

Assessing Satisfaction and Utility of OSTLTS Communication Products for Health Department Staff

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 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 state, tribal, local and territorial (STLT) public health agency staff and/or leadership acting in their official capacities. This data collection is authorized by Section 301 of the Public Health Service Act (42 U.S.C. 241).

CDC's Office for State, Tribal, Local and Territorial Support (OSTLTS) was formed in 2010 to oversee a breadth of crosscutting programs that increase CDC's support and technical assistance to STLT health agencies. OSTLTS acts as an internal and external liaison to identify gaps, opportunities for collaboration, and strategies to support CDC's public health work. An effective and coordinated communication strategy is at the heart of OSTLTS' work to build the framework to identify, validate, disseminate, and adopt the highest standards, the most effective policies, and the best evidence-based practices. The office strives to build trust and a feedback loop with health agency officials and staff and to ensure consistency in its messages and alignment with CDC priorities.

Situated within OSTLTS' Office of the Director is the Program Planning and Communication Unit (PPCU), who oversee the office's communication needs. PPCU develops, disseminates, and evaluates communication products and tools to support and enhance the work of the STLT community; guides and support the development and dissemination of communication activities both within and outside of OSTLTS; matrixes communication messages from across CDC Centers, Institute, and Offices; and manages internal communication activities to create and nurture a supportive work environment.

Below are descriptions of OSTLTS communication products to be included in the data collection.

Did You Know?

OSTLT's weekly *Did You Know?* email bulletins contains news for action and covers a broad range of public health issues, including national health observances, data and report releases, and other timely information from across CDC. It is released every Friday before noon and is intended to inform its STLT health partners and help them move data and evidence-based recommendations into public health action. CDC staff and the general public are secondary target audiences. *Did You Know?* is disseminated to CDC staff through CDC-wide internal announcements and is posted on the OSTLTS website each Friday. The website features a library of past content (archived by date and topic) and content syndication, which allows partners to put the content on their websites for free. As of April 2013, *Did You Know?* has 18,955 subscribers, including state and national legislators, STLT

health agency staff, educators and students, and others. Of these, 2,139 are known STLT health agency staff because they contained [state].us or [state].gov domains. *Did You Know?* gains an average of 100 new subscribers per week. It is also the most popularly syndicated website on CDC, and is currently syndicated on 69 websites (e.g., non-governmental organizations, physicians and nursing associations, public health associations, state and local health departments, university class websites and intranets) and gains several thousand more page views from syndication. See **Attachment A—Sample of *Did You Know?***

Prior to this data collection, a one-time assessment of *Did You Know?* was conducted in the fall of 2011, OMB No. 0920-0879 (see **Attachment B—*Did You Know?* 2011 Assessment Results**), and was used to determine the utility of *Did You Know?* and early indications of its success. The data collection was used to assess STLT staff perceptions of the utility of *Did You Know?* and informed ways to improve the product. In addition, the data collection asked users on their preferences for email delivery, content of the bulletins, and assessed their decision making with regards to clicking on links. As a result of the data collection, the project team made an effort to include links to more preferred types of content indicated by participants, including newly released data and statistics, evidence-based strategies, new CDC guidelines and recommendations, free resources and materials, and information relevant to their local community. Chronic disease information was also found to be of the most interest for STLT staff, and they mostly used *Did You Know?* to educate the public, to prepare materials, or to start, change, or support internal programs or practices.

Including *Did You Know?* in this current data collection is desirable as it is one of OSTLTs' most popular communication products. It is important to note that the current data collection questions will not repeat the same questions as the 2011 assessment, but rather, will focus on opportunities for promotion and dissemination of the product and will be brief and high-level in nature.

Have You Heard? Facts From The Field

The *Have You Heard? Facts From The Field* email bulletins complements *Did You Know?* by sharing brief highlights on the accomplishments, successful practices, and innovative programs of STLT health departments around the country with CDC staff (i.e., information and news from STLT health agencies back to CDC). This is part of CDC's efforts to strengthen two-way communication with the field and can be used to inform staff working at the national and federal levels about what is truly happening on the frontlines of public health. Anyone may submit content to be considered for distribution through *Have You Heard?*, and is distributed on an ad-hoc basis. *Have You Heard? Facts From The Field* is sent to all CDC staff through CDC-wide internal announcements. As of April 2013, *Have You Heard? Facts From The Field* has 15,908 subscribers and gains an average of 75 new subscribers per week. Of these, 693 are known STLT health agency staff because they contained [state].us or [state].gov domains. *Have You Heard? Facts From The Field* is also one of the most popularly

syndicated website on CDC and gains several thousand more page views from syndication. See **Attachment C—Sample of *Have You Heard? Facts From The Field***.

***Vital Signs* Town Hall Teleconferences**

OSTLTS hosts a *Vital Signs* Town Hall Teleconference on the second Tuesday of each month with public health staff, physicians, and others, following the release of CDC's *Vital Signs* report. These monthly reports offer recent data and calls to action for important public health topics. Each month's teleconference provides a forum for health officials and public health department staff to broaden the conversation, build momentum, and discuss the issues, strategies, lessons learned from evidence-based, effective programs within the public health areas covered by *Vital Signs*. Each teleconference features lessons learned and success stories from the STLT perspective. As of April 2013, 15,908 people subscribe to *Vital Signs* Town Hall updates, and of these, 1,145 are known STLT health agency staff because they contained [state].us or [state].gov domains. Each call contains anywhere from 60 to 200 callers from all 50 US states.

STLT Gateway

The Gateway for State, Tribal, Local, and Territorial Public Health Professionals, or “STLT Gateway,” is a website providing central access to STLT public health professionals for information on public health programs (e.g., public health accreditation), guidance on performance improvement, funding opportunities, success stories describing innovative state and local public health activities, and links to OSTLTS communication products. The STLT Gateway went live on the CDC.gov home page in December 2011 and averages about 20,000 page views per month. Other unique products found on the site include the “What’s New” RSS feed tailored specifically for STLTs (18,000 current subscribers). See **Attachment D—Screenshot of the STLT Gateway**.

STLT Connection Facebook Page

The STLT Connection Facebook page was created to engage public health professionals through social media, and is updated daily with tailored posts and relevant links. It is currently “liked” by 1,847 fans. See **Attachment E—Screenshot of the STLT Connection Facebook page**.

PPCU manages a host of communication products, including weekly *Did You Know?* and *Have You Heard? Facts From The Field* email bulletins; CDC *Vital Signs* Town Hall Teleconferences; the STLT Gateway central access website; and STLT Connection Facebook page. To date, OSTLTS has not performed a collective assessment of STLT health agency staff's satisfaction and use of these communication products, and is proposing to do so with this current data collection. An exception is the one-time data collection of *Did You Know?* in 2011, OMB No. 0920-0879 (See **Attachment B—*Did You Know?* 2011 Assessment Results**). This data collection will build upon questions from the previous *Did You Know?* assessment and will focus on opportunities for dissemination and promotion, rather than content preferences and utility.

Overall, the data collection will enable OSTLTS to dig deeper into the needs of its stakeholders and gain broader understanding of the impact of and satisfaction with existing OSTLTS general communication products designed to encourage communication (i.e., two-way sharing of information and ideas) with the STLT audience. Results from the data collection will allow OSTLTS to refine its communication products to better meet stakeholder needs, reduce the barriers that prevent STLT health agency staff from using its communication products, and determine opportunities for better promotion and dissemination of its communication products through social media.

Overview of the Data Collection System –Data will be collected through a one-time online data collection administered to the respondent population. **(See Attachment F—Data Collection Instrument: MS Word version; Attachment G— Data Collection Instrument: Web-version.)** The online assessment was programmed using Survey Monkey and was pilot tested by eight 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 data collection.

Items of Information to be Collected –

The data collection consists of six sections: one section per each of the five OSTLTS communication products and one demographic information section. There are 66 questions in total of various types including single response, multiple response, rating scale, matrix of choices, and open-ended. However, skip patterns are included in the data collection so it is highly likely that respondents will not have to answer all 66 questions. Respondents will skip over an entire section (average of 10 questions per section) if they indicate that they are not subscribers to that particular product. An effort was made to limit questions requiring narrative responses from respondents. There are 5 open-ended questions and 17 questions with an “other, please specify” option on multiple response questions. We felt it was important to have these types of questions available for respondents to capture with unique experiences or needs. The assessment will collect information on the following:

- a. What is the satisfaction level with and impact of OSTLTS communication products among STLT public health professionals?
- a. What prevents STLT public health professionals from using OSTLTS communication products?
- b. What social media channels are STLT public health professionals using for work?
- c. What are the characteristics of data collection respondents?

Identification of Website(s) and Website Content Directed at Children Under 13 Years of Age – The data collection system involves using a web-based assessment. Respondents will be sent a link directing them to the online instrument 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 the assessment is to gain broad understanding of

- 1) The impact of and subscriber satisfaction with existing OSTLTS general communication products designed to encourage and strengthen communication with the STLT audience. These products include
 - a. *Did You Know?* and *Have You Heard? Facts From The Field* email bulletins—the former shares timely news from across CDC with STLT public health programs to move data and recommendations into action, while the latter shares back with CDC the successes and challenges of public health agencies
 - b. *CDC Vital Signs* Town Hall Teleconferences, which provide a venue for health officials to discuss strategies, lessons learned, and success stories, as well as build networks around these leading public health challenges
 - c. *STLT Gateway* central access website provides a single place for STLT public health professionals to find multiple CDC resources and submit their feedback
 - d. *STLT Connection* Facebook page, which shares tailored posts for public health agency staff and engages them through social media
- 2) Barriers to STLT health agency staff's use of OSTLTS communication products and their preference for how to engage with OSTLTS that may be unmet by current communication channels
- 3) How to better promote and disseminate OSTLTS communication products through social media

The results of this one-time assessment will be used to

- 1) Inform ongoing refinement of OSTLTS communication products to better meet stakeholder needs
- 2) Understand and reduce barriers that prevent STLT health agency staff from using OSTLTS communication products
- 4) Determine opportunities for better promotion and dissemination of OSTLTS communication products through social media

Privacy Impact Assessment

No sensitive information is being collected. The proposed data collection will have little or no effect on respondent privacy because respondents are participating in their official capacity as staff in state or territorial health agencies.

3. Considerations Given to Information Technology

Data will be collected via a web-based questionnaire allowing respondents to complete and submit their responses electronically. The assessment will be delivered using Survey Monkey. It is fully compliant with Section 508 of the Rehabilitation Act, therefore meeting Federal Web Accessibility Standards set to ensure that electronic and information technology utilized by Federal agencies are accessible to people with disabilities. Respondents will be directed to the assessment via a web-based link; all responses are stored in a secure database accessible only by project team members. An online data collection method was chosen to reduce the overall burden on respondents. The data collection instrument was designed to collect the minimum information necessary for the purposes of this project.

4. Duplication of Information

The information being collected is specific to OSTLTS communication products and there is currently no information available that can substitute for direct responses from the target response group—STLT public health staff. Because these are unique products and target respondents are a critical stakeholder group for CDC and OSTLTS, there is no existing data which could replace the need to gather data through this data collection instrument. OSTLTS currently does not systematically collect information on all of its products and has no other way to assess satisfaction and impact of its products among public health departments. The metrics data in the GovDelivery tool and Adobe SiteCatalyst tool provide some insight into what emails subscribers are opening and what links they are clicking on. However, these tools cannot capture user demographics, preferences, satisfaction, or identify areas for improvement.

5. Reducing the Burden on Small Entities

No small businesses will be involved in this data collection.

6. Consequences of Not Conducting Collection

This request is for a one-time data collection. There are no legal obstacles to reduce the burden. If no data are collected, OSTLTS will be unable to:

- Identify the current impact of and subscriber satisfaction with its communication products within STLT public health agencies, which are a critical stakeholder group for CDC
- Inform ongoing development and refinement of OSTLTS communication products to better meet stakeholder needs, efforts to collaborate across programs, and selection of channels through which OSTLTS can communicate with stakeholders about all of its programs most effectively

7. Special Circumstances

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. Consultation with Persons 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. A 60-day Federal Register Notice was published in the Federal Register on October 22, 2010, Vol. 75, No. 204; pp. 65353-54.

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. Payment or Gift

CDC will not provide payments or gifts to respondents.

10. Confidentiality

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 directly identifiable information. CDC will not receive any identifying information that could be linked back to individual respondents.

This data collection is not research involving human subjects.

11. Sensitive Nature

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. In the pilot test, the average time to complete the data collection, including time for reviewing instructions, gathering needed information and answering the questions, was approximately 12 minutes. Based on these results, the estimated time range for actual respondents to complete the data collection is 10 to 15 minutes. For the purposes of estimating burden hours, the upper limit of this range (i.e., 15 minutes) is used.

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 750 respondents. Table A-12 shows estimated burden and cost information.

Table A-12: Estimated Annualized Burden Hours and Costs to Respondents – OSTLTS Product Assessment

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, Tribal, Local, or Territorial Health Agency Official or Employee Who Are Subscribers to OSTLTS Communication Products	750	1	15/60	188	57.11	\$10,736.68

13. Costs to Respondents

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

14. Cost to Federal 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 primary staff member for this project is a health communication specialist (GS-7) on the OSTLTS Program Planning and Communication Unit, who consulted with a health scientist and evaluation specialist (GS-14) in the OSTLTS Research and Outcomes Branch. The primary staff member will collect the data, code, enter, and prepare the data for analysis; conduct data analysis; and prepare a report, with ongoing consultation from the other team member. Hourly rates of \$20.07 for GS-7 (step 2) and \$48.41 for GS-14 (step 2) were used to estimate staff costs. The estimated cost to the federal government is \$7,957.40.

Table A-14.1: Estimated Annualized Cost to the Federal Government

Staff or Contractor	Average Hours per Study	Average Hourly Rate	Average Cost
Health Communication Specialist (GS-7) Instrument development, pilot testing, OMB package preparation, data collection, data coding and entry, quality control, data analysis, report preparation	300	\$20.07	\$6,021.00
Health Scientist (GS-14) Instrument development, pilot testing, OMB package preparation, data collection, data coding and entry, quality control, data analysis, report preparation	40	\$48.41	\$1,936.40
Estimated Total Cost of Information Collection			\$7,957.40

15. Reason for Changes

This is a new data collection.

16. Tabulation of Results, Schedule, and Analysis Plan

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 and not the total STLT population.

Once analyzed, we plan to share our findings with stakeholders across CDC and external partner organizations representing target respondents, including the Association of State and Local Health Officials (ASTHO) and NACCHO. We hope that our findings will inform the program content submissions and OSTLTS promotion efforts. We would also like to share some of our findings with OSTLTS communication product subscribers to rationalize the changes that we intend to make to the product and to show that their input does have an impact on how CDC develops and delivers content.

Project Time Schedule: 2013 - 2014

- Design assessment instrument..... (COMPLETE)
- Develop assessment protocol, instructions, and analysis plan..... (COMPLETE)
- Pilot test assessment instrument.....(COMPLETE)
- Prepare OMB package.....(COMPLETE)
- Submit OMB package.....(COMPLETE)
- OMB approval.....(Pending)
- Collect data.....(3 weeks)
- Code, enter, quality control, and analyze data.....(4 weeks)
- Prepare reports and presentations.....(3 weeks)
- Disseminate results/reports..... (4 weeks)

17. Display of OMB Approval Date

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. Sample of *Did You Know?***
- B. *Did You Know?* 2011 Assessment Results**
- C. Sample of *Have You Heard? Facts From The Field***
- D. Screenshot of the STLT Gateway**
- E. Screenshot of the STLT Connection Facebook page**
- F. Data Collection Instrument: MS Word version**
- G. Data Collection Instrument: Web-version**