#### Attachment B- Data Collection Instrument: MS Word version

## **Questions for STD Directors**

The Division of STD Prevention (DSTDP) seeks your feedback regarding the Federal staff that assists you with your state/city/county STD programs. Specifically, we are interested in your assessment of our <u>program consultants</u> (PC) and Federal field staff in three key areas (1) their value to your program, (2) their knowledge, skills, and abilities, and (3) the identification of any new skill sets or training needs to support your program efforts in this new era of prevention through healthcare. Your responses to this data collection will help DSTDP implement the appropriate experiences and training, to enhance our staff's skills and improve your program.

### **Section One: About your STD Program**

1.	What type of STD Program do you manage?
	State City
	County

Is your STD Program integrated with an HIV program?Orop down menu>

Yes No

3. During the past year, the Program and Training Branch (PTB) was reorganized and separated into 2 distinct branches: the Program Development/Quality Improvement Branch (PDQIB) and the Field Services Branch (FSB). How has this reorganization impacted your ability to get appropriate support from DSTDP? <Drop down menu>

Made it more difficult/complicated/time-consuming No change Made it easier/clearer/ faster Was not aware branches had split

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Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing the 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 aspects of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Rd, NE, MS D-75, Atlanta, GA 30333; ATTN: PRA (0920-0879).

## Section Two: These questions refer to your program consultant (PC)

4. In the past 12 months, have you contacted your PC for assistance with any of the following? <Check all that apply>

Budget

Staffing needs

Training needs

Morbidity or outbreaks

Required reports

Funding Opportunity Announcement (FOA)

Other (specify)

5. How satisfied are you with the *timeliness* of your PC's response to your questions/concerns? <Drop down menu>

Very dissatisfied

Dissatisfied

Neutral

Satisfied

**Very Satisfied** 

6. How satisfied are you with the *content/expertise* of your PC's response to your questions/concerns? <Drop down menu>

Very dissatisfied

Dissatisfied

Neutral

Satisfied

**Very Satisfied** 

7. How would you describe the written reviews of the Interim Progress Reports (IPR) that your PC provides? <Check all that apply>

Increases my workload

Helps me identify target areas

Hypercritical, focuses too much on petty details

Helps me prioritize our prevention activities

Helps me direct funds and resources appropriately

Increases my knowledge

Contains action steps that I can address in my annual review

Arduous, expects too much

Poorly written Other (specify)

8. In which areas do you think you will need additional Technical Assistance to improve your STD program? <Check all that apply>

Developing a strategic plan
Writing SMART objectives
Collecting data
Developing program evaluation
Quality Improvement
Expertise in billing and reimbursement
Program coordination/service integration
Public health in primary care
Other (specify)

# Section Three: These questions refer to Federal Direct Assistance (DA) staff.

9. Does your STD program currently have assigned Federal Direct Assistance staff?<Drop down menu>

Yes (skip pattern if yes go to question 10) No (skip pattern if no go to section "STD Program not assigned Direct Assistance (DA) Staff")

- 10. How many Federal STD staff are assigned to your STD Program? < Drop Down Menu>
  - 1 3
  - 4 6
  - 7 10
  - 11- 13

11. How are assigned Federal STD staff utilized in your STD Program? <Check all that apply>

Disease Intervention Specialist (DIS)

DIS Supervisor

Surveillance/Data Manager

Program Manager

**Assistant Program Manager** 

**Special Projects Coordinator** 

**Epidemiologist** 

Medical Epidemiologist

Other (specify) (Text Box)

12. Do you agree with the following statement: the current make-up of assigned Federal STD staff helps to meet your program needs? <Drop down menu>

Strongly disagree (skip pattern go to question 13)

Disagree (skip pattern go to question 13)

Neither agree nor disagree (skip pattern go to question 14)

Agree (skip pattern go to question 14)

Strongly agree (skip pattern go to question 14)

13. Why do you disagree with the statement: that Federal STD staff helps to meet your program needs? <Drop down menu>

We have sufficient staff to manage program

Program needs have changed and current staff does not have required knowledge, skills and abilities

Other (specify) (Text Box)

14. Overall, how satisfied are you with the Federal STD staff assigned to your STD Program? <Drop down menu>

Very dissatisfied (skip pattern go to question 15)

Dissatisfied (skip pattern go to question 15)

Neutral (skip pattern go to question 17)

Satisfied (skip pattern go to question 17)

Very Satisfied (skip pattern go to question 17)

15. Why are you dissatisfied with the Federal STD staff assigned to your STD program? (Text Box)

16. Based on your experience with Federal STD staff assigned to your STD Program, would you request a Federal STD employee? <Drop down menu>

Yes

No

Other (Specify)

17. Are there STD Prevention program needs that are not currently being met that could be addressed by additional Federal Direct Assistance (DA) staff? <Drop down menu>

Yes (skip pattern if yes go to question 18)

No (skip pattern if no go to Thank you, end of survey)

18. You answered yes to the previous question; please describe any program positions that would be addressed by additional Federal DA staff? <Drop down menu> (Check all that apply )

Disease Intervention Specialist (DIS)

**DIS Supervisor** 

Surveillance/Data Manager

Program Manager

**Assistant Program Manager** 

**Health Educator** 

**Special Projects Coordinator** 

Policy

**IT Systems Programmer** 

**Epidemiologist** 

**Healthcare Informatics System Specialist** 

Nurse

Physician

Medical Epidemiologist

Laboratorian

Other (specify) (Text Box)

19. Would you accept additional Federal DA staff at no cost to your STD program? <Drop down menu>

Yes (skip pattern to question 21)

No (skip pattern to question 20)

20. Why would you decline an offer to receive additional Federal s <a href="https://example.com/&gt;Drop down menu">Drop down menu</a> >	taff for your STD Program?
We have sufficient staff to manage program Program needs have changed and current staff does not have and abilities Other (specify) (Text Box)	required knowledge, skills
21. What assistance is needed from CDC Atlanta to help you mana needs of Direct Assistance (DA) staff in your STD Program? <dreat )<="" apply="" td="" that=""><td>-</td></dreat>	-
Training Skills Development Assuring Competency Administrative Oversight Other (specify)	
22. Would your STD program be impacted by the loss of assigned	Federal FTEs?
Yes No Other (specify)	
23. What impact would losing one assigned Federal FTE have on year	our STD program?
Very High High Medium Low None Other (specify)	
24. What impact would losing two assigned Federal FTEs have on y	your STD program?
Very High High Medium Low None Other (specify)	

25. What impact would losing three or more assigned Federal FTEs have on your STD program?
Very High High Medium Low None Other (specify)
<skip logic=""> Go to end of survey.</skip>

### STD Program not assigned Direct Assistance (DA) Staff

The remaining questions are for those without Direct Assistance (DA) staff: We want to assess the probability you would use financial assistance to acquire Direct Assistance staff. Your information and that of others will be used to implement the appropriate experiences and trainings to enhance staff's competencies and improve the quality of our field staff as a whole. We appreciate your partnership and want to make sure we meet project area expectations when assigning Direct Assistance staff to state/city/county health department.

### Section One: These questions are for STD programs without DA Staff

26. Has your state/city/county STD program ever had Direct Assistance staff assigned to it? <Drop Down Menu>

Yes (skip pattern if yes go to question 27) No (skip pattern if no go to question 29)

27. Based on your experience with Direct Assistance STD staff assigned to your state/city/county STD Program, how likely are you to request a Direct Assistance STD employee in the future? <Drop Down Menu>

Very Unlikely (skip pattern go to question number 28)
Unlikely (skip pattern go to question number 28)
Neutral (skip pattern go to question number 29)
Likely (skip pattern go to question number 29)
Extremely Likely (skip pattern go to question number 29)

28. Why wouldn't you request a Direct Assistance STD employee to meet your program needs? <Drop Down Menu>

We have sufficient staff to manage program Other (specify) (Text Box)

29. As a CDC grantee you have the option to use your CDC financial assistance funds to hire "embedded" staff to meet your program needs.

http://www.cdc.gov/stltpublichealth/GrantsFunding/direct\_assistance.html. Did you know this option existed? <Drop Down Menu>

Yes

No

30. Does your program have the ability to hire or fill critical vacancies? < Drop Down Menu>

Yes (skip pattern if yes go to question 32) No (skip pattern if no to question 31)

31. What prevents you from hiring and/or filling critical vacancies to meet program needs? <Drop Down Menu> (Check all that apply )

Hiring freeze Unable to find qualified staff Salary structure will not support Other (specify)

32. Would you be willing to use your Financial Assistance funds to hire federal staff to fill critical vacancies? <Drop Down Menu>

Yes (skip pattern if yes go to question 33) No (skip pattern if no go to question 34)

33. You indicated yes to the previous question; what types of CDC Direct Assistance STD staff, would you request to fill critical vacancies in your state/city/county STD Program?<br/>
Check all that apply)

Disease Intervention Specialist (DIS)

**DIS Supervisor** 

Surveillance/Data Manager

Program Manager

**Assistant Program Manager** 

**Health Educator** 

**Special Projects Coordinator** 

Policy

**IT Systems Programmer** 

**Epidemiologist** 

**Healthcare Informatics System Specialist** 

Nurse

Physician

Medical Epidemiologist

Laboratorian

Other (specify) (Text Box)

### Section Two: Possible Use of CDC Direct Assistance Staff

34. If you could have CDC Direct Assistance staff assigned to your program at <u>no cost to you</u> how would you use them in your program? <Drop down menu> (Check all that apply)

Disease Intervention Specialist (DIS)

**DIS Supervisor** 

Surveillance/Data Manager

Program Manager

**Assistant Program Manager** 

**Health Educator** 

**Special Projects Coordinator** 

Policy

**IT Systems Programmer** 

**Epidemiologist** 

**Healthcare Informatics System Specialist** 

Nurse

Physician

Medical Epidemiologist

Laboratorian

Other (specify) (Text Box)

35. Who would provide the day-to-day direction and guidance (supervise) to this employee? <Drop down menu>

State/Local Supervisor

Other (specify) (Text Box)

36. Can Federal staff supervise and/or provide direction and guidance to local staff in your project area?

Yes

No

Yes (skip pattern go to question 38)

No (skip pattern go to Thank you, end of survey)

38. You indicated yes to the previous question; what kind of state/city/county human resource or fiscal restrictions or policies prohibits a Federal employee from working in your project area? <Drop down menu> (Check all that apply )

In-state travel reimbursement ID badge access
Access to project area training Other (specify) (Text Box)

Thank you for your feedback. We sincerely appreciate your opinion, time and assistance with completing this data collection. Questions and concerns about the functionality of this data collection should be sent to Bryan Lindsey at 404.639.6299 or email <a href="mailto:bkl1@cdc.gov">bkl1@cdc.gov</a>.