

# **Survey of State, Tribal, Local and Territorial Recipient Use, Needs and Perceptions of “Did You Know?”**

OSTLTS Generic Information Collection Request  
OMB No. 0920-0879

## **Supporting Statement – Section A**

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## Part 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, tribal, local and territorial public health agency staff (STLT staff) and/or leadership acting in their official capacities.

Data will be collected through a brief survey to evaluate the “Did You Know?” email communication. “Did You Know?” was commissioned by Dr. Judith A. Monroe, CDC Office for State, Tribal, Local and Territorial Support as a direct communication mechanism to STLT staff. The purpose of “Did You Know?” is *to inform our state, tribal, local and territorial health partners about recent public health news and reports and help them use this data to put evidence-based recommendations into public health action*. “Did You Know?” was also created as a vehicle to promote other CDC-wide initiatives and products to the STLT audience including the Winnable Battles, Vital Signs, and the Guide to Community Preventive Services.

“Did You Know?” is currently released each Friday, except on federal holidays, by the Office for State, Tribal, Local and Territorial Support’s Office of Communications. The product was first launched on December 10, 2010 (**Attachment A: ‘Did You Know?’ samples**).

Anecdotal feedback from state health officials and the field is that there are numerous public health topics and issues vying for their attention and time. Health officials do not have time to read every report, but want to stay informed and up-to-date on public health research and reports. More than that, they want this information linked to compelling information on the health impact and on strategies that are known to work in addressing the problem. Based on this information, “Did You Know?” was designed to consist of three bullets with embedded links for additional information: 1) a timely news fact; 2) the associated health impact; and 3) a related evidence-based public health strategy, preferably a recommendation from the Community Guide. Each bullet is no more than 25 words long, but the ideal length is 10-12 words.

Since December 2010, topics covered have included cancer prevention; diabetes; environmental health; healthcare-associated infections; health disparities; HIV and

sexually transmitted diseases; injury, violence and safety; maternal and child health; nutrition, physical activity, and obesity; preventive health screenings; and tuberculosis elimination. Topics are selected each week to correspond with the CDC *Vital Signs* editorial calendar, national health observances, and requests from CDC Centers, Institutes, and Offices. In the future, OSTLTS hopes to also include topics requested by STLTs gathered from the responses to this evaluation.

Preliminary feedback from the field received by OSTLTS staff has been overwhelmingly positive and affirms the need for public health information in a timely and simple format. However, more investigation is needed to quantify success of the project thus far, as well as any improvements that can be made to increase effectiveness and usability of the product and satisfaction of health department staff.

#### 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 STLT staff regarding their perceptions and utilization of “Did You Know?” The data collection instrument will be administered as a web-based survey. The survey was pilot tested by eight 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 25 questions of various types including dichotomous, single response, multiple response, interval, filter and open ended. An effort was made to limit questions requiring narrative responses from respondents (maximum of 7 depending on responses to filter questions, 15 including the “Other, please describe” options on the single response and multiple response questions). The survey will collect information on the following:

- a. respondent characteristics – primary work location; public health agency; state, territory, D.C., job title or role; leadership role in which the respondent works, (multiple response and open-ended format);
- b. respondent preferences for email timing – best day to read the emails and frequency of emails (single response, multiple response and open-ended format)
- c. respondent preferences for content – number of topics per week, future topics requested, preferred content types for promotion (single response and open-ended format)

- d. respondent opinion on utility – to whom respondents have forwarded the emails, who the respondent feels is the target audience, if and how the respondent has used the product to improve policy or practice, how OSTLTS can improve the utility (multiple response and open-ended format)
- e. respondent decision making with regards to clicking on content – what links are most appealing to readers and why (task completion and multiple response format)
- f. respondent contact information for linking to existing data sets – optional (single response and open-ended format)

Only email addresses will be collected if the individual decides to provide one. This email address will not be used to contact the individual. The email address will be used to link data in the GovDelivery system which is already linked to the subscriber email addresses to the data in the survey in order to provide a fuller picture of the respondents' responses and actions. Once the data is linked, a new primary ID number will replace the email address. The email addresses will be deleted from the data set.

#### 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 Information Collection**

The purpose of the evaluation is to determine the utility of the “Did You Know?” and early indications of its success in achieving its purpose to inform our state, tribal, local and territorial health partners about recent public health news and reports and help them use this data to put evidence-based recommendations into public health action. The survey will assess STLT staff perceptions of the utility of “Did You Know?”, their utilization of the “Did You Know?”, and their recommendations for improvement. Participation in the survey will be voluntary. The data and information collected will be used to assess the value and impact of the “Did You Know?” and improve future iterations of the product.

This information collection will also be used to supplement data gathered through CDC's e-mail marketing tool, GovDelivery, and CDC's web metrics tool, Adobe SiteCatalyst. Currently, the GovDelivery tool provides data on items such as e-mail delivery rates, e-mail open rates, link clicks, and registered e-mail addresses while Adobe SiteCatalyst only tracks link clicks.

Currently, our data indicate that “Did You Know?” has a subscriber list of over 9,700 people including state, tribal, local and territorial public health department and agency staff; students and school faculty and staff; legislators; non-profit organizations; etc. Of these 9,700, a minimum of 3,000 subscribers are positively identified as STLT staff. Since e-mail tracking began in February 2011, OSTLTS has sent 222,527 email with 214,743 emails successfully delivered. Out of the delivered emails, 18,211 e-mails were opened. There have been over 7,701 total link clicks to CDC and other federal and partner websites.

While this data is informative and useful in determining *what* users are doing with regards to which e-mails they are reading and what links they click on, they do not help us understand *why* users take these actions, how useful they find the content, and what OSTLTS can do to improve the product as a whole. This makes the addition of this data collection imperative to ensuring that the product best meets the needs of our audience.

#### Privacy Impact Assessment

No sensitive information is being collected with one exception. Only email addresses will be collected if the individual decides to provide one. This email address will not be used to contact the individual if the individual. The email address will be used to link data in the GovDelivery system which is already linked to the subscriber email addresses to the data in the survey in order to provide a fuller picture of the respondents’ responses and actions. Once the data is linked, a new primary ID number will replace the email address. The email addresses will be deleted from the data set. The proposed data collection will have little or no effect on respondent privacy as respondents are participating in their official capacity as staff in state, District, tribal, local, or territorial departments of health.

### **3. Considerations Given to Information Technology**

The Keynote WebEffective online remote survey tool will be used to develop the survey instrument and gather the data. This will reduce the burden of subscribers by allowing them to take the survey online at their own convenience and by allowing them to skip irrelevant questions. The survey was designed to collect the minimum information necessary for the purposes of this project (i.e. limited to 25 survey questions)

The research team also attempted to reduce burden by limiting the number of tasks that users had to complete. Instead of answer questions about all seven “Did You Know?” emails included in the evaluation, the online survey tool is designed to show only one of the seven emails to the user through random selection. (**see Attachment B – Survey Instrument: MS Word version and Attachment C – Survey Instrument: Web version**)

**4. Duplication of Information**

Because this is a unique product and unique subscriber list, there is no existing data which could replace the need to gather data through this survey instrument. The metrics data in the GovDelivery tool and Adobe SiteCatalyst tool provide some insight into what e-mails subscribers are opening and what links they are clicking on. However, these tools cannot capture user demographics, preferences, satisfaction, or identify areas for improvement.

**5. Reducing the Burden on Small Entities**

No small businesses will be involved in this data collection

**6. Consequences of Not Conducting Collection**

This survey instrument is planned to be disseminated only one time. Currently, there are no plans to repeat this survey. If no data are collected, there will be no systematically obtained information to support judgments about the value and utility of “Did You Know?”. This information is important for decision making about future development of “Did You Know?” and other products produced for this audience.

**7. Special Circumstances**

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

**8. Consultation with Persons 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 (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. Payment or Gift**

CDC will not provide payments or gifts to respondents.

#### **10. Confidentiality**

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. Sensitive Nature**

Respondents will be asked to provide the e-mail address on a voluntary basis at which they receive the “Did You Know?” e-mails. This is an optional question and will only be used to validate that they are indeed a member of the target subscriber list and to link their survey responses to the data collected by the GovDelivery e-mail tool. Once the respondents are verified as subscribers and their data is linked to GovDelivery, each e-mail address will be replaced by a unique ID number. The record of the e-mail addresses will be permanently deleted and will never appear alongside the data. The e-mail addresses will not be used to contact respondents.

#### **12. Burden of Information Collection**

The estimate for burden hours is based on a pilot test of the survey instrument by eight CDC public health professionals. In the pilot test, the average time to complete the survey including time for reviewing instructions and completing the survey was approximately eight minutes. Based on these results, the estimated time range for actual respondents to complete the survey is 10-15 minutes. For the purposes of estimating burden hours, the upper limit of this range (i.e. 10-15 minutes) is used.

**Table A-12. A 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 )	Hourly Wage Rate	Total Respondent Costs
State, Territorial, or Tribal Health Officials/Employees	150	1	15/60	37.5	\$18.09	\$678.38
County Health Employees	200	1	15/60	50	\$18.09	\$904.50
Municipal/City Health Employees	150	1	15/60	37.5	\$18.09	\$678.38
<b>Totals</b>	500	1		125		\$2261.26

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.

**13. Costs to Respondents**

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

**14. Cost to the Federal Government**

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

The lead staff for this project is a Health Scientist and evaluation specialist (GS-14) in the OSTLTS Research and Outcomes Branch. The development of the survey instrument included the assistance of a Health Communication Specialist (GS-13) on the OSTLTS Communication Team. The lead staff will collect the data, code, enter, and prepare the data for analysis; conduct data analysis and prepare the evaluation report with ongoing consultation from the other team member. Hourly rates of \$40.97 for



GS-13 (step 1) and \$48.41 for GS-14 (step 1) were used to estimate staff costs. The estimated cost to the federal government is \$6479.80.

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

<b>Staff or Contractor</b>	<b>Average Hours per Study</b>	<b>Average Hourly Rate</b>	<b>Average Cost</b>
<b>Health Scientist (GS-14)</b> Instrument development, pilot testing, OMB package preparation, data collection, data coding and entry, quality control, data analysis, report preparation	100	\$48.41	\$4841.00
<b>Health Communication Specialist (GS-13)</b> Instrument development, pilot testing, OMB package preparation, data collection, report preparation	40	\$40.97	\$1638.80
<b>Estimated Total Cost of Information Collection</b>			\$6479.80

**15. Reasons for Changes**

This is a new data collection.

**16. Tabulation Results, Schedule and Analysis Plan**

We plan to analyze the data using Microsoft Excel to gather descriptive statistics meaning that the results will reflect generalizations about the sample group only and not the total STLT population.

Once analyzed, we plan to share our findings with other CDC stakeholders including the “Did You Know?” content authors and CDC leadership. We hope that our findings will inform the program content submissions and OSTLTS promotion efforts. We would also like to share some of our findings with the “Did You Know?” subscribers to rationalize the changes that we intend to make to the publication and to show that their input does have an impact on how CDC develops and delivers content.

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 2 weeks)
- ❑ Collect, code, enter, quality control, and analyze data..... (4 weeks)
- ❑ Prepare report..... (3 weeks)
- ❑ Disseminate results/reports..... (4 weeks)

**17. Display of OMB Approval Date**

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. ‘Did You Know?’ samples**
- B. Survey Instrument – MS Word Version**
- C. Survey Instrument – Web version (screen shots)**