Mobilizing for Action through Planning and Partnerships (MAPP): Outcomes

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 OMB Clearance Center (O2C2) – OMB No. 0920-0879. The respondent universe for this data collection aligns with that of the O2C2. Data will be collected from staff from state, local, tribal and territorial health departments. Respondents serve in their official capacity to implement Mobilizing for Action through Planning and Partnerships (MAPP) in their communities and have joined a community of practice called the MAPP Network in order to collaborate and learn from one another. The Network is comprised of over 800 members across the United States implementing MAPP in their communities. The population consists of MAPP coordinators, assessment and planning coordinators, accreditation coordinators, local health officials, public health directors, performance improvement managers, community planners and public health nurses.

Due to the inclusive nature of MAPP, the online community of practice also contains individuals from a variety of areas outside the target population. To ensure our respondent universe is targeted to those implementing MAPP within a STLT health department, the list has been narrowed down to 506 using the criteria outlined in Statement B.

This data collection is authorized by Section 301 of the Public Health Service Act (42 U.S.C. 241). This data collection will help inform on the ability of local health departments to monitor the health status of their population to identify community health problems and their ability to develop policies and plans that support individual and community health efforts (essential public health services 1 & 5).

Mobilizing for Action through Planning and Partnerships (MAPP) is a community-driven strategic planning process for improving community health. MAPP is a framework facilitated by public health leaders that helps communities apply strategic thinking to prioritize public health issues and identify resources to address them. MAPP is not an agency-focused assessment process; rather it is an interactive process that can improve the efficiency, effectiveness, and ultimately the performance of local health systems. This framework has also been adapted for state, tribal and territorial health systems **(see A_ MAPP Fact Sheet).**

Prior to MAPP's inception in 2001, public health practitioners did not have structured guidance on creating and implementing community-based strategic plans. In response, the National Association for County and City Health Officials (NACCHO) and CDC created a

process based on substantive input from public health practitioners and public health research and theory. As a result, MAPP is a process that is both theoretically sound and relevant to public health practice.

Different drivers have led health agencies and organizations to institutionalize community health assessment and community health improvement planning in recent years. With the wide range of frameworks, tools and resources available, it can be challenging for practitioners to choose the right one for their community. This assessment is part of a three-phase project designed to help us to understand more about who uses MAPP, how they use it, and what outcomes they have seen from the process **(see B_MAPP Assessment Plan)**

One of those drivers is national voluntary accreditation for state, tribal, local and territorial health departments, which was launched in 2011 by the Public Health Accreditation Board (PHAB), in partnership with key public health organizations **(see C_PHAB Launches National Accreditation for Health Departments)**. The goal of the voluntary national accreditation program is to improve and protect the health of the public by advancing the quality and performance of tribal, state, local and territorial public health departments.

PHAB's public health department accreditation process seeks to advance quality and performance within public health departments. Accreditation standards define the expectations for all public health departments that seek to become accredited. National public health department accreditation has been developed because of the desire to improve service, value, and accountability to stakeholders. The standards encompass 12 domains of performance and include a comprehensive community health assessment (Domain 1, Standard 1.1) and a community health improvement plan (Domain 5, Standard 5.2) **(See D_PHAB Standards_An Overview)**.

A documented community health assessment and improvement plan are two of the three prerequisites for applying to PHAB. PHAB requires that these processes be conducted collaboratively and that the documents be dated within the last five years. In the process of completing a MAPP process, a community will produce these two prerequisites and are well suited to continue their pursuit of accreditation and quality improvement.

The purpose of this data collection is to identify who is using MAPP, how they are using it, and what public health improvement outcomes they have seen in their communities resulting from the process. We will group MAPP users based on their responses, and use the information we collect about these groups to design more detailed data collection instruments in future assessments (see B_MAPP Assessment Plan).

Overview of the Data Collection System – The data collection system consists of a web-based questionnaire (**see E_MAPP Assessment Online Version and F_MAPP**

Assessment Word Version) designed to assess outcomes and long-term benefits seen in MAPP communities. The data collection instrument will be administered as a web-based instrument. The data collection instrument was pilot tested by 9 public health professionals in local health departments. 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.

The MAPP workgroup identified assessment as a priority for 2014 and began developing the assessment tool. CDC also values the assessment of MAPP and wanted to create a sustainable assessment plan building off this data collection **(see B_MAPP Assessment Plan**)**.** The Assessment plan proposes three steps including this initial data collection. Additional data collections will be reviewed through the OMB process at a later date.

Items of Information to be Collected –
The instrument is an online data collection instrument that contains 22 questions. The instrument asks if respondents have seen positive or negative changes based on their use of the MAPP process, including improved determinants of health, implemented policy changes, and changes to the relationship between the public health agency and the community. Question types include multiple choice, and short answer, and skip logic directs respondents only to the questions that are individually relevant. The questions fall into four categories: Demographics of MAPP coordinator and their jurisdictional area (Questions 1, 2, 5, 20, 21, 22); how many iterations of MAPP have been completed by the community (Question 3); what components of the MAPP process have been completed (Questions 3a, 4); positive and negative value seen in the community as a result of using the MAPP process (Questions 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19).

2. Purpose and Use of the Information Collection

The purpose of this data collection is to identify who is using MAPP, how they are using it, and what public health improvement outcomes they have seen in their communities resulting from the process. Deeper understanding will allow stakeholders to guide the further development of associated MAPP tools and resources and promote the use of MAPP by public health systems.

This data collection is the first of three planned phases of assessing the effectiveness of the MAPP process, which we hope will provide insight on how we can make the process easier and more useful to communities. The findings will be used for the following purposes:

- The data will be analyzed by NACCHO and CDC to better focus future assessment efforts.
- A summary of the data will be sent to the MAPP Network.

NACCHO will use this data to conduct interviews and focus groups with participants from the MAPP Network who express an interest in participating.

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 22 questions).

4. Efforts to Identify Duplication and Use of Similar Information

This is a first time data collection, no other duplicate efforts exist. Previous course assessments conducted by NACCHO since 2006 have been used to inform this data collection instrument.

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

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

The consequences of not collecting this information under this mechanism and within these timeframes are as follows:

- Inability to assess the long-term outcomes of community health assessment and improvement planning using the MAPP process
- Inability to assess the incorporation of health equity into the MAPP process
- Inability to inform ongoing development and refinement of MAPP tools and resources to better meet stakeholder needs

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 OMB Clearance Center (O2C2) – 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), 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.

10.1 Privacy Impact Assessment Information

No individually identifiable information (IIF) will be 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 9 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 12 minutes. Based on these results, the estimated time range for actual respondents to complete the instrument is 10-15 minutes. For the purposes of estimating burden hours, the upper limit of this range of 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 $47.77 is estimated for all 835 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
MAPP Outcomes Assessment	State, local, tribal and territorial	506	1	15/60	127	$47.77	$6,066.79

	health department staff working in their official capacity to implement MAPP						
	TOTALS	506	1		127		$6,066.79

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
Public Health Advisor (GS-9) Consultation with MAPP workgroup on data collection tool design, OMB package preparation, report preparation	15	$23.99	$359.85
Public Health Advisor (GS-12) Consultation with staff on OMB package preparation, instrument development, pilot testing, data collection, report preparation	12	$34.80	$417.60
Estimated Total Cost of Information Collection			**$777.45**

15. Explanation for Program Changes or Adjustments

This is a new data collection.

16. Plans for Tabulation and Publication and Project Time Schedule

Project Time Schedule

Results of this data collection will contribute to the report and presentation for the broader MAPP Assessment that will be used within CDC and NACCHO and also shared with relevant stakeholders.

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

Project Time Schedule

MAPP Outcomes Assessment (01/01/2014 – 10/31/2014)

Design assessment tool……COMPLETE
Pilot test assessment questionnaire……COMPLETE
Prepare OMB package……COMPLETE
Submit OMB package……COMPLETE
OMB approval……Tentative
Conduct data collection …… Tentative (2 weeks) October 2014
Collect, code, enter, quality control, and analyze data..... Tentative (2 weeks) Oct-Nov 2014
Prepare report…… Tentative (4 weeks) Nov-Dec 2014
Disseminate results/reports…… Tentative (2 weeks) Jan 2015

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_MAPP Fact Sheet
B_MAPP Assessment Plan
C_PHAB Launches National Accreditation for Health Departments
D_PHAB Standards: An Overview
E_MAPP Assessment Online Version
F_MAPP Assessment Word Version