Survey of Health Official Perceptions and Use of the CDC Prevention Status Report (PSR Survey)

OSTLTS Generic Information Collection Request
OMB No. 0920-0879

Supporting Statement – Section A

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Section A – Justification

1. Circumstances Making the Collection of Information Necessary

Background

This data collection is being conducted using the Generic Information Collection mechanism of the OSTLTS Survey Center (OSC) – OMB No. 0920-0879. The respondent universe for this data collection aligns with that of the OSC. Data will be collected from State and District of Columbia health officials acting in their official capacities.

Data will be collected through a brief survey to evaluate the CDC Prevention Status Report (PSR). The PSR was commissioned by CDC Director, Dr. Thomas R. Frieden as a direct communication to Health Officials in all 50 states and the District of Columbia. The PSR was disseminated via US mail on March 23, 2011. Electronic copies of the PSR were sent the following week. The purpose of the PSR is to ***help advance evidence-based public health policy and practice*** in states and the District of Columbia by sharing the status of key public health indicators and performance on key policy indicators with Health Officials and identifying areas where improvements can be made. The purpose of the evaluation is to determine the utility of the PSR and early indications of its success in achieving its purpose. The survey will assess Health Official perceptions of the utility of the PSR, their utilization of the PSR, and their recommendations for improvement. Participation in the survey will be voluntary. The data and information collected will be used to assess the value of the PSR and improve future iterations of the PSR.

This data collection is authorized by Section 301 of the Public Health Service Act (42 U.S.C. 241) (**see Attachment A – Authorizing Law**).

Privacy Impact Assessment

Overview of the Data Collection System – The data collection system consists of a web-based questionnaire (**see Attachment B – Survey Instrument: MS Word version and Attachment C – Survey Instrument: Web version**) designed to survey Health Officials regarding their perceptions and utilization of the PSR (**see Attachment D – Sample PSR**). The data collection instrument will be administered as a web-based survey. The survey was pilot tested by three CDC public health professionals. Feedback from this group was used to refine questions as needed, ensure accurate programming and skip patterns and establish the estimated time required to complete the survey.

Items of Information to be Collected – The survey consists of 17 questions of various types including dichotomous, multiple response, interval, filter and open ended. An effort was made to limit questions requiring narrative responses from respondents (maximum of 6 depending on responses to filter questions). The survey will collect information on the following:

a. respondent characteristics – state/district, current position, length of time in current position, whether or not respondent actually received the PSR, and whether or not the respondent read the PSR (dichotomous and multiple response format);
b. respondent perceptions about the utility of the PSR (interval format);
c. respondent utilization of the PSR both internal and external to the department of health (filter format);
d. influence of the PSR on health department operations and decision-making and on external partners (filter format); and
e. respondent recommendations for improving the PSR as a tool to support evidence-based public health policy and practice (open-ended format).

No individually identifiable information is being collected.

The source of information will be respondent perceptions of the PSR and knowledge of how the PSR was utilized within the department of health and with partners external to the department of health. It is expected that respondents will need to consult with other department staff in order to accurately respond to survey questions. Due to limitations of the survey software, respondents will need to complete the online survey in one session. To facilitate efficient use of their time, respondents will be sent an electronic copy of the survey along with the link to the web-based version. Respondents may use the electronic copy to solicit needed information from appropriate staff. Respondents can then access the web-based version and complete the survey in one session. The survey instructions will also suggest that respondents have their state or district PSR handy to facilitate answering questions about PSR content.

Identification of Website(s) and Website Content Directed at Children Under 13 Years of Age – The data collection system involves using a web-based survey. Respondents will be sent a link directing them to the online survey only (i.e., not a website). No website content will be directed at children.

2. Purpose and Use of the Information Collection

The information will be collected through a web-based questionnaire. The information will be collected by an evaluation specialist in the Research and Outcomes Branch. This is a one-time data collection. The information collected will be used to evaluate the PSR. Survey questions are designed to determine the utility of the PSR and early indications of its success in achieving its purpose. Respondents will also be asked to provide feedback on improvements that can be made to the PSR. Information derived from the survey will be used to judge the value of the PSR, provide accountability to CDC leaders by reporting early impacts of the PSR, and inform decisions about future iterations of the PSR and other similar potential products. The results of the survey will also be disseminated to health officials to share information about how the PSR can be used to promote evidence-based public health policy and practice. Without collecting this information, it would be difficult to

judge the value of the PSR and determine whether or not future investment in the PSR is warranted.

Privacy Impact Assessment

The information is being collected to determine the utility of the PSR and early indications of its success in achieving its purpose. The survey will assess Health Official perceptions of the utility of the PSR, their utilization of the PSR, and their recommendations for improvement. The data and information collected will be used to assess the value of the PSR and improve future iterations of the PSR. Since the purpose of the PSR is to support Health Officials, it is critical to determine whether or not the PSR was viewed as helpful by Health Officials.

No sensitive information is being collected. No individually identifiable information is being collected. The proposed data collection will have little or no effect on respondent privacy. Respondents are participating in their official capacity as health officials in state (or District) departments of health.

3. Use of Improved Information Technology and Burden Reduction

Data will be collected via a web-based questionnaire allowing respondents to complete and submit their responses electronically. This method was chosen to reduce the overall burden on respondents. The survey was designed to collect the minimum information necessary for the purposes of this project (i.e., limited to 17 survey questions).

4. Efforts to Identify Duplication and Use of Similar Information

The information being collected is specific to the CDC Prevention Status Report. Since the PSR is a new and unique performance improvement tool and communications product, there is no information available that can substitute for survey responses.

5. Impact on Small Businesses or Other Entities

No small businesses will be involved in this data collection.

6. Consequences of Collecting the Information Less Frequently

If data are not collected, there will be no systematically obtained information to support judgments about the value and utility of the CDC Prevention Status Report in helping to advance evidence-based public health policy and practice. This information is important for decision-making about the potential future development of the Prevention Status Report and similar products designed to support health agencies.

This request is for a one time data collection. 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 regulation 5 CFR 1320.5.

8. **Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency**
   This data collection is being conducted using the Generic Information Collection mechanism of the OSTLTS Survey Center (OSC) – OMB No. 0920-0879. A 60-day Federal Register Notice was published in the Federal Register on October 22, 2010, Vol. 75, No. 204; pp. 65353-54. 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).

   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 and local 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 and Costs**

    The estimate for burden hours is based on a pilot test of the survey instrument by three CDC public health professionals. In the pilot test, the average time to complete the survey including time for reviewing instructions, gathering needed information and completing the survey, was approximately 14 minutes. Based on these results, the estimated time range for actual respondents to complete the survey is 15-20 minutes. For the purposes of estimating burden hours, the upper limit of this range (i.e., 20 minutes) is used.

Estimates for the average hourly wage for respondents are based on the Department of Labor (DOL) National Compensation Survey estimate for management occupations – medical and health services managers in state government (http://www.bls.gov/ncs/ocs/sp/nctb1349.pdf). Based on DOL data, an average hourly wage of $57.11 is estimated for all 51 respondents. Table A-12 shows estimated burden and cost information.

Table A-12: Estimated Annualized Burden Hours and Costs to Respondents – PSR Survey

Type of Respondent	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Health Officials or Senior Deputies	51	1	20/60	17	$57.11	$970.87
TOTALS	**51**	**1**		**17**		**070.87**

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

There will be no direct costs to the respondents other than their time to participate in each survey.

14. Annualized Cost to the Federal Government

There are no equipment or overhead costs. Contractors are not being used to support this data collection. The only cost to the federal government would be the salary of CDC staff supporting the data collection activities and associated tasks.

The lead staff for this project is a Health Scientist and evaluation specialist. The development of the survey instrument included the assistance of three health scientists in the OSTLTS / Research and Outcomes Branch. The lead staff will collect the data; code, enter, and prepare the data for analysis; conduct data analyses and prepare the evaluation report with ongoing consultation provided by team members. Hourly rates of $43.70 for GS-13 (step 3), and $51.64 for GS-14 (step 3) were used to estimate staff costs. The estimated cost to the federal government is $18,248.80. Table A-14 describes how this cost estimate was calculated.

Table A-14: Estimated Annualized Cost to the Federal Government

Staff (FTE)	Average Hours per Collection	Average Hourly Rate	Average Cost
Health Scientist (GS-14) Instrument development, pilot testing, OMB package preparation, data collection, data coding and entry, quality control, data analysis, report preparation	320 hours	$51.64	$16,524.80
Health Communications Specialist (GS-13) Web-based survey programming, data collection	4 hours	$43.70	$174.80
3 Health Scientists (GS-14) Consultation with staff lead on OMB package preparation, instrument development, data analysis, quality control and report preparation consultation.	30 hours	$51.64	$1,549.20
Estimated Total Cost of Information Collection			**$18,248.80**

15. Explanation for Program Changes or Adjustments

This is a new data collection.

16. Plans for Tabulation and Publication and Project Time Schedule

There are no plans to publish the results of this data collection. The results will be used internally to improve the PSR and provide accountability to CDC leaders and externally to communicate results to Health Officials.

Project Time Schedule

- ✓ Design survey questionnaire.....(COMPLETE)
- ✓ Develop survey protocol, instructions, and analysis plan.....(COMPLETE)
- ✓ Pilot test survey questionnaire.....(COMPLETE)
- ✓ Prepare OMB package.....(COMPLETE)
- ✓ Submit OMB package.....(COMPLETE)
- ❑ OMB approval.....(TBD)
- ❑ Conduct survey.....(Survey open 4 weeks)
- ❑ Collect, code, enter, quality control, and analyze data.....(2 weeks)
- ❑ Prepare report.....(2 weeks)
- ❑ Disseminate results/reports.....(Date TBD)

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.

LIST OF ATTACHMENTS – Section A

Note: Attachments are included as separate files as instructed.

A. **Authorizing Law**
B. **Survey Instrument – MS Word version**
C. **Survey Instrument – Web version (screen shots)**
D. **Sample CDC Prevention Status Report**