Assessment of State/Local STD Clinic Directors Perceptions and Attitudes Regarding CDC Field Staff

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 Data collection Center (OSC) – OMB No. 0920-0879. The respondent universe for this data collection aligns with that of the OSC. Data will be collected from 59 STD Directors and/or Division of STD Prevention (DSTDP) funded STD programs across the United States acting in their official capacities. The 59 are comprised of the 50 State public health agencies as well as Baltimore MD; Chicago, IL; Philadelphia, PA; Los Angeles, CA; New York City, NY; Washington, DC; San Francisco, CA; US Virgin Islands; and Puerto Rico health departments.

This data collection is authorized by Section 301 of the Public Health Service Act (42 U.S.C. 241).

The Division of STD Prevention (DSTDP) is responsible for providing programmatic and training support to prevent the transmission of sexually transmitted diseases. DSTDP funds 59 public health agencies across the United States via a cooperative agreement with the purpose of strengthening STD prevention efforts. The cooperative agreement's project period is five years, with a twelve month budget period with an average funding annually of $1.6 M.

Besides providing financial assistance, DSTDP provides direct assistance through the use of Federal assignees or field state (hereafter referred to as "field staff") in state and local programs throughout the U.S. In fiscal year 2012, DSTDP's Field Services Branch had 124 field staff assigned to 26 state and local health departments. Field staff serves as CDC's liaison in the state/city/county public health programs; and provide on-site technical assistance, guidance and coordination. In addition, they provide quality assurance oversight in support of the project area's STD program activities. Lastly, DSTDP field staff develops and implements prevention and control strategies to avert the transmission of STDs. They specifically develop and train state/local personnel and build state/local infrastructure to facilitate and strengthen capacity and STD prevention efforts.

In mid-2011, CDC field staffs were queried on their knowledge, skills, and abilities via a web-based data collection, the Field Staff Competency Self-Assessment (**see Attachment A- FSAC Competency Assessment Highlights**). Eighty-four percent (84%) of field staff (104/124) completed the assessment. Aggregate results of the assessment highlighted several field staff strengths. Over 70% of respondents reported they are either highly or exceptionally proficient or knowledgeable in the following competencies:

- Skill in working with individuals of diverse/international backgrounds (80.77%)
- Knowledge of case management principles (78.85%)
- Knowledge of diverse populations (e.g., cultural, socioeconomic, educational, professional) (73.08%)

- Skill in developing and maintaining partnerships (72.12%)
- Skill in identifying programmatic strengths and weaknesses, and developing recommendations to address needs (71.15%)
- Skill in employing tact and diplomacy in interpersonal and professional interactions (70.19%)

The assessment also identified opportunities for improvement. Twenty-nine percent of staff reported none or limited experiences in developing grant applications or writing funding opportunity announcements. Additionally, more than 25% of the respondents reported they are limited or non-proficient in the following areas:

- Knowledge of CDC grants, cooperative agreements, and contracts (31.73%)
- Skill in personnel management (e.g., personnel actions including: hiring, award determination, alternative work schedules, disciplinary actions, etc.) (27.88%)
- Knowledge of CDC fundamentals of emergency response (26.92%)
- Skill in strategic planning (25.96%)

While results of the assessment have been beneficial, the Division recognizes the need for a comprehensive assessment of DSTDP personnel. DSTDP would like to query STD Directors and/or DSTDP funded STD programs across the United States to identify that these competencies are aligned with the needs of their STD programs. The Division wants to equip staff and STD clinics with the resources needed to strengthen their STD prevention efforts. Because of the changing landscape of public health service delivery, CDC staff will need to take a more active role in the provision of STD services. Field staff not only will be responsible for STD prevention they will need to provide a multidisciplinary approach, which includes integrating STD service delivery into entities that offer primary care such as Community Health Centers, Ryan White Funded programs, etc.

Based on this information, this data collection will allow DSTDP to complete a comparative analysis about DSTDP personnel and other topic areas such as leadership, support, and technical assistance. This comparative analysis will assist Division leadership in developing a workforce that can provide effective leadership, guidance, and support to state/city/county STD programs.

Privacy Impact Assessment

Overview of the Data Collection System – The data collection system consists of a web-based questionnaire (**see Attachment B– Data collection Instrument: MS Word version; Attachment C– Data collection Instrument: Online version (snapshots);** designed to query STD Directors and/or DSTDP funded STD programs across the United States to assess the need and improve the capacity of Federal field staff assigned to state/city/county STD programs. The data collection instrument will be administered as a web-based data collection. The data collection was reviewed by eight public health professionals from the Division's Program Development and Quality Improvement Branch. 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

data collection. The estimated time range for actual respondents to complete the data collection is 25-30 minutes.

Items of Information to be Collected – The data collection consists of 38 questions of various types including dichotomous, single response, multiple response, filter and open ended. An effort was made to limit questions requiring narrative responses from respondents (only 1 depending on response to filter question, and 17 "Other, please describe" options on the single response and multiple response questions depending on if STD program has field staff). The data collection will collect information on the following:

a. respondent characteristics –primary location, state, city, and county; and if the program is integrated with HIV (single response);
b. respondent opinion on utility (DSTDP's personnel) –their value to the STD program; their knowledge, skills, and abilities, and (3) the identification of respondent's training needs (single response, multiple response and open-ended format)
c. respondent's probability in utilization of Federal field staff – conversion of financial assistance to direct assistance; number of personnel and type (single response and multiple response)

Only demographic information will be collected. Responses are voluntary, anonymous, and will be used to strengthen capacity and STD treatment and care nationally.

Identification of Website(s) and Website Content Directed at Children Under 13 Years of Age – The data collection system involves using a web-based data collection tool. Respondents will be sent a link directing them to the online tool only (i.e., not a website). No website content will be directed at children.

2. Purpose and Use of the Information Collection

The purpose of this data collection is to assess the utility of federal staff that assist and/or coordinate STD prevention efforts in state/city/county STD programs. This data collection will assess STD Directors perceptions of the utility of Federal staff, their utilization of the field staff, and identification of skills or training to support their program. Participation in the data collection will be voluntary. The data and information collected will be used to assess the value and impact of Federal staff in order to strengthen STD prevention efforts nationally.

The information collected will be used to supplement the findings gathered via the Field Staff Competency Self-Assessment. The self-assessment completed at the end of 2012 provided data on field staff knowledge, skills, and abilities. Results identified strengths and experiences, as well as areas for improvement.

DSTDP would like to query STD Directors and/or DSTDP funded STD program across the United States to identify that these competencies are aligned with the needs of their STD programs. This questionnaire will allow DSTDP to complete a comprehensive, comparative analysis about DSTDP personnel and other topic areas such as leadership, support, and technical assistance. This

comparative analysis will assist Division leadership in developing a workforce that can provide effective leadership, guidance, and support to state/city/county STD programs.

Privacy Impact Assessment

No sensitive information is being collected. Only demographic information will be collected. Responses are voluntary, anonymous, and will be used to strengthen capacity and STD prevention efforts nationally.

3. Use of Improved Information Technology and Burden Reduction

Survey Monkey©, a web-based data collection solution will be used to develop the data collection instrument and gather the data. This will reduce the burden of subscribers by allowing them to take the data collection online at their own convenience and by allowing them to skip irrelevant questions. The data collection was designed to collect the minimum information necessary for the purposes of this project (i.e., limited to 35 data collection questions). The burden is further reduced by appropriate skip patterns on the data collection questions; thus some respondents will respond to less than 35 questions.

4. Efforts to Identify Duplication and Use of Similar Information

Because this is a unique product and unique subscriber list, there is no existing data which could replace the need to gather data through this data collection instrument. Information in the past has been collected anecdotally with no formal assessment. This process will be a first for DSTDP.

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

There are no legal obstacles to reduce the burden. If data is not collected systematically, moving forward DSTDP will be unable to provide effective leadership, guidance, and support of Federal field assignees to state/city/county STD programs. This information is vital for future decision making about the role of Federal field staff and other topic areas such as leadership, support, and technical assistance from DSTDP.

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 regulation 5 CFR 1320.5 and will be voluntary.

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 Data collection Center (OSC) – OMB No. 0920-0879. This data collection is being conducted using the Generic Information Collection mechanism of the OSTLTS Data collection 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. 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 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. Justification for Sensitive Questions

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

12. Estimates of Annualized Burden Hours and Costs

The estimate for burden hours is based on an assessment completed by eight public health professionals from the Division's Program Development and Quality Improvement Branch. The estimated time range for actual respondents to complete the data collection is 25-30 minutes. For the purposes of estimating burden hours, the upper limit of this range (i.e., 30 minutes) is used.

Data will be collected from 59 STD Directors and/or Division of STD Prevention (DSTDP) funded STD programs across the United States. The fifty nine is comprised of the 50 State public health agencies as well as Baltimore MD; Chicago, IL; Philadelphia, PA; Los Angeles, CA; New York City, NY; Washington, DC; San Francisco, CA; US Virgin Islands; and Puerto Rico.

Estimates for the average hourly wage for respondents are based on the Department of Labor (DOL) National Compensation Data collection 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 59 respondents. Table A-12 shows estimated burden and cost information.

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
State/Local Officials/Employees	59	1	30/60	30	$28.56	$856.80
TOTALS	**59**	**1**		**30**		**$856.80**

13. Estimates 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 each data collection.

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 employees supporting the data collection activities and associated tasks. The lead staff for this project is a Branch Chief in the Field Services Branch (GS-15), who developed the data collection instrument. A Public Health Analyst (O-4) from the Field Services Branch prepared the OMB packet. A Health Scientist will collect the data, code, enter, and prepare the data for analysis; conduct data analysis and report findings with ongoing consultation from the other team members. Hourly rates were calculated using OPM 2,087-hour divisor. Hourly rates of $55.98 for Branch Chief (GS-15), $48.41 for Health Scientist (GS-14), and $36.09 for Public Health Analyst (O-4). The estimated cost to the federal government is $8,978.

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

Staff (FTE)	Average Hours per Collection	Average Hourly Rate	Average Cost
Branch Chief (GS-15) Instrument development, pilot testing, OMB package preparation, data collection, data coding and entry, quality control, data analysis, report preparation	100	$55.98	$5,598.00
Health Scientist (GS-14) Data collection, data coding and entry, quality control, data analysis, report preparation	40	$48.41	$1,936.40
Public Health Analyst (O-4) Instrument development, OMB package preparation, data collection, report preparation	40	$36.09	$1,443.60
Estimated Total Cost of Information Collection			**$8,978.00**

15. Explanation for Program Changes or Adjustments

This is a new data collection.

16. Plans for Tabulation and Publication and Project Time Schedule

We plan to analyze the data using Microsoft Excel to gather descriptive statistics meaning that the results will reflect generalizations about the sample group only. In addition, we also plan to utilize our Health Services Research and Evaluation Branch (HSREB) to provide an in-depth analysis of the data produced via the web-based questionnaire. Data will be summarized and presented in a written report.

Once analyzed, we plan to share our findings with other CDC stakeholders including the program coordinators and CDC leadership. We hope that our findings will strengthen our efforts in STD prevention by providing appropriate support and technical assistance. We would also like to share some of our findings with the STD Directors to explain and/or justify the changes that we intend to implement to enhance STD service delivery and to provide evidence that their input does have an impact on CDC programs and delivery.

Project Time Schedule

- ✓ Design data collection questionnaire.....(COMPLETE)
- ✓ Develop data collection protocol, instructions, and analysis plan.....(COMPLETE)
- ✓ Evaluate data collection questionnaire.....(COMPLETE)
- ✓ Prepare OMB package.....(COMPLETE)
- ✓ Submit OMB package.....(COMPLETE)
- ❑ OMB approval.....(TBD)
- ❑ Conduct data collection.....(Data collection open 2 weeks)
- ❑ Collect, code, enter, quality control, and analyze data.....(4 weeks)
- ❑ Prepare report.....(3 weeks)
- ❑ Disseminate results/reports.....(4 weeks)

17. Reason(s) Display of OMB Expiration Date is Inappropriate

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. Attachment A– FSAC Competency Assessment

B. Attachment B- Instrument: MS Word version

C. Attachment C–Instrument: Online version