

**Supporting Statement for
Division of National Healthcare Preparedness Programs
Hospital Preparedness Program Data Collection**

Request for Modification of End-of-Year HPP Report Form Questions

March 2009

Christine Benally, PhD

Senior Program Analyst
State and Local Initiatives Team
U.S. Department of Health and Human Services
Assistant Secretary for Preparedness and Response
Office of Preparedness and Emergency Operations
Division of National Healthcare Preparedness Programs

U.S. Department of Health and Human Services
395 E Street SW
Patriot's Plaza, 10th Floor, Suite 1075
Washington DC 20201

(202) 245-0725
Christine.Benally@hhs.gov

TABLE OF CONTENTS

Title	Page
A. Justification	
1. Circumstances Making the Collection of Information Necessary.....	1
2. Estimates of Annualized Burden Hours and Costs.....	1
3. Estimates of Other Total Annual Cost Burden to Respondents and Record Keepers.....	2
4. Annualized Cost to the Federal Government.....	2
5. Explanation for Program Changes or Adjustments.....	2
 B. Attachments	
I. Explanation for question changes or additions on the End-of-Year 2008 Report Form	
 II. End of Year HPP Report Form	

A. Justification

1. Circumstances Making the Collection of Information Necessary

The Hospital Preparedness Program (HPP), part of the Department of Health and Human Services (HHS) Assistant Secretary for Preparedness and Response (ASPR) Office of Preparedness and Emergency Operations (OPEO) Division of National Healthcare Preparedness Programs, is seeking an Office of Management of Budget (OMB) clearance for a modification of the HPP reporting data collection form that required changes of and addition of some questions. The questions were changed or were added due to the changes in the guidance for funding. Data will continue to be gathered from Mid-Year Progress Reports and End-of-Year Reports for the Hospital Preparedness Cooperative Agreement (CA) Program. These changes to the form are crucial to HPP's decision making process regarding the continued existence, design, and funding levels of this program. The results will enable HPP to monitor healthcare emergency preparedness and progress towards national preparedness goals. HPP supports priorities outlined by the National Preparedness Goal (The Goal) established by the Department of Homeland Security (DHS) in 2005.¹ The Goal guides entities at all levels of government in the development and maintenance of capabilities to prevent, protect against, respond to, and recover from major events. Additionally, the Goal will assist entities at all levels of government in the development and maintenance of the capabilities to identify, prioritize and protect critical infrastructure.

2. Estimates of Annualized Burden Hours and Costs

Other than the annual increase in the cost of living, the changes in the form do not have an impact on the estimates of annualized burden hours and costs. The Mid-Year and End-of-Year Reports will be completed by all awardees (i.e., one response per grantee organization). Each report will be administered once during the year. As part of the 2008 report form clearance request process, a small group of awardees were polled on the amount of time required to gather and enter the information. The total burden across all activities is 1,844 hours, . The number of respondents, responses and response time are also presented in Table 1. The Hospital Preparedness CA Program reports will take approximately 16 hours to complete. Based on 62 total respondents, the total annual burden is estimated to be 1984 hours.

¹ U.S. Department of Homeland Security. (2005, Mar. 31). *Interim National Preparedness Goal*. Retrieved September 25, 2007 from http://www.ojp.usdoj.gov/odp/docs/InterimNationalPreparednessGoal_03-31-05_1.pdf.

Table 1. Estimated Annual Burden Hours for CA Program Data Collection Activities

Data Collection Activity	Number of Respondents	Number of Responses	Response Time, hours	Total Annual Burden Hours
Mid-Year Report	62	1	16	992
End-of-Year Report	62	1	16	992
			Total	1,984

For the Hospital Preparedness CA Program, HPP provides funding for the Hospital Bioterrorism Coordinator, who will be responsible for collecting and reporting this data. Salaries for these personnel range from \$40,000-\$80,000. The average hourly rate of \$29.72 was calculated using the average of this annual salary range (\$60,000) divided by the number of typical work hours in a year (40 hours/week x 52 weeks/year = 2,080 hours). The rate and cost burden for the data collection activities are summarized in 2. The total annualized cost burden for the respondent for data collection is \$57,238.40.

Table 2. Estimated Annualized Cost Burden for CA Program Data Collection Activities

Data Collection Activity	Total Burden Hours	Average Hourly Wage Rate	Total Respondent Costs
Mid-Year Report	992	\$29.72	\$29,477.78
End-of-Year Report	992	\$29.72	\$29,477.78
		Total	\$58,955.55

3. Estimates of Other Total Annual Cost Burden to Respondents and Record Keepers

As in the 2008 request, time and effort will be the only burden to respondents who participate in the evaluation. Awardees will not incur any other direct financial costs related to start-up or maintenance for these data collection initiatives. Awardees do not have to purchase any additional equipment or computer systems for this data collection effort.

4. Annualized Cost to the Federal Government.

The cost of HPP reporting activities include instrument tool development, bi-annual reporting, data analysis and report dissemination activities, Table 3. The following table outlines. These costs were estimated by multiplying the number of hours to complete each task by the wage rate of the staff responsible for the task. The overall cost is approximately \$86,312.50 to develop, collect, and analyze the Mid-Year Reports and \$86,312.50 for the End-of-Year Reports. This includes development of the Mid-Year Report templates, distribution and collection of the templates, data process and analysis, and dissemination of the results. The estimated annual cost to the Federal Government for the administration of this data collection effort for three (3) years is \$517,875.00. In the 2008 clearance request, it was noted that in future years, the number of awardees and the number of questions on the Mid-Year and End-of-Year reports may change, so these

estimates of burden and cost may vary. The annual three percent (3%) cost of living increase was the result of a slight change in the cost of reporting activity, but the total cost did not change.

Table 3. Cost of the Hospital Preparedness Program Grant Reporting Activity

Report Data Activity	Cost
Mid Year Report	
Develop Mid-Year Report tool	\$31,250.00
Distribute Mid-Year Report and collect results (45.37 Average Hourly Wage x 560 hours)	\$25,408.00
Data Analysis and Report Results (52.95 Average Hourly Wage x 560 hours)	\$39,654.50
Subtotal	\$86,312.50
Three (3) year Annualized Subtotal	\$258,937.50
End of Year Report	
Develop End-of-Year Report tool	\$31,250.00
Distribute End-of-Year Report and collect results (45.37 Average Hourly Wage x 560 hours)	\$25,408.00
Data Analysis and Report results (52.95 Average Hourly Wage x 560 hours)	\$39,654.50
Subtotal	\$86,312.50
Three (3) year Annualized Subtotal	\$258,937.50
Grand Total	\$517,875.00

5. Explanation for Program Changes or Adjustments

There are not changes in the Program.

B. Attachments

I. Explanation for question changes or additions on the End-of-Year 2008 Report Form

II. End of Year HPP Report Form