Survey of State and Territorial Asthma Program Evaluators

OSTLTS Generic Information Collection Request
OMB No. 0920-0879

SUPPORTING STATEMENT – Section A

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Program Official/Project Officer
Sheri Disler, Public Health Advisor
Centers for Disease Control and Prevention
Division of Environmental Hazards and Health Effects
Air Pollution and Respiratory Health Branch
4770 Buford Hwy NE, MS F-58, Atlanta, GA 30341
Phone: 770-488-3713
E-mail: SDisler@cdc.gov
Fax: 770-488-1540

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 the State, District, and Territorial asthma program evaluators acting in their official capacities.

In 2009, the National Asthma Control Program (NACP) assigned an Evaluation Technical Advisor (ETA) to each state asthma program funded through a new five-year cooperative agreement – *Addressing Asthma from a Public Health Perspective*. This competitive five-year program funds 36 state health departments (including the District of Columbia and the territory of Puerto Rico) to conduct asthma surveillance, partnership and intervention activities. Because the evaluation component associated with this new cooperative agreement was more extensive than in previous years, including a new requirement for a 50% time evaluator, development of a strategic evaluation plan and implementation of individual evaluations as opposed to prior year generic statements to evaluate programmatic activities utilizing the CDC Framework for Program Evaluation, the NACP decided to support an internal group of evaluators to provide one-on-one technical assistance with evaluation planning and implementation efforts in state asthma programs. This one-on-one technical assistance is provided to evaluators hired by the state programs, who range from very experienced evaluators to those brand new to the field of evaluation and public health. Therefore, it is important to know what skills and experience they possess in order to determine the appropriate content of technical assistance needed.

The NACP developed this two-part survey to gather data about the technical assistance needs of evaluators in state asthma programs and to evaluate the technical assistance provided by Evaluation Technical Advisors (ETAs). The information provided from the first part of the survey will be used to determine technical assistance content, to improve the one-on-one technical assistance, and to make internal decisions about the extent to which this type of service is needed by state asthma programs. The information provided by the second part of the survey will be used to determine how our ETA staff may improve their delivery of technical assistance to state evaluators.

The information gathered in this survey is not available from other data sources or through other means.

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 Data Collection System – The data collection system consists of a two part web-based questionnaire (**see Attachments B&C – Data Collection Instrument, web version and Word version**), designed to survey state asthma program evaluators regarding their evaluation technical assistance needs and the utility and value of the technical assistance provided by our evaluation team staff. 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 36 questions, including four questions on background, 19 questions on evaluator competencies, two questions on professional practice and experience, one question on organizational practices and readiness for learning, one question highlighting the greatest need for technical assistance, and nine questions assessing the evaluation technical assistance provided by the NACP Evaluation Team. Questions are of various types including dichotomous, multiple response, interval, and open ended. An effort was made to limit questions requiring narrative responses and included narrative optional questions for respondents to elaborate on their feedback if they choose to do so. Open ended questions are limited to a maximum range of 150 to 1000 characters in length. As this is a two part survey, note, for the first part of the survey (regarding individual technical assistance needs) the state for which the responder provides evaluation services will be identified, to permit a tailoring of one-on-one technical assistance from their individually assigned ETA. The second part of the survey (regarding satisfaction with the technical assistance provided) will be anonymous. This will be accomplished by utilizing an on line survey (Survey Monkey ®) and two separate links will be sent to the responders.

2. Purpose and Use of Information Collection

NACP evaluators will conduct a two part survey, focusing on technical assistance needs of state asthma program evaluators and also on the provision of evaluation technical assistance by ETAs. This will be done using an online survey questionnaire. We are requesting approval for clearance to assess 1) the technical support needs of state evaluation partners and 2) the utility and value of the technical assistance our evaluation team provides to evaluators working in or with state health departments.

Results of the evaluation will be used to strengthen relationships between the Air Pollution and Respiratory Health Branch (APRHB) NACP and its state evaluation partners, enhance the impact and effectiveness of the NACP's activities and products, strengthen the organizational effectiveness of the APRHB, and, ultimately, enhance its ability to affect the public health workforce so that the U.S. can become a Healthiest Nation.

An effective program improvement process requires understanding the type and scope of products and services that can best meet the needs of APRHB partners. By asking partners to identify their current needs, to describe how APRHB activities address these needs, and to identify new activities that they would find helpful, APRHB will be better able to improve existing activities as well as prioritize areas for additional or expanded services.

Furthermore, these assessments will enable APRHB to gauge how effectively it is supporting partners and to monitor its progress in meeting evaluation goals. This will allow the APRHB to prioritize service areas that need improvement and to identify successful activities that should be maintained, replicated, or expanded. The proposed data collection activities will result in a stronger APRHB, and a stronger CDC, that is better able to meet the needs of its partners and, subsequently, demonstrate the results of its activities on public health.

The scope of data collection is limited to responsibilities and duties of governmental employees acting in their official capacity, as such this data collection will not require IRB review.

Collection of these data will not yield data that can be generalized. CDC expects to use these findings to understand better the range of experiences among state, territorial governmental officials/employees and as one of many inputs into decision making and/or program management or evaluation.

3. Use of Improved Information Technology and Burden Reduction

These data will be collected using a web-based survey, using Survey Monkey ®. Web surveys reduce respondent burden by enabling them to easily access the survey and complete it at a convenient time and location. The web survey will use easy-to-read response scales or text boxes that are embedded in the online survey. Any skip patterns included in the survey (that is, questions that are only appropriate for a proportion of respondents) have been programmed into the web-based form. **Attachment B** consists of screen shots of the data collection instrument. **Attachment C** consists of the data collection instrument in a Word document.

Survey Monkey ® has a data center which is located in a SAS70 Type II certified facility, which is staffed and surveilled 24/7. Their servers are kept in a locked cage, with digital surveillance equipment monitoring at the data center. Secure Sockets Layer (SSL) technology protects user information using both server authentication and data encryption, ensuring that data is safe, secure and available only to authorized persons in a password protected system. In addition, personally identified information will not be collected.

4. Efforts to Identify Duplication and Use of Similar Information

These data are unique to the implementation of the evaluation provisions related to Program Announcement CDC-RFA-EH09-901, and are therefore not duplicative of other efforts. Currently, State Health Departments funded under APRHB's National Asthma Control Program report semi-annually using a Management Information System (MIS) called the Asthma Information and Reporting System (OMB No. 0920-0853, exp. 06/30/2013). State health departments are responsible for recording programmatic information in the MIS including a list of staff, a description of interventions, a delineation of program objectives, a progress report on performance measures, and a listing of accomplishments. While information collected through the MIS describes state activities, it does not provide any evaluation information specific to CDC's products or services, or elicit recommendations and comments from users of APRHB's evaluation products and services. Thus, this new information collection will fill a gap in allowing CDC to evaluate its products and services intended for state health department support.

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 this request 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 APRHB'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.

- Limitations to effective and timely assessment of capacities of governmental agencies to fulfill their public health mission.

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

   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 ASTHO, the 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 the 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 and Costs

The estimate for burden hours is based on a pilot test of Parts A and B of the survey by three CDC public health professionals. In the pilot test, the average time to complete both parts of the survey, including time for reviewing instructions, gathering needed information and completing the survey, was approximately 20 minutes. Part A took an average of 16 minutes, and Part B took 4 minutes. This was rounded up to 30 minutes for the purposes of our estimated burden hours.

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 36 respondents. Table A-12 shows estimated burden and cost information.

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

Type of Respondents	Number of Respondents	No. Responses per Respondent	Hours per Response	Total Burden Hours	Hourly Wage Rate	Total Respondent Cost
State Asthma Program Evaluators	36	1	30/60	18	$57.11	$456.88
TOTALS	**36**	**1**		**18**		**$456.88**

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

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

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 CDC staff (FTE). An FTE manager will review all surveys. A senior level FTE will review and approve the activities. The estimated cost to the federal government is $15,106.20 . 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	Hours	Average Hourly Rate	Average Cost
Health Scientist (GS-14) Lead on development of instrument, pilot testing, review and oversee OMB package preparation, data collection, data coding and entry, quality control, data analysis, report preparation	20	$62.93	$1,258.60
Public Health Advisor (GS-13) Instrument development, pilot testing, OMB package preparation, data collection, report preparation	200	$53.26	$10,652.00
3 Health Scientists (GS-13) Consultation with staff lead on OMB package preparation, instrument development, data collection, data coding and entry, quality control, data analysis, report preparation	60	$53.26	$3,195.60
Estimated Total Cost of Information Collection			$15,106.20

15. Explanation for Program Changes or Adjustments

This is a new data collection.

16. Plans for Tabulation and Publication and Project Time Schedule (TBD)

There are no plans to publish the results of this data collection. The results will be used to support individual evaluators in the state health departments and to improve the content and delivery of evaluation technical assistance to all state evaluators. Thirty

days following OMB approval, data collection will commence via e-mail communication (**see Attachment D – Introductory Email)** to all NACP evaluators, seeking response within a period of 20 business days (28 calendar days). Every five business days (seven calendar days) following the initial e-mail, a reminder will be sent to non-responders to part 1 of the survey (**see Attachment E – Reminders, Email Reminder**), and just prior to the 20th business day (18th business day/26th calendar day), reminder phone calls will be made to non-responders to Part 1 (**see Attachment E – Reminders, Telephone Reminder**), asking those who have not yet submitted a response to do so. At the close of the data collection period, a follow up email will be sent, thanking those respondents to Part 1 of the survey (**see Attachment F – Follow-up Email**). Within 120 days following OMB approval, respondents will receive a summary of their individual technical assistance needs as identified in part one of the survey using data submitted (**see Attachment G – Evaluator Self-Assessment Follow-up**). Reports which will be generated for internal CDC use to improve technical assistance are included (**see Attachment H – Sample Reports**) and will be completed within 120 days following OMB approval. A summary of this timeline is provided below:

Days following OMB approval	Activity
30 days	Email announcing survey; commence data collection
37 days	Reminder e-mail sent
44 days	Reminder e-mail sent
51 days	Reminder e-mail sent
56 days	Telephone reminder calls made
58 days	Last day of data collection; follow-up email sent
120 days	Respondent summary provided
120 days	CDC reports generated on respondent satisfaction with technical assistance

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. Data Collection Instrument – Web version

C. Data Collection Instrument – Word version

D. Introductory e-mail

E. Reminders

F. Follow-up e-mail

G. Evaluator Self-Assessment Follow-up

H. Sample Reports