

**Assessing the Utility of The Community Guide Website and Products
Among State, Tribal, Local and Territorial (STLT) Email Subscribers**

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, tribal, local, and territorial level (STLT) program managers and directors acting in their official capacities . This data collection is authorized by Section 301 of the Public Health Service Act (42 U.S.C. 241).

Practitioners, policymakers, and others are under increasing pressure to use evidence-based approaches when making decisions about which public health initiatives to support, particularly as resources become more strained. The Guide to Community Preventive Services (The Community Guide) is an invaluable aid to such decision-making. Using state-of-the-art scientific methods, CDC engages federal and non-federal partners in systematically reviewing existing scientific literature to determine which public health interventions work, which do not, and which require further investigation. Findings from systematic reviews are then presented to the Community Preventive Services Task Force (Task Force), which is an independent, nonfederal group of internationally renowned public health experts, established by HHS and appointed by the Director of CDC. The Task Force uses the findings as the foundation for making judgments about each intervention reviewed—to ensure that practice, policy, research, and funding decisions can be informed by the highest quality evidence. To date, the Task Force has made evidence-based findings about the effectiveness of more than 220 population-based public health interventions in 22 public health topic areas.

The Community Guide serves as a web-based repository of best practices identified by the Task Force and summarizes the current state of knowledge about effective and efficient disease prevention and health promotion interventions (a screen shot of The Community Guide Website homepage can be found in **Attachment A**). The Community Guide has issued evidence-based findings and recommendations for the following topic areas

Adolescent health	Health Communication	Physical activity
Alcohol	Health equity	Social environment
Asthma	HIV/AIDS, STIs, and pregnancy	Tobacco
Birth defects	Mental health	Vaccines
Cancer	Motor vehicle	Violence
Cardiovascular disease	Nutrition	Worksite health
Diabetes	Obesity	Oral health

The Community Guide also presents information on how these programs, services, and policies may fit the needs of specific communities and the estimated costs and potential return on investment associated with the recommendations and findings presented. An example of a Task Force recommendation for Birth Defects prevention can be found in **Attachment B**.

Despite the vast potential of The Community Guide to improve public health practice in the United States, its use has remained limited and thus its impact not fully realized. In 2002, an evaluation of awareness and adoption of the Community Guide revealed that three years after its initial publication in late 1999, only 35% of the 1,155 directors and instructors surveyed were aware of the Community Guide.¹ A 2008 survey conducted by the National Association of Chronic Disease Directors of state and local health departments found that only 30% of local health department respondents had heard of the Community Guide.² Other data suggests that awareness of the Community Guide has improved, among certain audiences. At a recent technical assistance session, co-hosted by the National Association of County and City Health Officials and the Association of State and Territorial Health Officials, approximately two-thirds of the public health professionals in attendance reported that they had heard of the Community Guide prior to the presentation. Between 150 and 200 public health professionals attended the technical assistance session.³ In an email survey sent to 52 state health department physical activity program leaders, Brownson and his colleagues found that awareness of the Community Guide was high (89.8%) and that most (67.3%) had visited the Community Guide website.⁴

Although awareness of the Community Guide appears to be improving, adoption or use of evidence-based interventions, including those recommended in the Community Guide, remains a challenge. Among the 52 state health department physical activity program leaders surveyed by Brownson et al, only 22% of respondents reported that existing

¹ B. Myers, personal communication, July 2003, cited in Briss, PA, Brownson, RC, Fielding, JE, Zaza, S., 2004. *Developing and using the Guide to Community Preventive Services: lessons learned about evidence-based public health*. Annual Review of Public Health 25:281- 302.

² Jacobs, JA, Dodson, EA, Baker EA, Deshpande, AD, Brownson, RC. *Barriers to evidence-based decision making in public health: a national survey of chronic disease practitioners*. Public Health Reports. 2010 Sep-Oct; 125(5):736-42.

³ ASTHO & NACCHO Community Guide Training, Crystal City, VA; 12/13/2010. Accessed from Ross C. Brownson's presentation at ASTHO-NACCHO Community Guide Meeting on 12/13/2010, "Translating evidence to practice."

⁴ ⁵ Brownson, RC., Ballew, P., Dieffenderfer, B., Haire-Joshu, D., Heath, G., Kreuter, MW., Myers, B. *Evidence-Based Interventions to Promote Physical Activity What Contributes to Dissemination by State Health Departments*. American Journal of Preventive Medicine. 2007; 33(1S):S66-S78.

programs had been changed and only 36% reported that new programs were developed or implemented in accordance with Community Guide recommendations.⁵

As these findings indicate, The Community Guide will be of limited usefulness if users are not aware of Task Force findings, if the findings are not accessible to users when they need them, or if the findings are not in formats that meet users' needs and preferences. Intended users of The Community Guide include policy makers at all levels of government and within organizations and agencies; those who are responsible for programs and services in state, territorial, local and tribal health departments, worksites, community organizations, and others; government and private funders of research and programs; and researchers. The highest priority user audiences for the Community Guide at the current time are state, territorial, local, and tribal (STLT) health departments.

Through Health Reform, the Community Guide Branch has been mandated to enhance its current dissemination efforts. Specifically, the Patient Protection and Affordable Care Act (ACA), § 4003(b)(1) amends the Public Health Service (PHS) Act to add *Section 399U Community Preventive Services Task Force*, which authorizes the provision of an independent Community Preventive Services Task Force convened by the Director of the Centers for Disease Control and Prevention. As the agency responsible for convening the Community Preventive Services Task Force, CDC is charged with providing “*ongoing administrative, research, and technical support for the operations of the Task Force, including coordinating and supporting the dissemination of the recommendations of the Task Force, ensuring adequate staff resources, and assistance to those organizations requesting it for implementation of Guide recommendations.*” (ACA, § 4003(b)(1); PHS Act § 399U(c)) (ACA page 426).⁶

In the first year of Health Reform activities, the Community Guide Branch responded to this legislation by improving dissemination of the Task Force findings through activities such as (1) developing “The Community Guide in Action Stories” that describe how The Community Guide has been used in communities and the public health impact; (2) designing a Community Guide exhibit to promote The Community Guide at major public health conferences and meetings; and (3) developing promotional products such as flyers, fact sheets, and display materials.

Since 2010, CDC has spent more than \$2 million on the dissemination and promotional activities and products described above. Given the considerable investment of resources, it

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⁶ Community Preventive Services Task Force, 2011. *First Annual Report to Congress and Agencies Related to the Work of the Task Force, 2011*, <http://www.thecommunityguide.org/library/ARC2011/congress-report-exec.pdf> (September 2012)

is important to assess the impact of dissemination and promotional activities, particularly among the Guide's primary audiences--state, territorial, local and tribal health departments (STLT). To this end, Westat (under contract to CDC) will conduct a summative evaluation to provide critical feedback about the communication products and strategies developed to promote The Community Guide. The evaluation is designed to answer the following questions:

- What are target audience opinions about The Community Guide website (including information site utility, user satisfaction with the overall site and certain site features or functions, and recommendations for improving the site)?
- To what extent are target audiences aware of The Community Guide products?
- To what extent are target audiences using The Community Guide products?
- What are target audience opinions about The Community Guide products (including information on their satisfaction with the products, how useful they find the products, and their recommendations for improving the products)?
- How are target audiences using these products?

This summative evaluation will be conducted as an online survey of state, tribal, local, and territorial employees who are current email subscribers to The Community Guide. The survey, titled **The Community Guide Web Survey of STLT Email Subscribers (Attachment C)**, will gather information from STLT subscribers regarding utility and satisfaction with the site; opinions about and satisfaction with Community Guide products; how products have been used; and recommendations for improving the site and The Community Guide products. We will use SurveyMonkey, a web-based survey tool, to conduct the survey.

Privacy Impact Assessment

Overview of the Data Collection System – The data collection system consists of a web-based questionnaire (see **Attachment C –The Community Guide Web Survey of STLT Email Subscribers Instrument: MS Word version and Attachment D – The Community Guide Web Survey of STLT Email Subscribers Instrument: Web version**) designed to survey STLT government officials and employees who are email subscribers to The Community Guide.

Respondents will be asked to provide feedback regarding utility of and satisfaction with The Community Guide website; share their opinions about and satisfaction with Community Guide products; provide examples of how they have used Community Guide products in their work; and offer suggestions for improving The Community Guide website and products. Data will be collected using a web-based survey. The survey was pilot tested by 6 public health practitioners. Feedback from this group was used to refine questions as needed, ensure accurate programming and skip patterns in the survey, and to establish the estimated time required to complete the survey.

Items of Information to be Collected

The survey consists of 39 questions of various types including single response, multiple response, interval, filter, and open-ended. An effort was made to limit questions requiring narrative responses from respondents (3 open-ended questions and 8 questions with an “other, please describe or specify” option on multiple response questions). The survey will collect the following information:

- a. Respondent characteristics: employer type (state, tribal, local, or territorial--this data will also be used to confirm eligibility); title or position; primary field of practice or area of expertise; and educational background.
- b. Awareness of The Community Guide and selected products.
- c. Utility and satisfaction with The Community Guide website.
- d. Utility and satisfaction with selected Community Guide tools and products.
- e. Examples of how The Community Guide has been used, for example in program planning; delivery of preventive services; purchasing health care services; designing and implementing employee wellness programs; supporting local community health; policy development; educating public health professionals; developing or responding to funding guidance and criteria; and planning and conducting research.
- f. Suggestions for improving The Community Guide and related products, including suggestions for enhancing use of The Community Guide among STLT colleagues and partners.

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

This data collection will gather information from STLT subscribers regarding utility and satisfaction with the site; opinions about and satisfaction with Community Guide products; how products have been used; and recommendations for improving the site and Community Guide products. The web survey seeks to answer the following evaluation questions:

- What are target audience opinions about The Community Guide website, including information site utility, user satisfaction with the overall site and certain site features or functions, and recommendations for improving the site)?
- To what extent are target audiences aware of The Community Guide products?

- To what extent are target audiences using The Community Guide products?
- What are target audience opinions about The Community Guide products, including information on their satisfaction with the products, how useful they find the products, and their recommendations for improving the products?
- How are target audiences using these products?

The Community Guide Branch of the Epidemiology and Analysis Program Office will use the data collected to make needed enhancements to The Community Guide website site content and functionality. Data will also be used to ensure that the products developed to support The Community Guide are accessible, understandable, relevant, and consistent with user preferences. Because The Community Guide and its products are web-based, survey findings will also be used to develop strategies for driving additional traffic to The Community Guide website.

Results from the web survey will be synthesized to describe awareness levels of The Community Guide among respondents; utility and satisfaction with the website and selected tools and products; the various ways in which The Community Guide and related products are being used by STLT audiences; which products STLT audiences find most and least useful; and suggestions for improving The Community Guide website and increasing uptake among STLT audiences. Because the Community Guide Branch has no background or descriptive information on email subscribers to The Community Guide, the report will also include a descriptive summary of respondent characteristics such as, employer type, title or position, educational background, primary field of practice or area(s) of subject matter interest or expertise, and educational background. This information will be very useful in targeting Community Guide products to specific segments of the STLT audience. In summary, this data collection serves as a customer satisfaction survey for The Community Guide website users. With this data, CDC will be able to better meet customers' needs and develop strategies for increasing the customer base for The Community Guide.

Privacy Impact Assessment

No sensitive information is being collected. The proposed data collection will have little or no effect on respondent privacy because respondents are participating in their official capacity as staff in state, tribal, local, or territorial departments of health.

3. Considerations Given to Information Technology

Data will be collected via SurveyMonkey, a web-based questionnaire allowing respondents to enter and submit their responses electronically. The survey will be open for 3 weeks (21 days) and will be sent with an accompanying email notification (see **Attachment E**). This software also sends reminder emails to those who have not yet responded. Reminder emails will be sent on days 7, 14 and, 20 (see **Attachment F**). Online data collection 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 39 survey questions.)

As the contractor, Westat will be responsible for preserving the anonymity of all data stored on Westat premises. Data will only be accessible to Westat staff assigned to this project.

Survey data will only be stored in the Community Guide project folder on the secure Westat Atlanta server.

4. Duplication of Information

This is the first time that this data collection has been conducted. After an extensive search of the literature and the internet, as well as a review of information collected by STLT-related agencies (e.g., ASTHO, NACHHO, and NHLBO), we have concluded there is currently no information available that can substitute for the proposed survey responses. As discussed in section 1 of this document, many of the prior data collections related to the Community Guide were limited to specific Community Guide recommendations and thus offer data limited to audiences working in selected areas in public health. The proposed web survey will gather feedback from respondents about The Community Guide website overall, and as such will reach STLT audiences who work on a wide range of public health topics. In addition, enhancements to the Community Guide website, as well as the development of Community Guide communication products, are recent undertakings not in existence at the time the data collection efforts discussed in section 1. It is therefore our conclusion that the proposed data collection is unique and represents the first data collection that broadly examines use and application of The Community Guide, including the website and related communication products.

5. Reducing the Burden on Small Entities

No small businesses will be involved in this data collection.

6. Consequences of Not Conducting Collection

The consequences of not collecting this information would include these:

- Failure to determine if the substantial (\$2million) investment made in dissemination and promotion of The Community Guide adequately achieves the goals of the Task Force;
- CDC, as the designated agency responsible for convening and supporting the Task Force, cannot fully respond to the Health Reform mandate to enhance current efforts to disseminate The Community Guide:

“(c) ROLE OF AGENCY.—The Director shall provide *“ongoing administrative, research, and technical support for the operations of the Task Force, including coordinating and supporting the dissemination of the recommendations of the Task Force, ensuring adequate staff resources, and assistance to those organizations requesting it for implementation of Guide recommendations.”* (ACA, § 4003(b)(1); PHS Act § 399U(c)) (ACA page 426)⁷

⁷ Community Preventive Services Task Force, 2011. *First Annual Report to Congress and Agencies Related to the Work of the Task Force, 2011.* <http://www.thecommunityguide.org/library/ARC2011/congress-report-exec.pdf> (September

- Limited guidance available on how to make salient, user-directed improvements to the Community Guide website and web-based products.

This request is for a one time 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. 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 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. Sensitive Nature

No information will be collected that are of personal or sensitive nature.

12. Burden of Information Collection

The estimate for burden hours is based on a pilot test of the survey instrument by 6 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 7 minutes. Based on these results, the estimated time range for actual respondents to complete the survey is 6 to 8 minutes. For the purposes of estimating burden hours, the upper limit of this range (i.e., 8 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 2,326 respondents. Table A-12 shows estimated burden and cost information.

Table A-12: Estimated Annualized Burden Hours and Costs to Respondents – Website Survey of Community Guide Subscribers

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
State, tribal, local, and territorial health departments employees subscribed to Community Guide online	2,326	1	8/60	310	\$57.11	\$17,711.71
TOTALS	2,326	1		310		\$17,711.71

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 Federal Government

There are no equipment or overhead costs. A contractor, Westat, is being used to support this data collection. Thus, the cost to the federal government will include the salary of CDC staff supporting the data collection activities and associated tasks.

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

Staff (FTE)	Average Hours per Collection	Average Hourly Rate	Average Cost
Public Health Educator (GS-14) Provide oversight to the contractor and guidance on instrument development and data analysis. Provide	50	\$59.71	\$2,985.50

feedback on the final report.			
Westat Contractor Instrument development, pilot testing, OMB package preparation, web-based survey programming, data collection, data analysis, and report preparation	200	\$ 126.24	\$25,248.00
Estimated Total Cost of Information Collection			\$28,233.50

15. Reason for Changes

This is a new data collection.

16. Tabulation of Results, Schedule, and Analysis Plan

The results of this data collection will be shared internally with CDC leadership and staff across the agency as well as externally with national partners and stakeholders of the Community Guide Branch. Aggregate findings will be posted on the OSTLTS web page shared with the Task Force members (including Liaisons) and The Community Guide users. The results will be used internally to set priorities and inform activities for the Community Guide Branch.

Both quantitative and qualitative analyses will be performed. Quantitative analyses will use descriptive statistics to determine frequency distributions and corresponding variances for responses to each survey question. Responses will be cross-tabulated to compare responses between STLT audiences, for example, state and local health departments or rural and urban health departments. Qualitative thematic analyses will be performed on open-ended questions to compile recommendations for improving The Community Guide website and products, as well as dissemination and promotion of The Community Guide among STLT audiences.

Findings from this data collection will also be used to inform a series of future evaluation projects including case studies of implementation and use of The Community Guide by key target audiences. The planned case studies are designed as a follow-up to the Web Survey data and will explore in greater depth and breadth how STLT audiences have implemented or used a specific recommendation in the Guide and the impact of using that recommendation on their programs and communities. The Web Survey will also be used to identify potential participants for the case study, based on their responses to questions related to use of The Community Guide.

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 3 weeks; including reminders on days 7, 14, and 20)
- Collect, code, enter, quality control, and analyze data..... (4-6 weeks)
- Prepare report (includes findings from other evaluation activities) (6-8 weeks)
- Disseminate results/reports..... (May 2012)

17. Display of OMB Approval Date

We are requesting no exemption.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification. These activities comply with the requirements in 5 CFR 1320.9.

LIST OF ATTACHMENTS – Section A

Note: Attachments are included as separate files as instructed.

- A. Screenshot of The Community Guide Website Homepage**
- B. The Community Guide Birth Defects Recommendation**
- C. The Community Guide Web Survey of STLT Email Subscribers Instrument: MS Word version**
- D. The Community Guide Web Survey of STLT Email Subscribers Instrument: Web version**
- E. Email Notification of The Community Guide Web Survey of STLT Subscribers**
- F. Email reminders to complete Community Guide Web Survey of STLT Email Subscribers**