable information (PII) collected? Yes No
2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? Yes No

3. If Applicable, has a System or Records Notice 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 hour
Private Sector (FQHC Project Directors)	350	30 mins	175
Totals	350	30 mins	175

FEDERAL COST: The estimated annual cost to the Federal government is:

The American Heart Association (AHA) National Hypertension Control Initiative (NHCI) is supported by a cooperative agreement with the Office of Minority Health (OMH) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$12 million per year with 100% funded by OMH/OASH/HHS.

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?
[X] Yes [] No

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?

The target respondent list is based on the list of Project Directors for the 350 HRSA funded Community Health Centers – provided to the American Heart Association (AHA) National Hypertension Control Initiative (NHCI) project by Office of Minority Health (OMH). All 350 project directors will be emailed the inventory survey since a response from each site is needed for cohort designation.

Administration of the Instrument

1. How will you collect the information? (Check all that apply)
[X] Web-based or other forms of Social Media
[] Telephone
[] In-person

Mail

Other, Explain

2. Will interviewers or facilitators be used? Yes No