Assessing State and Local Clinical and Non-Clinical STD Prevention Services

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 public health STD program directors who oversee state and local STD prevention activities acting in their official capacities.

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

It is important to understand the level of publicly-funded STD prevention services that are offered by health departments in the US. Funds for STD prevention come from federal and non-federal sources (1). Past research has shown that a substantial proportion of HIV (10% or more), primary and secondary syphilis (14%-48%), gonorrhea (13%-41%), and chlamydia (6%-28%) are diagnosed in public STD clinics (2). In addition to STD testing and treatment, core public STD services include partner services, surveillance, program evaluation, and provider training (3). Previous assessments have assessed the status of public provision of STD prevention services on a wide scale, but no published studies have provided this information recently. In the 1990s, findings from a data collection involving STD clinics were published that included information on testing, treatment, and partner services, but these data are too old to provide usable information regarding the current level of services (4). Another data collection effort published in 1996 included limited information on STD clinic-level testing in 1993 (5). Neither of these studies included information on staffing or budget, which are also important for assessing capacity.

In 2010, the National Coalition of STD Directors (NCSD) conducted an assessment of members (primarily state-level health department officials), but the results were not published and did not include widespread coverage of county-level health jurisdictions. The National Association of County and City Health Officials (NACCHO) collects data from city and county jurisdictions frequently, but does not include questions on its data collection that provide the detail included in this information collection effort. Questions are limited to whether STD screening or treatments are provided (yes/no), with no further details (6).

There will continue to be a need for publicly-funded STD services in the next 10 years. Estimates from the Congressional Budget Office indicate that 10% of the nonelderly population will remain uninsured in the US through 2023 (7). Over half of patients who visit STD clinics cited low cost as a reason for choosing STD clinics for care in a 1995 assessment (8). Because a continued role for STD clinics is likely to exist as a safety net

while the US healthcare market evolves, understanding the current level of STD services, funding, and staffing levels is important. As noted above, no recent published studies have provided this information on a national scale.

Because of the need for information regarding the current state of publicly-funded state and local clinical and non-clinical STD prevention services, staffing, and budgets, this data collection is being undertaken.

Privacy Impact Assessment

Overview of the Data Collection System – The data collection system consists of a web-based questionnaire (**see Attachment A – Data Collection Instrument: MS Word, Attachment A1-Data Collection Definitions, and Attachment B – Web Version Data Collection Instrument**) designed to collect data from public health STD program directors regarding the types of programmatic activities in their STD prevention programs, their STD program workforce, and their STD program budgets. The data collection instrument will be administered as a web-based data collection. The data collection instrument was pilot tested by 6 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 data collection.

Items of Information to be Collected – The data collection consists of a maximum of 46 questions (some respondents may not see all questions because of skip patterns). The first two questions establish the level of STD services offered by the health department, and thus results in one of the skip patterns. The next series of 20 questions is under Part I: STD Prevention Programmatic Activities. These questions establish the venues in which STD services are provided by the health department, the types of services that are currently provided, how many (if any) patients were screened in non-clinical venues during the 2012 fiscal year, the level of partner services that are provided (including linking newly-diagnosed HIV-positive patients to care), and health promotion/media outreach activities, including condom distribution, provider visitation, and disseminating surveillance data. The next set of 10 questions, Part II: Workforce focuses on the jurisdiction's STD prevention staff, including contractors. It includes questions to assess the current number of full-time equivalent employees (FTEs), recent changes in staffing levels, and categories in which staff were lost (if any). The final section of the data collection, Part III: Budgets and the Impact of Budget Cuts on Services, contains 14 questions focused on fiscal aspects of the STD program. Respondents are asked what their total budget was for the two most recent fiscal years, whether they bill for services (and if so, whether the STD program retains the billing revenue), and whether they have curtailed their programs in any way in response to changes in their budgets. Last, programs are asked to identify their program's greatest success in their 2012 fiscal year.

Identification of Website(s) and Website Content Directed at Children Under 13 Years of Age – The system involves using a web-based data collection. Respondents will be sent a link directing them to the online data collection 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 be used to characterize the current level of STD services, funding, and staffing as they currently exist. This will provide needed information about clinical and non-clinical STD prevention services. Data collected on staffing and funding will provide needed information on STD prevention capacity. These data will inform decision makers and other stakeholders, and will provide a baseline against which any future information can be compared. The information about services that are currently provided is particularly useful to characterize the role that STD clinics are currently serving in meeting their jurisdictions' health care needs. It will help assess the impact of STD prevention activities and expenditures and indicate what the effect of removing activities might be. Results from the data collection will also be disseminated via reports and peer-reviewed journal articles prepared by CDC, NACCHO, and NCSD.

Privacy Impact Assessment

Demographic and governance information already in the public domain (e.g., method of state governance, population) will be combined with respondents' answers to improve data analysis. Because of this, there is potential that individual health departments will be identifiable during the data analysis process—however, individual respondents will not be identified nor will be asked to provide any information that would make them individually identifiable. Additionally, only summary statistics from the data collection will be publicly released, and no information that could identify individual health departments will be provided in data tables. The anonymity of individual health departments and respondents will be maintained.

3. Use of Improved Information Technology and Burden Reduction

Data will be collected via a web-based questionnaire using the Qualtrics online data collection platform. This will allow respondents to complete and submit their responses electronically. This method was chosen to reduce the overall burden on respondents. The data collection was designed to collect the minimum information necessary for the purposes of this project. The data collection is limited to a maximum of 44 questions and is formatted in a manner to enable respondents to rapidly click on buttons (where appropriate) to advance through the data collection. Skip patterns are enabled to minimize the likelihood of respondents being presented with irrelevant questions.

Qualtrics data collection Web pages use encryption for data transmission. Once the data collection closes, the data will be accessed by staff at NACCHO, encrypted, and transmitted electronically to CDC .

4. **Efforts to Identify Duplication and Use of Similar Information**
   We conducted a literature review to search for data collections from STD program directors and found none. As detailed in the response above to A2, NACCHO does periodically collect data from county and city health officials and asks two questions about STD services: whether their jurisdiction screens for STDs and whether they offer STD treatment. We are seeking in this information collection effort to learn much more detail about STD screening and treatment and also about other STD prevention activities. Additionally, we are collecting important information about STD-related staffing and budgets. This data collection will go beyond the limited indicators collected by NACCHO and will provide information about program impact that the NACCHO-collected data do not. This data collection will also provide more detail than outdated previous data collections (4;5) and provide current information that will be useful in guiding the future scope of STD prevention activities.

5. **Impact on Small Businesses or Other Small Entities**
   No small businesses will be involved in this data collection.

6. **Consequences Collecting the Information Less Frequently**
   This request is for a one time data collection. There are no legal obstacles to reduce the burden.
   - No data available with which to characterize the level of publicly-funded STD prevention services in the US beyond the simple information in the NACCHO report, which will prevent assessing the role these services play in health care
   - Will be impossible to predict the population-level impact of changes to staffing or funding of public STD prevention services
   - No ability to assess how changes in the health care system impact publicly-funded STD prevention services including important safety net services

7. **Special 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 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. 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. Burden of Information Collection

The estimate for burden hours is based on a pilot test of the data collection instrument by 5 public health professionals. In the pilot test, the average time to complete the survey including time for reviewing the instructions and instrument (available from the landing page for the online version), gathering needed information and completing the data collection, was approximately 14 minutes. The range of completion times was 10-20 minutes. Pilot testers were asked to look up data that might be needed to complete all questions and to include this time in their self-report of time needed to complete the data collection. However, to ensure that our burden estimate does not under-estimate the amount of time that will be required for completion when the data collection is rolled out to the full number of respondents, we have used the maximum pilot testing time of 20 minutes as our estimate.

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 366 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
Medical and Health Services Managers	366	1	20/60	122	$57.11	$6,967.42
TOTALS						**$6,967.42**

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 will be no direct costs to the respondents other than their time to participate in each survey.

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

Staff (FTE)	Average Hours per Collection	Average Hourly Rate	Average Cost
Economist (GS-14) Lead on project, development of survey instrument, pilot testing, OMB package preparation, quality control, report/manuscript preparation	200	$61.32	$12,264
5 Health Scientists / Medical Officers (GS-14) Development of survey instrument, data analysis	20	$54.87	$5487
Public Health Analyst (GS-14) Development of survey instrument, report/manuscript preparation	20	$54.87	$1097
Health Scientist (GS-15) Report/manuscript preparation	25	$64.54	$1614
Health Scientist (GS-13) Pilot data analysis, OMB package preparation	30	$46.43	$1393
Fellow (ORISE) Data analysis, report/manuscript preparation	30	$34.45	$1034
Estimated Total Cost of Information Collection			**$22,889**

15. Explanation for Program Changes or Adjustments

This is a new data collection.

16. Plan s for Tabulation and Publication and Project Time Schedule

Data will be tabulated and published as either a report or peer-reviewed journal article. Data tables will also be made available to NACCHO and NCSD. Data will be tabulated by response and crosstabs. Crosstabs will focus on how services (Part I) vary by workforce (Part II) and budget (Part III) characteristics (e.g., such as the number of respondents who offer varying types of services [questions 4,5, and 7] by numbers of FTEs [question 21] and whether the program charges fees and bills for services [questions 35 and 36]. Variables in this data collection will also be analyzed with publicly-available data on population, governance, and other demographic information for each jurisdiction to assess whether such factors impact the availability of STD prevention services, staffing, or budget levels.

Project Time Schedule

Business days following OMB approval	Activity
≤5	Send initial survey invitation e-mail
12	Send first reminder e-mail
17	Send second reminder e-mail
22	Survey close
27	Data transmitted to CDC
117	Report or manuscript prepared

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: Paper version of data collection

A1: Data collection definitions

B: Web version of data collection

Reference List

(1) Centers for Disease Control and Prevention. Centers for Disease Control and Prevention justification of estimates for appropriations committees. 2012. Available from: http://www.cdc.gov/fmo/topic/Budget%20Information/appropriations_budget_form_pdf/FY2013_CDC_CJ_Final.pdf. Accessed 08/15/2013.

(2) Golden MR, Kerndt PR. Improving clinical operations: can we and should we save our STD clinics? Sex Transm Dis 2010; 37(4):264-265.

(3) Centers for Disease Control and Prevention. Program operations guidelines for STD prevention. 2011. Available from: http://www.cdc.gov/std/program/GL-2001.htm. Accessed 07/05/2013.

(4) Landry DJ, Forrest JD. Public health departments providing sexually transmitted disease services. Fam Plann Perspect 1996; 28(6):261-266.

(5) Beck-Sague CM, Cordts JR, Brown K, Larsen SA, Black CM, Knapp JS et al. Laboratory diagnosis of sexually transmitted diseases in facilities within the United States. Sex Transm Dis 1996; 23(4):342-349.

(6) Ellison J, Gold S, Morgan L, VanRaemdonck L, Gebbie K, Mays G et al. 2010 national profile of local health departments. 1-94. 2011. Washington, National Association of County & City Health Officials. Report.

(7) Congressional Budget Office. CBO's February 2013 estimate of the effects of the Affordable Care Act on health insurance coverage. CBO [2013 [cited 2013 Feb. 21]; Available from: URL:http://www.cbo.gov/sites/default/files/cbofiles/attachments/43900_ACAInsuranceCoverageEffects.pdf. Accessed 05/01/2013.

(8) Celum CL, Bolan G, Krone M, Code K, Leone P, Spaulding C et al. Patients attending STD clinics in an evolving health care environment. Sex Transm Dis 1997; 24(10):599-605.