

SURVEYS OF STATE, TRIBAL, LOCAL, and TERRITORIAL (STLT) GOVERNMENTAL
HEALTH AGENCIES
CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

SUPPORTING STATEMENT

Contact person:

Timothy W. Van Wave, DrPH, MPH
Branch Chief (acting) Research and Outcomes Branch
Health Scientist, Research & Outcomes Branch
Office for State, Tribal, Local, and Territorial Support
Centers for Disease Control & Prevention
1825 Century Center MS-70
Atlanta, Georgia 30345
Office - 404-498-0336
Blackberry - 404-697-5406
Fax - 404-498-6882

Table of Content

Part A. JUSTIFICATION

Part B. COLLECTION OF INFORMATION EMPLOYING STATISTICAL METHODS

Attachment 1 – Authorizing Legislation

Attachment 2 – Electronic PDF file of the published 60-day FRN

Attachment 3 – Comments and Response to the 60-day FRN

Appendix A – Sample questions

Appendix B – Summary of Data Collection Activities

Part A. JUSTIFICATION

1. Circumstances Making the Collection of Information Necessary

The Centers for Disease Control and Prevention (CDC) is requesting a new “generic” clearance under the authority of Section 301 of the Public Health Service Act (42 USC Sec. 301 [241].

CDC's mission includes addressing the leading causes of disease, injury, and disability in the United States, including a focus on tobacco control; improving nutrition, physical activity, and food safety; reducing healthcare-associated infections; preventing motor vehicle injuries; preventing teen pregnancy; and preventing HIV. CDC's priorities for approaching improvements to public health include – strengthening surveillance, epidemiology, and laboratory science; better supporting efforts in states and communities; and to pursuing policies that have an impact. As such, CDC's relationship with state, local, tribal and territorial (STLT) governmental health officials/employees is key to its emergency preparedness, health promotion and disease prevention responsibilities.

To facilitate effective and timely 2-way communications and enhance CDCs flexibility in responding to public health events, we are submitting this application for a framework under which individual ‘generic ICs’ could then be expeditiously approved. This framework characterizes the population from whom the data is to be collected and the methods that would be used to collect the data, as well as the topics about which CDC usually collects such data. This request includes examples of conditions under which rapid turnaround is essential for meeting public health demands as well as a databank containing examples of questions CDC is likely to ask to cover routine aspects of communication with state, local, and tribal governments (see Appendix A). Individual information collection requests will be submitted to OMB and will include the actual study instruments and a memo describing the specific study goal, the study design, any incentives to be used, and the sampling and analysis plans.

Circumstances instigating a collection will vary but include, for example, disease outbreaks, quick evaluation of program impact, assessment of STLT capacity for delivery of essential services, preparation and evaluation of Health and Human Services (HHS) requests and CDC funding opportunity announcements, and development of policies and laws. Issues of impact, periodicity of other internal and external collections, data gaps and linking new or existing datasets, need for current, time sensitive information, and information relevant to specific priorities of HHS and CDC will provide the basis for initiation of a collection.

This generic clearance request is intended to answer questions of immediate public health importance and proposed surveys will, in every ICR, go first to data already collected by CDC or its partners. It is important to note that CDC efforts under this generic clearance will not be duplicative of information collections already conducted by ASTHO, NACCHO and other public health organizations. The resulting burden is an upper-bound estimate and will be adjusted as appropriate as CDC uses the collection.

2. Purpose and Use of Information Collection

CDC will conduct short surveys, across a range of public health topics, using standard questionnaire administration approaches (e.g., online, phone, in person, focus groups). CDC is requesting a three-year approval for a generic clearance to assess information related to a myriad of public health issues that affect STLT health agencies.

Information will be used to assess situational awareness of current public health emergencies, make decisions that will affect planning, response and recovery activities of subsequent emergencies, and fill gaps in knowledge that will strengthen surveillance, epidemiology, and laboratory science; better supporting efforts in states and communities.

Respondent universe is comprised of state, tribal, local and territorial governmental officials/employees that are employed by an agency involved in provision of public health services in the United States. That agency is represented by local, state, tribal or territorial health departments or any governmental entity with primary mission to improve public health.

The scope of data collection is limited to responsibilities and duties of governmental employees acting in their official capacity. Thus individual data collections that require IRB review are not covered. OMB will decline individual data collection requests if it includes respondents that are governmental employees with official duties other than public health.

The collection will include the following categories of STLT governmental officials: 1) State, Territorial, Local, or Tribal Officials/Employees; 2) Municipal/City Employees.

State, territorial and tribal health officers are in a unique position to provide CDC information on jurisdiction's public health threats, status of public health infrastructure work force and financing at state, territorial and tribal level. For that reason CDC will survey that category if, for example, the assessment of the magnitude of a particular public health problem is needed (surveillance), or when evaluation of the jurisdiction's capacity to respond to a particular health problem (assessment and performance management) is warranted, etc.

County and municipal/city health employees are at the forefront of public health service delivery and emergency response. Examples of surveys for that category may include, but not be limited to assessment of their performance in provision of public health services, progress they are making in accreditation process, new policy development initiatives, etc.

In general, we expect that these collections will be solicited from either all officials/employees in a category (e.g., all epidemiologists, or to the subset of professional officials/employees for which a particular health problem was thought to be relevant (e.g., all county health employees whose counties had been affected by a disease outbreak). This collection of information will employ statistical methods for data collection as described in section B.

Surveys will be organized for the purpose of gathering information on administration, quality, quantity, improvement, inputs, activities, outputs, and outcomes related to delivery of public health services.

Specific questions will be formulated around one or more of the three themes of the ten essential public health services listed below.

Assessment (see examples for that category of questions in Appendix A, Sections 1, 3)

- Monitoring health status to identify community health problems
- Diagnosing and investigating health problems and health hazards in the community
- Evaluating effectiveness, accessibility, and quality of personal and population-based health services

Policy Development (see examples for that category of questions in Appendix A, Section 4)

- Development of policies and plans that support individual and community health efforts
- Enforcement of laws and regulations that protect health and ensure safety.
- Research for new insights and innovative solutions to health problems

Assurance (see examples for that category of questions in Appendix A, Sections 4, 5)

- Linking people to needed personal health services and assure the provision of health care when otherwise unavailable
- Assuring a competent public health and personal health care workforce
- Informing, educating, and empowering people about health issues
- Mobilizing community partnerships to identify and solve health problems

In general, CDC does not expect these collections to yield data that can be generalized, but will produce needed information regarding important health topics that affect state and local public health issues. CDC expects to use these findings to understand better the range of experiences among state, local, tribal, and territorial governmental officials/employees and as one of many inputs into decision making and/or program management or evaluation.

CDC will submit the specific information collections (e.g., individual surveys) to OMB for review as individual Information Collections (ICs) under this general Generic clearance framework. Individual submissions will include the purpose of the collection, a description of sample (e.g., all 50 states or some sample), the target respondent (e.g., food safety officer), the questions to be asked, and the response burden. These specific information collections will be included in the PRA public docket prior to their use. OMB will review and approve an individual IC in an expedited manner. However, if the specific information collection falls outside the scope of the generic clearance or is otherwise inconsistent with the terms of the generic clearance, OMB will return the proposed information collection to the agency for additional consideration or require that the full

PRA process be followed, including public notice and comment, for the review and approval of that information collection.

3. Use of Improved Information Technology and Burden Reduction

Surveys will be conducted using the most current modes of survey data collection, including CAPI/CASI, ACASI, web-based surveys, or other modes applied to specific national surveys. Though these technologies will be used by many of the individual projects in this data collection, the nature of many of these proposed activities typically requires direct interaction between respondents and project staff, especially in the case of qualitative interviewing and cognitive testing. Also, in cases when respondents do not have access to electronic means of communication, a paper based data collection will be implemented on a limited basis.

4. Efforts to Identify Duplication and Use of Similar Information

CDC recognizes and understands the fact that many collection requests are made to governmental health agencies and thus intends to use this generic clearance judiciously to ensure only the most relevant collections are undertaken and that they are not duplicative of other efforts. CDC Office of Office for State, Tribal, Local and Territorial Support (OSTLTS) conducted an environmental scan of data collection activities related to STLT agencies and used its results in developing a question bank to avoid duplication of effort. Summary of existing data collection activities regarding state and local public health is provided in Appendix B. In the event a collection is requested from CDC program, OSTLTS will require the program to determine whether or not the information already exists. A flow diagram with step-by-step instructions about actions that CDC programs need to undertake to use OSTLTS generic clearance process is presented in Appendix C. It includes revisions of existing data collections as a pre-condition for approval of individual generic submission.

5. Impact on Small Businesses or Other Small Entities

No small businesses will be involved in this data collection

6. Consequences of Collecting the Information Less Frequently

The purpose of CDC's request for this generic clearance is to ensure collection of data that is not otherwise available in current, time sensitive, or relevant formats to specific or emergent priorities of HHS and CDC. Specifically, without this data there would be:

- No timely feedback regarding effectiveness of CDC's support and technical assistance to governmental public health agencies.
- Less effective interventions and data-driven decisions that need to be often made between CDC and state, tribal, local, and territorial governmental health agencies in an expedited manner during emergencies and disease outbreaks.

- Persistent gaps in other extant information collections, because of limited timing, content, or respondent focus, i.e. CDC will not be able to complement data collection activities of other entities
- Limitations to effective and timely assessment of capacities of governmental agencies to fulfill their public health mission.

Existing data collections efforts presented in Appendix B have several limitations that necessitate need for this generic clearance request. For example:

- Public health infrastructure surveys by CDC partners organizations (NACCHO) are conducted only every 2 years, and thus have limited utility for CDC from the point of view of program monitoring and evaluation, which usually require more frequent data collection.
- None of the existing surveys include collection of data that is needed to evaluate OSTLTS programs, such as Public Health Apprentice Program, etc.
- Data needed to assure accountability of CDC investments in public health infrastructure through cooperative agreement mechanisms is not routinely collected
- Data needed to accommodate requests from HHS and Congress may not be available in currently run surveys of state and local public health officials/employees

There are no legal obstacles to reduce the burden.

7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

There are no special circumstances with this information collection package. This request fully complies with the guidelines of 5 CFR 1320.5.

8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

A 60-day Federal Register Notice was published in the Federal Register on October 22, 2010, Vol. 75, No. 204, pp. 65353-54 (see Attachment 2). Two comments were received from the Association of State and Territorial Health Officials (ASTHO), and the National Association of County and City Health Officials (NACCHO). Comments and response are provided in Attachment 3.

CDC partners with professional STLT organizations, such as the Association of State and Territorial Health Officials (ASTHO), the National Association of County and City Health Officials (NACCHO), and the National Association of Local Boards of Health (NALBOH) along with the National Center for Health Statistics (NCHS) to ensure that the collection requests under individual ICs are not in conflict with collections they have or will have in the field within the same timeframe.

9. Explanation of Any Payment or Gift to Respondents

CDC will not provide payments or gifts to respondents.

10. Assurance of Confidentiality Provided to Respondents

The Privacy Act does not apply to this data collection. Employees of state, tribal, local, and territorial public health agencies will be speaking from their official roles and will not be asked, nor will they provide individually identifiable information.

This data collection is not research involving human subjects

11. Justification for Sensitive Questions

No sensitive information will be collected.

12. Estimates of Annualized Burden Hours

The burden is calculated based on the assumption of querying at most 100% of all available state, territorial (60) and county (3000) health officials/employees and a representative sample of at most 100 municipal/city employees. CDC estimates that it will conduct up to 48 queries with State, territorial or tribal health officials/employees, 6 queries with county health employees, and 6 queries with municipal health employees each year. These are upper limit parameters assumed for the purpose of calculation of the total burden. The actual number of respondents in a survey and number of queries per respondent will vary depending on the purpose of each individual generic collection request. The universe of respondents is described in section B.1 The total annualized burden hours of 40,080 is based on the following estimates.

Table A-12.1 The total annualized burden hours

Type of Respondent	No. of Respondents	No. of Surveys per Respondent Type	Average Burden per Respondent(in Hours)	Total Burden Hours (annual)
State, Territorial, or Tribal Health Officials/Employees	60	48	1	2,880
County Health Employees	3000	6	2	36,000
Municipal/City Health Employees	100	6	2	1,200
Total				40,080

13. Estimate of Other Total Annual Cost Burden to Respondents or Record Keepers

An average hourly salary of approximately \$18.09 is assumed for all respondents, based on the Department of Labor (DOL) National Compensation Survey. Because of the scope

of this generic clearance and the variety of the types of participants, the average salary was utilized rather than attempting to estimate salaries for groups of audiences. With a maximum annual respondent burden of 40,080 hours, the overall annual cost of respondents' time for the proposed collection is estimated to be a maximum \$725,047 (40,080 hrs x \$18.09). There will be no direct costs to the respondents other than their time to participate in each survey.

Estimated Annualized Burden Cost Total Respondent Hours	Hourly pay rate	Total Respondent Burden
40,080	\$18.09	\$725,047

14. Annualized Cost to the Government

There are no equipment or overhead costs. The only cost to the federal government would be the salary of CDC staff supporting the data collection activities and associated tasks.

Surveys will be prepared by contractors or CDC staff (FTE). An FTE manager will review all surveys. Usability teams will vary across CDC teams but typically an FTE and contractor will work together on survey preparations, conducting the surveys, and analyzing data. Additionally, a senior level FTE will typically review and approve the activities. The amount of time staff and contractors spend on surveys will vary depending on the number of participants for each survey, the number of questions. An average number of 60 surveys a year was assumed for estimation purposes (55 web-based and 5 in-person). It is assumed that the cost of in-person surveys will be 3 times higher than web-based. The estimated cost to the federal government is \$113,248.80. Table A-14.1 describes how this cost estimate was calculated.

Table A-14.1: Estimated Annualized Cost to the Federal Government

Staff or Contractor	Average Hours per Study	Average Hourly Rate	Average Cost
FTE coordinator (GS-14)	3 per data collection	\$45.48	\$136.44/ data collection
FTE instrument preparation, data collection, data analysis (GS-13)	20 per data collection	\$38.57	\$771.40/ data collection
Contractor instrument preparation, data collection, data analysis (GS-12 to GS-13 equivalent)	20 per data collection	\$35.50	\$710/ data collection
Average cost per information collection (web based)			\$1,617.84
Average cost per information collection (in person)			\$4,853.52
Estimated Total Average Annual Cost of 66 web-based and 6 in person Information Collections			\$113,248.80

CDC will delegate to one of its employees the role of "State Information Collection Request Liaison (SICRL). It is highly likely this position will be housed in the newly created Office of Office for State, Tribal, Local and Territorial Support (OSTLTS). The SICRL will develop, implement and manage the new State and Local Health department questionnaire Clearance Process.

Processes and Procedures will be written and distributed to CDC program official explaining benefits associated with the new State and Local Health Department Survey Clearance Request and guiding principles for CDC programmatic and scientific staff to adhere to when formulating concepts.

The State Information Collection Request Liaison will manage the requisition process between the CDC Information Collection Review Office, the numerous and diverse CDC Program Officials, Project Officers, and Principal Investigators and the State/Local/Tribal Points of Contact (primarily State Epidemiologists, State Health Officers, County Health Employees, and Tribal/Territorial Health Officials/Employees).

The SICRL will create and keep current a Databank of questions for CDC programs to access to utilize this new clearance request. Questions will be specific to roles, responsibilities, and/or functions associated with state/local/tribal public health infrastructure, services, policies, and management such as those noted in the purpose and use section above. The Questions will be cleared through CDC leadership. Each request will be closely reviewed by the SICRL based on a predefined set of criteria to include but may not be limited to: 1) Scope of Request, 2) Burden/Impact at State/Local/Tribal level, 3) Relevance to CDC Priorities, 4) Applicability to CDC's Databank Questions associated with State, Local, and/or Tribal affairs.

An escalation process will be developed for requests of concern or in need of additional clarification.

The information collection request process will include but may not be limited to: 1) Description of a sample (e.g., all 50 states or some sample),); 2) Description of Need and Purpose Proposed Work (or SOW); 3) Sampling methods and the target respondent (e.g., food safety officer), 4) Survey Instrument that may be based on selection from Databank and/or newly proposed questions and 5) Estimate of response burden.

15. Explanation for Program Changes or Adjustments

This is a new data collection.

16. Plans for Tabulation and Publication and Project Time Schedule (TBD)
Data collection will be ongoing.

17. Reason(s) Display of OMB Expiration Date is Inappropriate

CDC does not request exemption from display of the OMB expiration date.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.

