

School Health Resources Assessment: Awareness, Satisfaction, and Utility

OSTLTS Generic Information Collection Request
OMB No. 0920-0879

Supporting Statement – Section A

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- The goal of this information collection is to assess the level of awareness, satisfaction, and current or intended use of two resources from the School Health Branch: the School Health Index and the Health and Academic Achievement document and PowerPoint slides.
- The results of this assessment will be used to help CDC's School Health Branch staff increase their efficiency and effectiveness in developing and disseminating resources to improve public health in school settings in the future.
- Information will be collected via a web-based questionnaire consisting of 27 questions of various types, including dichotomous (yes/no), multiple response, interval (rating scales), and open-ended questions.
- The subpopulation to be studied is school health coordinators in all 50 states who are located in state health agencies and departments of educations. Information will be collected from 85 school health coordinators across all 50 states. Sixty four coordinators are based in state public health departments and twenty one of them are based in state departments of education.
- Information will be reviewed for completion and simple descriptive statistics will be run looking at response frequencies. Depending on the response distribution, frequencies may be cross-tabulated to identify response similarities and differences among respondents.

Section A – Justification

1. Circumstances Making the Collection of Information Necessary

Background

This information 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 information collection aligns with that of the O2C2. Information will be collected from 85 school health coordinators across all 50 states. Sixty four coordinators are based in state public health departments and 21 of them are based in state departments of education. See Attachment C for full list of respondent universe.

This information collection is authorized by Section 301 of the Public Health Service Act (42 U.S.C. 241). This information collection falls under the essential public health service(s) of

- 1. Monitoring health status to identify community health problems
- 2. Diagnosing and investigating health problems and health hazards in the community
- 3. Informing, educating, and empowering people about health issues
- 4. Mobilizing community partnerships to identify and solve health problems

- 5. Development of policies and plans that support individual and community health efforts
- 6. Enforcement of laws and regulations that protect health and ensure safety
- 7. Linking people to needed personal health services and assure the provision of health care when otherwise unavailable
- 8. Assuring a competent public health and personal health care workforce
- 9. Evaluating effectiveness, accessibility, and quality of personal and population-based health services
- 10. Research for new insights and innovative solutions to health problems ¹

Establishing healthy behaviors during childhood is easier and more effective than trying to change unhealthy behaviors during adulthood. Schools play a critical role in promoting the health and safety of young people and helping them establish lifelong healthy behavior patterns. The School Health Branch (SHB) in CDC's Division of Population Health, National Center for Chronic Disease Prevention and Health Promotion, was established to encourage healthy behaviors during childhood and adolescence. The SHB focuses on healthy eating, physical activity, and the management of chronic conditions in school settings.² The main strategies for these initiatives are (1) provide funding to state health and education agencies for chronic disease prevention and management in schools; (2) evaluate new and emerging strategies for chronic disease prevention and management in schools; (3) establish science-based guidance, tools, and resources for schools to implement policy and environmental change strategies; and (4) disseminate guidance, tools, and resources.

As part of CDC's efforts nationwide to reduce the risk factors associated with childhood and adult obesity, diabetes, heart disease, and stroke, all 50 states and the District of Columbia receive funds to help prevent these chronic diseases through a federal grant called "State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health/1305" ("1305/State Public Health Actions").³ School health coordinators are funded by the CDC through this grant to implement strategies to support healthier school environments and are based in state health and education departments. They are responsible for implementing strategies to support physical activity, nutrition, and coordinated management of chronic conditions in school settings.

To support the work of school health coordinators working in state health and education departments, in 2014, the SHB released the *Health and Academic Achievement* document⁴ and PowerPoint (PPT) presentation.⁵ State-level school health coordinators can use these resources to promote the relationship between health and academics and provide justification for school health policies, practices, and programs. The document and corresponding PPT slide deck reflect a synthesis and translation of the science on the relationship between healthy eating, physical activity, and academic achievement.

Another key resource released in August 2014, was the *School Health Index (SHI)*.⁶ The *SHI* is the most comprehensive assessment tool for schools to examine their school health policies, practices, and programs. State-level school health coordinators working on the 1305/State Public Health

Actions programs use the *SHI* with school districts and schools to help identify where strong policies and practices exist and where changes are needed. While the *SHI* has been in existence since 2000, major revisions were completed for the new release in 2014. The revisions to the *SHI* reflect changes in national/federal policy requirements as well as national programs and initiatives that were launched since the last edition of *SHI*. These revisions were critical, as they align with work that the state level school health coordinators are conducting with districts and schools.

After releasing the Health and Academic Achievement materials and the *SHI*, the SHB began disseminating and promoting the resources to school health coordinators and other target audience members.

The purpose of this information collection is to conduct an assessment of the level of awareness, satisfaction, and current or intended use of two resources from the School Health Branch: the *SHI* and the Health and Academic Achievement document and PowerPoint slides. This assessment will help CDC-SHB increase their efficiency and effectiveness in developing and disseminating the *SHI* and the Health and Academic Achievement material, in addition to any future resources, to improve public health in school settings in the future.

Overview of the Information Collection System

Information will be collected via a web-based questionnaire allowing respondents to complete and submit their responses electronically (see **Attachment A—Instrument: Word version** and **Attachment B—Instrument: Web version**). The online instrument will be used to gather information from school health coordinators regarding awareness, satisfaction, and current or intended use of the two previously mentioned SHB resources. This method was chosen to reduce the overall burden on respondents. The information collection instrument was pilot tested by 4 public health professionals. Feedback from this group was used to establish the estimated time required to complete the information collection instrument.

Items of Information to be Collected

The online information collection instrument consists of 27 main questions of various types, including dichotomous (yes/no), multiple response, interval (rating scales), and open-ended questions. An effort was made to limit questions requiring narrative responses from respondents whenever possible. The instrument will collect information on the following:

- School health coordinators' awareness of the *SHI* and the Health and Academic Achievement document and PowerPoint slides.
- How school health coordinators are using or intending to use the resources
- School health coordinator's level of satisfaction with the *SHI* and the Health and Academic Achievement document and PowerPoint slides.
- Any additional feedback that school health coordinators offer about the resources

2. Purpose and Use of the Information Collection

The purpose of this assessment is to determine the awareness of, satisfaction with and current or intended use of the previously mentioned resources in order to help CDC-SHB increase their efficiency and effectiveness in developing and disseminating the SHI and the Health and Academic Achievement material, in addition to any future resources, to improve public health in school settings in the future.

The information we gather and summarize will be used to provide feedback to the SHB in the following ways: 1) provide insight on how effective resource dissemination and communication strategies were in creating awareness among school health coordinators; 2) inform changes to these resources; 3) identify how school health coordinators are using or intend to use the resources; and, 4) inform the development of a more comprehensive assessment of a broader range of resources.

The answers to the assessment questions will be used to provide valuable insight to SHB staff, as well as the broader Division of Population Health staff at CDC, who have a vested interest in SHB resources; specifically the SHI and the Health and Academic Achievement Translation resources. As noted previously, establishing, disseminating, and assessing resources for schools are primary strategies the SHB uses to accomplish its mission. Therefore, this group has a vested interest in findings related to the impact of the resources.

3. Use of Improved Information Technology and Burden Reduction

Information will be collected via a web-based questionnaire allowing respondents to complete and submit their responses electronically. This method reduces the overall burden on respondents by using skip logic to eliminate questions not relevant to the respondent. The information collection instrument was designed to collect the minimum information necessary for the purposes of this project (i.e., limited to 27 questions).

4. Efforts to Identify Duplication and Use of Similar Information

With the exception of information collected regarding web metrics, there are no other efforts to collect information regarding the awareness, satisfaction, and use of both the Health and Academic Achievement Translation resources and the updated *SHI*. The ongoing collection of web metrics (e.g., number of downloads, page statistics, and domain referrers) provides limited information about the number of unique and return visitors to the resources, as well as the frequency with which the resources are accessed and downloaded.⁷ It does not provide information about how school health coordinators intend to use the Health and Academic Achievement Translation resources and the updated *SHI*, and whether these products meet their needs. This collection will provide SHB with necessary information on implementation plans and satisfaction levels that web metrics do not.

5. Impact on Small Businesses or Other Small Entities

No small businesses will be involved in this information collection.

6. Consequences of Collecting the Information Less Frequently

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

- Inability to assess the usefulness of SHB and its partners' dissemination activities in reaching school health coordinators
- Inability to make informed and timely revisions to dissemination approaches
- Inability to understand the scope of actions school health coordinators intend to take (using the Health and Academic Achievement Translation resources and the updated SHI as guides) for demonstrating the link between healthy eating, physical activity, and improved academic achievement and engaging stakeholders in working together to support healthy school environments
- Inability to assess the feasibility of implementing actions outlined in the Health and Academic Achievement Translation resources within the course of the current school year
- Inability to make informed and timely adjustments to the Health and Academic Achievement Translation resources and the updated SHI or to identify necessary accompanying materials/supports

7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

There are no special circumstances with this information collection request. 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 information 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 information collection. STLT governmental staff and/or delegates will be speaking from their official roles and will not be asked, nor will they provide individually identifiable information.

This information collection is not research involving human subjects. IRB approval is not required.

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 is of a 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 information collection instrument by 4 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 9 to 11 minutes. For the purposes of estimating burden hours, the upper limit of this range (i.e., 11 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 and education 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 state health department staff and an hourly wage of \$42.10 is estimated for department of education staff. Table A-12 shows estimated burden and cost information.

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

Information 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
School Health Resources Assessment Instrument	School Health Coordinator (State Public Health	64	1	11/60	12	57.11	\$685

	Department)						
School Health Resources Assessment Instrument	School Health Coordinator (State Department of Education)	21	1	11/60	4	42.10	\$168
	TOTALS	85			16		\$853

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 information collection.

14. Annualized Cost to the Government

There are no equipment or overhead costs. Contractors, however, are being used to support development of the assessment tool, information collection, and information analysis. The only cost to the federal government is the cost of project oversight provided by CDC staff and the cost of the contract for information collection and processing. The primary staff member for this project is a CDC Lead Health Scientist (GS-14-4) in the School Health Branch. An additional staff member contributing to the project is an ORISE Fellow in the School Health Branch. The total estimated cost to the federal government is **\$32,976.60**. Table A-14 describes how this cost estimate was calculated.

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

Staff (FTE)	Average Hours per Collection	Average Hourly Rate	Average Cost
Lead Health Scientist: (GS 14-4) CDC FTE, instrument development, OMB package preparation, overview of information analysis and report preparation.	120	\$53.25	\$6,390
ORISE Fellow: Instrument development, OMB request preparation, overview of information analysis and report preparation.	90	\$28.74	\$2586
Contractor			\$24,000
Estimated Total Cost of Information Collection			\$32,977

15. Explanation for Program Changes or Adjustments

This is a new information collection.

16. Plans for Tabulation and Publication and Project Time Schedule

Information will be exported from Novi Survey Software into a Microsoft Excel file. Information will be reviewed for completeness and simple descriptive statistics will be run looking at response frequencies. Depending on the response distribution, frequencies may be cross-tabulated to identify response similarities and differences among respondents who work for a Department of Public Health as compared to those based in a Department of Education. These findings will be representative only of the response pool and not the total population of professionals working in state health and education departments to advance school health strategies.

Following information analysis, key findings will be shared with several audiences:

- 1) SHB staff, and internal and external collaborators involved with the development of the Health and Academic Achievement Translation tools and the updated School Health Index and other resources that address chronic disease prevention in schools
- 2) Communications team that works to disseminate SHB products to priority end users
- 3) Partner agencies that have helped to disseminate the Health and Academic Achievement Translation tools and the updated School Health Index

We expect that our findings will inform dissemination approaches as well as potential revisions and/or additions to the resources we make available to support efforts to address chronic disease prevention in schools.

Project Time Schedule

Task	Timeline/Time to Completion
<i>Project Timeline Schedule for Parts I and II</i>	<i>January 2015-July 2015</i>
• Launch Health and Academic Achievement Translation Document and PPT slide deck	<i>Complete</i>
• Launch Updated School Health Index	<i>Complete</i>
• Track web metrics	<i>Ongoing</i>
• Design assessment and feedback instruments	<i>Complete</i>
• Develop assessment protocols, instructions, follow up notifications, and analysis plan	<i>Complete</i>
• Pilot test assessment instruments	<i>Complete</i>
• Prepare Generic Clearance Package	<i>Complete</i>
• Submit Generic Clearance Package	<i>Complete</i>
• Generic Clearance Approval	<i>Pending</i>
• Collect Information via Resource Assessment Instrument	(3 weeks)
• Download, clean, code, enter, and analyze information	(2 week)
• Prepare summary brief and presentation of results	(4 weeks)
• Share assessment products with SHB team	July

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

Att. A Assessment Instrument: Word version

Att. B Assessment Instrument Web version

Att. C List of School Health Coordinators

REFERENCE LIST

1. Centers for Disease Control and Prevention (CDC). "National Public Health Performance Standards Program (NPHPSP): 10 Essential Public Health Services." Available at <http://www.cdc.gov/nphpsp/essentialservices.html>. Accessed 8/14/14.
2. Centers for Disease Control and Prevention (CDC). "Adolescent and School Health" Available at <http://www.cdc.gov/healthyyouth/schoolhealth/index.htm> Accessed 4/14/15.
3. Centers for Disease Control and Prevention (CDC). "State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health" Available at <http://www.cdc.gov/chronicdisease/about/state-public-health-actions.htm> Accessed 4/14/15.
4. Centers for Disease Control and Prevention (CDC) "Health and Academic Achievement" Available at http://www.cdc.gov/healthyyouth/health_and_academics/pdf/health-academic-achievement.pdf Accessed 4/20/15.
5. Centers for Disease Control and Prevention (CDC) "Healthy Kids. Successful Students. Stronger Communities." Available at http://www.cdc.gov/healthyyouth/health_and_academics/pdf/2014_8_29_health-academics_508tagged.pdf Accessed 4/20/15.
6. Centers for Disease Control and Prevention (CDC) "School Health Index" Available at <http://www.cdc.gov/healthyyouth/shi/> Accessed 4/20/15.
7. Adobe Marketing Cloud Available at <http://www.adobe.com/marketing-cloud.html> Accessed 4/23/15