

Public Health Performance Improvement Professional Association Feasibility Assessment

OSTLTS Generic Information Collection Request
OMB No. 0920-0879

Supporting Statement – Section B

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Section B – Data Collection Procedures

1. Respondent Universe and Sampling Methods

The respondent universe consists of members of the public health performance improvement workforce in state, local, tribal, and territorial (STLT) health departments. This respondent universe depends on the work functions rather than specific job title to broadly encompass all personnel in health departments engaged in performance improvement efforts. Common titles of respondents include, but are not limited to: program manager, accreditation coordinator, performance improvement manager, Mobilizing for Action through Planning and Partnerships (MAPP) coordinator, director, administrator, QI coordinator.

The functions include:

- Coordinating efforts to prepare and apply for national voluntary accreditation
- Leading state or community health assessment and improvement planning processes
- Developing an agency strategic plan
- Implementing agency-wide performance management systems
- Engaging in quality improvement (QI) to gain process efficiencies or improve health outcomes
- Selecting and implementing evidence-based public health strategies to address health priorities outlined in a state or community health improvement plan

No sampling is employed and the total universe of respondents consists of memberships from the following five sources. Participants will self-select to participate. These membership lists were scrubbed for duplication and non-governmental employees to lead to a respondent universe of 1,744 STLT health agency staff participants.

- a. Public health performance improvement workforce members who have ever participated in a public health improvement training, meeting, or webinar hosted by the National Network of Public Health Institute (NNPHI)
- b. A contact list of Performance Improvement Managers (PIMs), compiled from the National Public Health Improvement Initiative (NPHII) website
- c. The National Association of City and County Health Officials (NACCHO)'s Performance Improvement Workgroup, Accreditation Coordinator's Learning Community, Quality Improvement Leaders Group membership
- d. The Association of State and Territorial Health Officials (ASTHO)'s Accreditation Coordinator Learning Community membership
- e. The Public Health Accreditation Board's list of accredited health departments

2. Procedures for the Collection of Information

The Needs/Desirability Assessment data collection will be conducted using an online data collection tool (Survey Monkey). An email invitation to participate in the online assessment

will be emailed out via the four contact lists outlined above (see **Attachment F: Recruitment Email**). Email recipients will be invited to complete the assessment by clicking on a provided link that will open the assessment.

The data collection tool will be open for 10 business days to allow ample time for respondents to complete the tool. A reminder email (see **Attachment G: Reminder Email**) will be sent out on Day 7 for non-respondents.

Upon completion of data collection, both quantitative and qualitative analyses will be performed. Quantitative analyses will involve using descriptive statistics to determine frequency distributions for responses to each survey question. Qualitative thematic analyses will be conducted on open-ended questions.

3. Methods to Maximize Response Rates Deal with Nonresponse

Although participation in the assessment is voluntary, the project team will make every effort to maximize the rate of response. The assessment tool was designed with particular focus on streamlining questions to allow for skipping questions based on responses to previous questions, thereby minimizing response burden. A reminder email will be sent to those who have not completed the assessment on Day 7 (see **Attachment G: Reminder Email**). The purpose of this data collection tool is to capture the perspectives from public health performance improvement professionals on the feasibility and desirability of a professional association; higher response rates will yield more reliable information, however, no scientific inferences will be made.

4. Test of Procedures or Methods to be Undertaken

To ensure that items and responses are understandable by respondents; five public health professionals were asked to review the data collection tool and provide specific feedback on how to improve item and response wording. The length of the data collection tool was also reduced based on pilot testing results and expert review. The estimate for burden hours is based on a pilot test of the data collection instrument by five public health professionals. In the pilot test, the average time to complete the data collection instrument including time for reviewing instructions, gathering needed information and completing the data collection instrument, was approximately 15 number minutes. Based on these results, the estimated time range for actual respondents to complete the data collection instrument is between 7-17 minutes. For the purposes of estimating burden hours, the average time for completion (i.e., 15 minutes) is used.

5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

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LIST OF ATTACHMENTS – Section B

Note: Attachments are included as separate files as instructed.

F. Recruitment Email

G. Reminder Email