

Public Health Practice Stories from the Field (PHPSFF)

OSTLTS Generic Information Collection Request
OMB No. 0920-0879

Supporting Statement – Section A

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Program Official/Project Officer

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Section A – Justification

1. Circumstances Making the Collection of Information Necessary

Background

This information collection is being conducted by the CDC’s Office for State, Tribal, Local and Territorial Support (OSTLTS) using the Generic Information Collection mechanism of the OSTLTS Survey Center (OSC) – OMB No. 0920-0879. The respondent universe for this information collection aligns with that of the OSC. Information will be collected from staff in state, tribal, local, and territorial (STLT) health agencies acting in their official capacities.

OSTLTS and CDC partners, such as the Association of State and Territorial Health Officials (ASTHO and the National Association of County and City Health Officials (NACCHO), receive requests from both internal (CDC) and other external partners regarding current public health practices in STLT health agencies. Public health practitioners are interested in information about efforts in other jurisdictions that address similar public health problems and populations. They are particularly interested if other contextual factors are similar (e.g., political, social and economic environment). CDC leaders are interested in learning of both evidence-based practices and promising innovative practices. In response to this situation, OSTLTS facilitates the collection, sharing, and dissemination of stories about the implementation of evidence-based and innovative public health practices in the field.

OSTLTS seeks to standardize the collection of these stories – Public Health Practice Stories from the Field (PHPSFF). PHPSFF span a broad range of public health, performance management, and quality improvement topics. PHPSFF include information about programmatic activities (e.g., surveillance, community needs assessment, strategic planning, disease intervention, program evaluation), accomplishments, outcomes, and lessons learned.

The purpose of collecting PHPSFF is **to expand STLT access to and use of applicable public health practice stories from the field**. Expanding access to field-based practice information builds awareness of current public health practice and results being achieved across the field of public health. Although some stories may contain data (e.g., evaluation results on the impact of public health efforts), the collection is focused on the information about public health practice (i.e., the “story”) not standardized public health data. OSTLTS will disseminate the stories along with source contact information to other STLT health agencies online and via email.

Privacy Impact Assessment

Overview of the Data Collection System – The data collection system consists of a story collection template, a final story format (i.e., PHPSFF) and the OSTLTS website (i.e., STLT Gateway). The story collection template is a form (MS Word document) in electronic format (**Attachment A – Story Collection Template**) designed to standardize the collection of information from health agencies regarding programmatic activities, accomplishments, outcomes, and lessons learned (i.e., content for PHPSFF). Story content from the collection template will be developed into a PHPSFF (**Attachment B – Sample PHPSFF – New Jersey NPHII**) by OSTLTS Communication Team staff. Stories will be archived on the STLT Gateway (see **Attachment C – Gateway for State, Tribal, Local and Territorial Public Health Professionals**).

The data collection will occur on both a routine and ad hoc basis. Routine collection will be conducted as part of the Vital Signs Town Hall Teleconference (VSTH) (**see Attachment D – Vital Signs Town Hall Teleconference**). VSTH is a monthly call where two or three presenters from health agencies present on a practice, program, or activity in the field to an audience of health agency leaders across the nation. These presentations will provide the content for up to *3 routine stories per month* on an ongoing basis. At this rate of collection we estimate collecting up to *72 routine stories through March 31, 2014* (expiration date of this Generic ICR). The OSTLTS Communication Team coordinates the selection of presenters in consultation with relevant CDC program subject matter experts. The presenters will coordinate with the Communication Team staff via email to complete the story collection template and develop their PHPSFF. Final PHPSFF will go through internal clearance and will be archived on the STLT Gateway. Stories will be highlighted in the regular OSTLT email communication – “Have You Heard? Facts from the Field.” STLT health agency staff will be able to link from the email to stories archived on the STLT Gateway.

Ad hoc data collection will involve use of the template to collect stories for the purpose of highlighting specific public health efforts related to CDC priorities, emerging issues, and evidence-based or innovative practices. Ad hoc collection will occur on an as needed basis. The process for ad hoc collection will be similar to routine collection for VSTH. OSTLTS staff or partners (e.g., ASTHO, NACCHO) on behalf of OSTLTS will contact STLT health agency staff (i.e., source) via email to solicit a PHPSFF. They will share the story collection template and request completion of the template. OSTLTS staff or partner staff will coordinate with the source to ensure adequate completion of the template and approval of the final content. The stories will be cleared internally in OSTLTS and archived on the STLT Gateway. An estimated *20 ad hoc stories per month* will be collected ad hoc yielding a total of approximately *480 stories through March 31, 2014* (expiration date of this Generic ICR).

The estimated TOTAL (routine and ad hoc) stories collected ANNUALLY including both routine (3 stories per month X 12 months = 36) plus ad hoc (20 stories per month X 12 months = 240) is 276. Or a total of *552 stories through March 31, 2014* (expiration of this Generic ICR).

Items of Information to be Collected – The template contains the following sections:

- a. **Public Health Practice Stories from the Field Title** – respondents will select a title for their story
- b. **Public Health Problem or Performance/Quality Improvement Issue** – respondents will describe the public health problem or issue, why it is important, the population affected, and when possible, use data to frame the problem including health burden and economic costs
- c. **Program Description** – respondents will describe the practice, program, or activity implemented including the supporting evidence or an explanation of why their approach is innovative
- d. **Accomplishments and Impact** – respondents will describe how the progress of the practice, program, or activity was evaluated including a description of outcomes (short-term, intermediate, or long-term as applicable) and data illustrating the scope of the impact

The source of information will be health agency staff. They will complete the template using their knowledge of the practice, program or activity and any supporting data or information available.

Identification of Website(s) and Website Content Directed at Children Under 13 Years of Age –No website content will be directed at children.

2. Purpose and Use of the Information Collection

The purpose of collecting PHPSFF is *to expand STLT access to and use of applicable public health practice stories from the field*. Public health practitioners are interested in information about efforts in other jurisdictions that address similar public health problems and populations. They are particularly interested if other contextual factors are similar (e.g., political, social and economic environment). Expanding access to field-based practice information builds awareness of current public health practice and results being achieved across the field of public health. Providing access to this type of information enhances awareness of practitioners and potentially supports more efficient decision-making regarding programmatic strategies and approaches.

The information will be used by CDC to facilitate information sharing among STLT health agencies. Stories collected routinely via VSTH will be archived on the STLT Gateway and highlighted in the Have You Heard? Facts from the Field email on a monthly basis. STLT health agency staff will also be able to access the STLT Gateway and find stories pertinent to their interests. Internally, CDC will use these stories to answer requests about public health practice in the field. These stories will be useful components of briefing packets for the CDC Director when he visits STLT health agencies. These stories may also be useful in answering Congressional inquiries regarding public health activities in their jurisdiction. Collecting

and maintaining an archive of PHPSFF will allow OSTLTS to be responsive to internal and external request for information about public health practice.

Privacy Impact Assessment

The information is being collected to highlight field-based public health practices, programs and activities.

No sensitive information is being collected. Since the purpose of this data collection is to facilitate sharing and disseminating information nationwide and support communication between STLT health agencies, the agency name, contact name, phone number, and email address will be collected to be included with the story. Given that the information being collected is already publicly available online from health agencies, the proposed data collection will have little effect on respondent privacy. Respondents are participating in their official capacity as staff in state, local, tribal, or territorial health agencies.

3. Considerations Given to Information Technology

Data will be collected via a story collection template in electronic format (email) allowing respondents to complete and submit their responses electronically. This method was chosen to reduce the overall burden on respondents. The template was designed to collect the minimum information necessary for the purposes of this collection. Word limits are provided for each section of the template to provide clear guidance regarding the amount of information being requested.

4. Duplication of Information

Although other units within CDC collect success stories, OSTLTS is not duplicating other information collections. OSTLTS coordinates with other units in CDC to avoid duplication of effort. Presenters for VSTH are selected in consultation with subject matter experts in other CDC units.

5. Reducing the Burden on Small Entities

No small entities will be involved in this data collection.

6. Consequences of Not Conducting Collection

If the stories are not collected, CDC and STLT health agencies will have less access to information about current evidence-based and innovative practice occurring in the field. This may lead to circumstances where health agencies are less efficient due to being less informed about effective strategies or approaches that have already been developed elsewhere.

This request is for ongoing data collection. There are no legal obstacles to reduce the burden.

7. Special Circumstances

There are no special circumstances with this information collection package. This request fully complies with the regulation 5 CFR 1320.5 and will be voluntary.

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. 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. 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. Respondents will knowingly provide their contact information to be included with their story.

This data collection is not research involving human subjects.

11. Sensitive Nature

No information of a sensitive nature will be collected.

12. Burden of Information Collection

The estimate for burden hours is based on experience using the story collection template to produce two PHPSFF for the Vital Signs Town Hall Teleconference. The average time to complete the template including time for reviewing instructions, gathering needed information, completing the template, and follow up communication with CDC staff for quality control and approval was approximately 4 hours. Based on these results, the estimated time range for respondents to complete the template is 3 to 7 hours. We are estimating a broad range for the burden hours to account for the varied circumstances that may apply to individual collections. For the purposes of estimating burden hours, the upper limit of this range (i.e., 7 hours) 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 and local government (<http://www.bls.gov/ncs/ocs/sp/nctb1479.pdf>). Based on DOL data, an average hourly wage of \$47.49 is estimated for all potential respondents. Table A-12 shows estimated burden and cost information based on collecting an estimated 276 stories on an annual basis.

A total of 552 *TOTAL* stories will be collected through March 31, 2014 (expiration of this Generic ICR). As a result, a total of 3864 burden hours will be used for the 552 story collections through March 31, 2014.

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

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
STLT health agency program staff	276	1	7	1932	\$47.49	\$91,750.68
TOTALS	276	1		1932		091,750.68

13. Costs to Respondents

There will be no direct costs to the respondents other than their time to complete the story collection template.

14. Costs to Federal Government

There are no equipment or overhead costs. A Health Communication Specialist working as a contractor in OSTLTS will support this data collection as part of their regular duties. The only cost to the federal government would be the salary of CDC staff and contractor supporting the data collection activities and associated tasks.

The lead staff for this project is a Health Scientist although Public Health Advisors and other staff may be involved in the ongoing data collection. The data collection instrument (i.e., story collection template) was adapted from a template already in use by the CDC Division of Adolescent and School Health. OSTLTS staff will collect the data using the story collection template and work with STLT health agency staff to refine the story and obtain STLT health agency clearance of story content. Story content in the collection template will then be edited by OSTLTS Communication Team staff to produce the PHPSFF. Communication Team staff will also be responsible for posting PHPSFF to the OSTLTS website and dissemination via email through “Have You Heard?” An hourly rate of \$40.97 (GS-13 step 1) was used to estimate staff costs for the Health Scientist and Public Health Advisors and \$40.97 (GS 13 step 1) for Health Communication Team staff. Based on experience, the estimated time required for staff to coordinate with STLT staff, review story content, clear story content, produce the final story (and make them 508 compliant), and post stories to the OSTLTS website is from 12-15 hours per story. For the purposes of estimating the cost to the federal government, the upper limit of this range (i.e., 15 hours) is used. The total annual hours for this collection to estimate the annualized cost to the federal government are 4140 (276 stories annually X 15 hours per story = 4140). The estimated cost to the federal government is \$169,615.80 (4140 hours X 40.97 = \$169,615.80). Table A-14 describes how this cost estimate was calculated.

Table A-14: Estimated Annualized Cost to Federal Government

Staff (FTE)	Total Hours for Collection	Average Hourly Rate	Total Cost
Public Health Advisor/Health Scientist (GS-13) OMB package preparation and ongoing data collection, communication Health Communication Specialist (GS-13) Instrument development, story editing, PHPSFF development, dissemination	4140 hours	\$40.97	\$169,615.80
Estimated Total Cost of Information Collection			\$169,615.80

15. Reason for Changes

This is a new data collection.

16. Tabulation of Results, Schedule, and Analysis Plan

The results of the data collection are stories. There will be no tabulation or aggregation of data. Story content will be finalized in the story collection template through iterative communication between OSTLTS staff and STLT health agency staff. The stories will be posted and archived on the STLT Gateway and may also be produced and disseminated in hardcopy.

Project Time Schedule

- ✓ Develop story collection template..... (COMPLETE)
- ✓ Develop story collection protocol and instructions..... (COMPLETE)
- ✓ Test story collection template..... (COMPLETE)
- ✓ Prepare OMB package..... (COMPLETE)
- ✓ Submit OMB package..... (COMPLETE)
- OMB approval..... (TBD)
- Collect stories..... (Ongoing monthly until 3/31/2014)
- Disseminate stories..... (Ongoing monthly until 3/31/2014)

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. Data Collection Instrument – PHPSFF Story Collection Template**
- B. Sample PHPSFF – New Jersey NPHII**
- C. Gateway for State, Tribal, Local and Territorial Public Health Professionals**
- D. Vital Signs Town Hall Teleconference**