CDC Assessment of STLT Principal Grant Contacts for SAS® Licenses

Form Approved OMB No. 0920-0879 Expiration Date: 03/31/2014

Introduction Script

Hello, CDC will be gathering information about analytic practices and software usage among data analysts in health departments using CDC-provided SAS licenses. The assessment findings will be used to develop a comprehensive strategy to facilitate analytic capacity building in state, tribal, local and territorial health departments. To ensure that CDC can assess all grantee users of CDC-provided SAS licenses, we are contacting people responsible for distributing the SAS licenses for the grant.

You have been identified as a Principal Grant Contact responsible for distributing more than one SAS licenses awarded to your state. This assessment of the Principal Grant Contacts will inquire about the names of users and their email addresses. In addition, there are questions for you as the Principal Grant Contact regarding your affiliation and role, if you are an authorized user of SAS, how many licenses you manage or distribute, if and how you monitor SAS use, and if you receive technical assistance from CDC with SAS.

These questions should take you about eight minutes to complete. Thank you for your assistance and participation.

Public reporting burden of this collection of information is estimated 8 minutes to complete this assessment, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0879)

| 1 | A state health department | | | |
|---|---|--|--|--|
| | | | | |
| _ | 1a If state, which state? (Create pull down list) | | | |
| 2 | A local health department (e.g., county) 2a If county, which county? (e.g., Hudson County Health Department) | | | |
| 3 | A tribal health department 3a If tribal, which tribal health department? | | | |
| 4 | A territorial health department | | | |
| • | 4a If territory, which territorial health department? | | | |
| 5 | None of the above | | | |
| em _l dep | None of the above," thank you for your participation, but this assessment is only for ployees or contractors who are affiliated with a state, tribal, local, or territorial health artment. OP Questions | | | |
| Wh | Basic Respondent Information ich of the following best describes your role as Principal Grant Contact? lect all that apply) (Create a pull down list for responses) | | | |
| | | | | |
| | Point of contact for a CDC-supplied SAS license | | | |
| | Procurer of SAS license (non-CDC-funded) SAS user only | | | |
| | Information Technology support | | | |
| 5 | Other (please specify) | | | |
| How many licenses do you manage or distribute? (Select the best response) (Create a pull down list for responses) | | | | |
| 1 | 1-10 | | | |
| 2 | 11-20 | | | |
| 3 | 21-30 | | | |
| 4 | 31-40 | | | |
| 5 | Other (please specify) | | | |
| | | | | |
| | 4 5 If " emp dep STC on 1: Wh (Sec 1 2 3 4 5 5 How dov 1 2 3 | | | |

| Attachment E – CDC Assessment Instrument for Principal Grant Contacts for SAS Licenses |
|---|
| "Authorized Software Users" shall mean A) All employees of HHS, including all operating divisions of HHS B) HHS contractors C) HHS subcontractors, and D) CDC Grantees performing CDC program activities or who provide public portals for the processing or analysis of data in connection with the Grantee's CDC Program Activities, as specified in the applicable grant or cooperative agreement between CDC and the CDC Grantee. |
| 1 Yes 2 No |

| 1.4 Do | you monitor | the use of | SAS software? |
|--------|-------------|------------|---------------|
|--------|-------------|------------|---------------|

- 1 Yes
- 2 No

If "No," skip to Question 1.5
If "Yes," continue to Question 1.4a

- 1.4a How do you monitor the use of the SAS software?
 - 1 Usage/User
 - 2 Reports
 - 3 Other (please specify) _
- 1.5 Do you receive technical assistance from CDC with SAS?
 - 1 Yes
 - 2 No
 - 7 Don't Know/Not Sure
- **Please provide the names and email addresses of all users to whom you distribute a CDC SAS license.** If you are also a user, please add your name and email address to the list. Users will receive a more comprehensive assessment that will help us understand the types of analytic processes in their work.

| Name of User | Email Address | |
|--------------|---------------|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |