

Assessment of Evaluation Capacity among State and Territorial Early Hearing Detection and Intervention (EHDI) Program Coordinators

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 data collection is being conducted using the Generic Information Collection mechanism of the OSTLTS Assessment Center (OSC) – OMB No. 0920-0879. The respondent universe for this data collection aligns with that of the OSC. Information will be collected about program evaluation competencies and organizational perceptions of program evaluation. Respondents will be public health officials from the State, District, and Territorial Early Hearing Detection and Intervention (EHDI) program acting in their official capacities. State EHDI coordinators work with partners to develop an infrastructure that addresses newborn hearing loss screening throughout the state. As part of this infrastructure a comprehensive surveillance system to monitor and track newborns with documented hearing loss is imperative. The CDC EHDI program will administer the assessment to state EHDI coordinators to determine their ability to evaluate the EHDI surveillance system.

In 2011, the CDC EHDI program funded a new five-year cooperative agreement – *Development, Maintenance and Enhancement of an Early Hearing Detection and Intervention Information System (EHDI-IS) Surveillance Systems (see Attachment A)* that requested the development and implementation of plans that monitor progress and evaluate success. This competitive five-year program funds 52 states and territories to develop, implement, and maintain a surveillance system that includes data to track early hearing loss. Because the evaluation recipient activity associated with this new cooperative agreement was more extensive than in previous years, including a specification to evaluate the effectiveness, completeness, and data quality of the surveillance system as opposed to prior generic statements to evaluate programmatic activities utilizing the CDC Framework for Program Evaluation, the CDC EHDI program decided to support coordinators by providing one-on-one technical assistance with evaluation planning and implementation efforts. The one-on-one assistance is provided to state EHDI coordinators, whose program evaluation knowledge ranges from very familiar to not too familiar. Therefore, it is important to know what skills and experience EHDI coordinators possess in order to determine the appropriate content of technical assistance needed and capacity to implement evaluation activities.

As part of the Recipient Activities stated in the FOA successful applicants would be expected to coordinate with CDC to refine and improve their plans for monitoring and evaluating the progress of their funded opportunities. The CDC EHDI program staff activities required that the program be responsible for providing technical assistance on designing, improving, and enhancing methods and designs. During budget year 1 (FY'11) CDC conducted an evaluation capacity building webinar for all 52 funded states and a one-on-one consultation for those states needing further assistance. Findings from this initial webinar and consultation indicated that 48% of the attendees needed additional technical assistance because they were not confident in implementing evaluation activities as prescribed by CDC. 33% of the attendees indicated a need for technical assistance but did not specify the type assistance needed, and 27% did not attend the webinar or provide a response, indicating a greater probability for the need for technical assistance, especially in the area of program evaluation. A breakdown indicating the

types of assistance needed from those states attending the webinar is reflected in the sample report (see **Attachment B**).

The CDC EHDI program developed this assessment to gather data about the technical assistance needs of EHDI coordinators and current evaluation capacity. The information provided from the assessment will be used to pinpoint the needs of the state EHDI coordinators, determine technical assistance content, provide targeted program evaluation assistance, improve the one-on-one technical assistance consultations, and make internal decisions about the extent to which this type of service is needed by EHDI coordinators.

The information gathered in this assessment 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).

Privacy Impact Assessment

Overview of Data Collection System – The data collection system consists of a web-based questionnaire (see **Attachment C – Data Collection Instrument, web version; Attachment D Word version**), designed to assess state EHDI program coordinators regarding their evaluation technical assistance needs and capacity to implement evaluation activities. These data will be collected using a web-based survey tool, 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 assessment. Any skip patterns included in the assessment (that is, questions that are only appropriate for a proportion of respondents) have been programmed into the web-based form. The assessment 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 assessment.

Items of Information to be Collected – The assessment consists of 63 questions, including four questions on background, 39 questions on evaluator competencies, and 20 questions on organizational practices and readiness for learning. Questions are dichotomous in type. 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. For the assessment (regarding individual technical assistance needs) the state for which the responder provides services will be identified to permit a tailoring of one-on-one technical assistance from their individually assigned liaison.

2. Purpose and Use of Information Collection

The CDC EHDI program will conduct an assessment, focusing on technical assistance needs of state EHDI coordinators and also their capacity to implement evaluation activities. This will be done using an online assessment questionnaire. We are requesting approval for clearance to assess 1) the technical support needs of state EHDI coordinators and 2) their capacity to implement evaluation activities.

Results of the evaluation will be used to strengthen relationships between the CDC EHDl program and its cooperative agreement state EHDl coordinators, enhance the impact and effectiveness of the EHDl program's activities and products, strengthen the organizational effectiveness of EHDl, and, ultimately, enhance its ability to affect the public health workforce.

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

Furthermore, these assessments will enable the CDC EHDl program to determine a baseline of what is needed to effectively support coordinators and to monitor its progress in meeting evaluation goals. This will allow the CDC EHDl program 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 CDC EHDl program that is better able to meet the needs of its coordinators and, subsequently, demonstrate the results of its activities on public health.

Collection of these data will not yield data that can be generalized. CDC expects to use these findings to better understand the range of experiences among state and 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 tool, using Survey Monkey ®. Web surveys reduce respondent burden by enabling them to easily access the assessment 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 assessment (that is, questions that are only appropriate for a proportion of respondents) have been programmed into the web-based form.

Survey Monkey ® has a data center which is located in a SAS70 Type II certified facility, which is staffed and monitored 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 identifiable 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-DD11-1101, and are therefore not duplicative of other efforts.

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:

- 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 Assessment 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 assessment by three CDC public health professionals. In the pilot test, the average time to complete the assessment, including time for reviewing instructions, gathering needed information and completing the survey, was approximately 12 minutes. The shortest time was 10 minutes. This was rounded up to 15 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 Assessment 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 52 respondents. Table A-12 shows estimated burden and cost information.

Table A-12: Estimated Annualized Burden Hours and Costs to Respondents – Evaluation Capacity Assessment

Type of Respondents	Number of Respondents	No. Responses per Respondent	Hours per Response	Total Burden Hours	Hourly Wage Rate	Total Respondent Cost
State EHDI Coordinators	52	1	15/60	13	\$57.11	\$742.43
TOTALS	52	1		13		\$742.43

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 assessment.

14. Annualized Cost to the Government

There are no equipment or overhead costs.

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 state EHDI program coordinators to improve evaluation activities and provide appropriate technical assistance from CDC. A summary of this timeline is provided below:

Days following OMB approval	Activity
30 days	Email announcing assessment; commence data collection
45 days	Reminder e-mail sent
58 days	Last day of data collection
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

- A. EHDI-IS Cooperative Agreement**
- B. Webinar Sample Report**
- C. Data Collection Instrument- Web-version**
- D. Data Collection Instrument- Word-version**