

Public Health Improvement Trainings (PHIT) Assessment

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 OMB Clearance Center (O2C2) – OMB No. 0920-0879. Data will be collected from 165 staff within state (51), local (95), tribal (14), and territorial (5) health departments that are acting in their official capacities working on performance improvement within their organization that attended the Public Health Improvement Training (PHIT) in Atlanta on April 24-25th, 2014.

This respondent universe depends on the work functions rather than specific job title to broadly encompass all personnel in health departments engaged in these efforts. 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 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

Common titles of respondents include, but are not limited to: accreditation coordinator, performance improvement manager, program manager, program coordinator, health planner, Health Assessment and Improvement Coordinator, quality improvement coordinator/manager.

This data collection is authorized by Section 301 of the Public Health Service Act (42 U.S.C. 241). This data collection will serve to assure a competent public and personal health care workforce (essential service 8) in the area of evaluating effectiveness, accessibility, and the quality of personal and population-based health services (essential service 9).

The Public Health Improvement Training (PHIT) was established to provide training to the state, tribal, local and territorial health department workforce involved in performance and quality improvement activities. PHIT has evolved over time from training focusing on National Public Health Performance Standards (NPHPS) implementation to training on a variety of public health performance improvement topics (**see A_Training Analysis 2003-2014**). This change in scope has been influenced by many drivers including launch of a national voluntary accreditation program for state, tribal, local and territorial health departments in 2011, requirements of community health assessments or improvement plans by federal grants, state-specific mandates, and IRS requirements for tax-exempt

healthcare facilities t (**see B_Leveraging the Revised National Public Health Performance Standards**).

In response to interest in the field, PHIT 2014 featured training on topics including:

- Quality improvement and facilitation
- Performance management and performance measures
- National voluntary accreditation
- Health assessment and improvement planning
- Strategic planning

The goal of PHIT 2014 was to increase the public health workforce's implementation of public health agency, system and community health improvement processes and incorporated launching sessions, skill building sessions, experiences from the field and plenaries (**see C_ PHIT 2014 Agenda**).

The National Network for Public Health Institutes (NNPHI) was engaged through a co-sponsorship agreement and was responsible for the overall planning, coordination and implementation of PHIT 2014. PHIT 2014 was a two-day training for STLT health departments on performance improvement topics, was co-sponsored by NNPHI and the Centers for Disease Control and Prevention (CDC) with input and contributions from six other key national organization partners. Partners included the Association for American Indian Physicians (AAIP), the American Public Health Association (APHA), the Association for State and Territorial Health Officials (ASTHO), the National Association for City and County Health Officials (NACCHO), the Public Health Foundation (PHF) and the Public Health Accreditation Board (PHAB).

In an effort to constructively assess both the overall training event and individual sessions of all types, NNPHI and CDC collaboratively designed a training assessment form (**see D_PHIT Assessment Form**). This assessment was administered onsite at the PHIT 2014 training event. Data from the written assessments were entered and analyzed by NNPHI. NNPHI then compiled an evaluation report and executive summary (**see E_ PHIT 2014 Assessment Report and F_ Executive Summary**).

This proposed data collection intends to follow up with PHIT 2014 participants on their perspective on the training six months after the event and to assess their current training needs, items not covered in the onsite assessment. This information is critical to determine the extent to which training participants have implemented the knowledge and skills learned at the training, and is important to understanding training outcomes and effectiveness. In addition, the information collected will provide insight into current training needs and interests, which will be used to inform the content and design of PHIT 2015.

The overall purpose of the data collection is to help CDC, NNPHI and the PHIT 2015

planning committee to understand the needs of STLT public health professionals in relation to the topics of quality improvement and facilitation, performance management and performance measures, national voluntary accreditation, health assessment and improvement planning and strategic planning.

Overview of the Data Collection System – The data collection system consists of a web-based questionnaire (**see G_Instrument MS Word version and H_Instrument Web version**) designed to assess which topics participants are most interested in for PHIT 2015. The data collection instrument will be administered as a web-based instrument. The data collection instrument was pilot tested by five 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 instrument.

Items of Information to be Collected –

The data collection tool consists of 17 questions of various types including dichotomous, multiple response, filter and open-ended questions. Questions cover, participant demographics and skill level (3 questions), the usefulness of PHIT 2014 (8 questions), participant interest in attending PHIT 2014 (1 question) and desired topic areas and speakers for PHIT 2015 (5 questions).

2. Purpose and Use of the Information Collection

The overall purpose of the data collection is to help CDC, NNPHI and the PHIT 2015 planning committee to understand the needs of STLT public health professionals in relation to the topics of quality improvement and facilitation, performance management and performance measures, national voluntary accreditation, health assessment and improvement planning and strategic planning.

Assessing PHIT 2014 participants aims to capture information in two ways:

- a. assesses gains in knowledge, skills and actions 6-8 months post-PHIT
- b. informs a participant driven agenda for PHIT in 2015

The information collected will provide insight into current training needs and interests, which will be used to inform the content and design of PHIT 2015.

3. Use of Improved Information Technology and Burden Reduction

Data will be collected via a Qualtrics web-based questionnaire allowing respondents to complete and submit their responses electronically. This 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 (i.e., limited to 17 questions).

4. Efforts to Identify Duplication and Use of Similar Information

A duplicative assessment does not exist to follow up with the unique respondent universe to assess 1) the impact of PHIT 2014 and 2) the needs of the field to plan for PHIT 2015. CDC and NNPHI coordinates and shares information on upcoming assessments with other national organizations focused on these efforts.

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

Without collecting this information, PHIT 2015 would

- not be as driven from the field, and having the field drive the content and format to PHIT is highly valued.
- presenters who can share best practices that may not have been identified otherwise will not be identified.

This request is for a one time data collection. There are no legal obstacles to reduce the burden.

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 Survey Center (OSC) – OMB No. 0920-0879. A 60-day Federal Register Notice was published in the Federal Register on October 31, 2013, Vol. 78, No. 211; pp. 653 25-26. No comments were received.

CDC partners with professional STLT organizations, such as the Association of State and Territorial Health Officials (ASTHO), and the National Association of County and City Health Officials (NACCHO), 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.

10.1 Privacy Impact Assessment Information

No individually identifiable information (IIF) collected.

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 a pilot test of the data collection instrument by 5 public health professionals. In the pilot test, the average time to complete the instrument including time for reviewing instructions, gathering needed information and completing the instrument, was approximately 10 minutes. Based on these results, the estimated time range for actual respondents to complete the instrument is 10 minutes.

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 \$47.77 is estimated for all 165 respondents. Table A-12 shows estimated burden and cost information.

Table A-12: Estimated Annualized Burden Hours and Costs to Respondents

Data Collection Instrument: Form Name	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
PHIT Follow Up Assessment	State, local, tribal, territorial health department PHIT 2014 participants	165	1	10/60	28	\$47.77	\$1337.56
	TOTALS	165	1		28		\$1337.56

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

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

Staff (FTE)	Average Hours per Collection	Average Hourly Rate	Average Cost
Lead Public Health Advisor (GS-14) Consultation with staff on OMB package preparation, instrument development, pilot testing, data collection, report preparation	2	\$48.90	\$97.80
Public Health Advisor (GS-9) Pilot testing, OMB package preparation	5	\$23.99	\$119.95
Estimated Total Cost of Information Collection			\$217.75

15. Explanation for Program Changes or Adjustments

This is a new data collection.

16. Plans for Tabulation and Publication and Project Time Schedule

Results of this data collection will inform planning efforts for PHIT 2015 in content and format to increase impact of training. The data will be cleaned, analyzed and a report will be developed to be used within CDC, NNPHI and the PHIT planning committee. The report will relay the major findings and recommendations, informed by the assessment.

Both quantitative and qualitative analyses will be performed. Quantitative analyses will involve using descriptive statistics to determine frequency distributions for responses to each scaled question. Qualitative thematic analyses will be conducted on open-ended questions.

Project Time Schedule

Depending on when the clearance process concludes, we aim to follow the following timeline:

PHIT

Design assessment tool.....	COMPLETE
Develop protocol, instructions, and analysis plan.....	COMPLETE
Pilot test assessment questionnaire.....	COMPLETE
Prepare OMB package.....	COMPLETE
Submit OMB package.....	COMPLETE
OMB approval.....	Tentative
Conduct data collection	Tentative (2 weeks)
Collect, code, enter, quality control, and analyze data.....	Tentative (4 weeks)

Prepare report..... Tentative (6 weeks)
Disseminate results/reports..... Tentative (2 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

A_Training Analysis 2003-2014

B_Leveraging the Revised National Public Health Performance Standards

C_PHIT 2014 Agenda

D_PHIT Assessment Form

E_PHIT 2014 Assessment Report

F_Executive Summary

G_Instrument MS Word Version

H_Instrument Web Version