

SUPPORTING STATEMENT FOR PAPERWORK REDUCTION ACT SUBMISSION

Public Perceptions of Military Health Care (Focus Groups)

A. JUSTIFICATION

1. Needs and Use

The Military Health System (MHS) vision statement is – “A world class health system that supports the military mission by fostering, protecting, sustaining and restoring health”. Recent developments have tarnished that vision. The media has focused attention on the plight of wounded military personnel in the direct care environment, Walter Reed specifically. They have published various articles and stories on the shortfalls of Military Health Care to include support services (Medical Evaluation Board (MEB), Physical Evaluation Board (PEB), Housing, Pay, etc.) as provided in accounts from beneficiary and other sources. There are numerous on going anecdotal accounts of red tape, bureaucracy, physician shortages (particularly mental health care workers), substandard care, neglect, problems with consults and appointments, and overall perceived deep and systemic failures of the MHS. Health Affairs/TRICARE Management (HA/TMA) is very concerned about the implications of these negative accounts of military health care on the perceptions of the public regarding the provision of health care, ancillary and support services. It is an important issue since health care for military personnel and their family members has often been cited as one of the key recruitment and retention tools for the Department of Defense. The goal of the survey effort is assess the public’s perception of military health care and determine what can be done to improve if necessary the public’s perception of military health care. This survey effort was directed by the Assistant Secretary of Defense for Health Affairs (ASD/HA).

2. Purpose and Use

This collection instrument is designed to obtain qualitative information on the public’s perception of military healthcare. The information gathered will be used by the DoD’s contractor to generate a final report addressing the public’s perception of military health care and recommending what can be done to improve, if necessary, the public’s perception of military health care.

3. Information Collection Techniques

The population of interest is defined as the adult population of the United States over the age of 18, excluding any individuals eligible for military health care under Title 10, Chapter 55. Trained personnel at the focus group facilities will recruit individuals from the local metropolitan areas using guidelines supplied by the contractor to ensure variety among the focus group participants on age, gender, race and ethnicity and economic status.

4. Duplication and Similar Information

There is no duplication of data collection. This is the first time that Health Affairs has conducted focus groups on the public perception of the military healthcare system.

5. Small Business

This collection of information does not involve small business or other small entities.

6. Less Frequent Collections

Individuals are requested to participate in one 90 minute group discussion.

7. Special Circumstances

There are no special circumstances that require the collection to be conducted in a manner inconsistent with the guidelines in 5 CFR 1320.5 (d) (2).

8. Federal Register Notice/Consultations

The Federal Register Notice for this collection of information was published on July 16, 2007. No comments were received.

9. Payment/Gift to Respondents

An honorarium of \$35 will be paid to each focus group participant, a total of \$1,320.00. This will help to minimize recruitment time, maximize participation and ensure a final deliverable by mid January per ASD guidance. We are advised that this is consistent with industry norms to include the federal sector, e.g., on Census Bureau and Department of Labor surveys.

10. Confidentiality

Only participant first names will be used in the discussion and no names will be used in the written summary of each group discussion and names will not be used in the final report. The contractor will not release any of the information collected in such a way that it can be linked to the respondents.

11. Sensitive Questions

There are no questions of a sensitive nature included in the focus group agenda.

12. Burden Estimated (hours)

The total annual burden for this collection is 162 hours (12 respondents x 1.5 hours x 3 groups per site x 3 sites).

Cost to Respondents

The estimated annual total cost to respondents is \$5,520 dollars based on the following calculations:

$35,972(\text{Average Salary--GS7 Step 5}) / 2080 \text{ hours} = \$17.29/\text{hour} \times 1.5 \text{ (90 minutes per focus group)} = \$25.94 \text{ (dollars per focus group)} \times 108 \text{ (respondents)} = \$2,801.52$

13. Startup/O&M Costs to Respondent

There are no additional costs to the respondents.

14. Cost to Federal Government

The Department of Defense has contracted with Caliber Associates to conduct this effort at a cost of \$350,000.

15. Change in Burden

This is a new requirement, the first time that the public is being invited to participate in focus groups on this topic.

16. Publication/Tabulation

These findings will be reported to the Department of Defense but will not be considered for publication in peer reviewed journals.

17. Expiration Date

DoD is not seeking an exception to displaying the expiration date of this information collection.

18. Certification Statement

There are no exceptions to the certification statement in Item 19 of OMB Form 83-1.

B. COLLECTION OF INFORMATION EMPLOYING STATISTICAL METHODS

Statistical methods will not be employed with this collection of information, however, DoD will require the contractor to analyze the information gathered from focus group participants to provide an assessment of specific MHS corporate identity issues, including awareness, corporate image and perceptions, to measure the public's awareness and perceptions of the MHS, and to identify the factors that may contribute to these perceptions. The contractor will conduct the following specific analyses:

- Determine the meaningful factors/dimensions that determine the MHS image,
- Describe awareness of the MHS, overall and specific perceptions of the MHS, and reported changes in perceptions of the MHS,
- Compare perception of the MHS, between the regions of the country.
- Describe perceptions by limited respondent demographics characteristics (e.g. age range, gender) and experiences and their awareness and perceptions of the MHS to determine the themes that contribute to their perceptions;
- Compare overall perceptions of the MHS and specific perceptions to determine the dimensions of aggregate perceptions and which specific attributes contribute the most to overall perceptions.