

State Chronic Disease Prevention and Control Programs: Training Needs

OSTLTS Generic Information Collection Request
OMB No. 0920-0879

Supporting Statement – Section A

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- **Goal of the study:** Assess core competency and 1305 cooperative agreement training needs of selected chronic disease unit staff within state health departments.
- **Intended use of the resulting data:** Inform the development and delivery of CDC-sponsored trainings, create a comprehensive 5-year training plan based on the stated needs of grantees, and help coordinate trainings offered across the Center's nine divisions.
- **The subpopulation to be studied:** 102 program managers, 102 program coordinators, and 102 health education specialists (within state health department chronic disease prevention and health promotion units) across all 50 states and the District of Columbia.
- **Information Collection Methods:** Web-based data collection instrument.
- **How data will be analyzed:** Information will be analyzed quantitatively and summarized by common thematic elements and frequently cited training needs across 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. Data will be collected from 306 state health department chronic disease and health promotion staff across all 50 states and the District of Columbia acting in their official capacities. The respondents will consist of 102 program managers (2 per state), 102 program coordinators (2 per state), and 102 health education specialists (2 per state). All respondents are staff within state health departments funded by the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) and implementing CDC chronic disease prevention and health promotion strategies and interventions. Staff in these positions are the primary audience for trainings provided by NCCDPHP, therefore these position types are critical to assess.

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 assuring a competent public health and personal health care workforce.²

- 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

Chronic diseases and conditions—such as heart disease, stroke, cancer, diabetes, obesity, and arthritis—are among the most common, costly, and preventable of all health problems. Health risk behaviors—such as lack of physical activity, poor nutrition, tobacco use, and drinking too much alcohol—cause much of the illness, suffering, and early death related to chronic diseases and conditions. Most chronic diseases are caused or made worse by many of the same risk factors and can be prevented or lessened by many of the same strategies and interventions¹.

Within CDC, the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) provides scientific leadership and technical expertise to program managers, program coordinators and health education specialists within state departments of health and education, to build their capacity to develop, deliver, and implement chronic disease and health promotion programs that have measureable impact. These roles represent positions primarily funded by NCCDPHP cooperative agreements and those that are chiefly responsible for implementing strategies within NCCDPHP funding opportunity announcements (FOAs). Staff in these positions are the primary audience for trainings provided by NCCDPHP and often provide technical assistance to public health staff and partners, therefore these position types are critical to assess.

NCCDPHP identified 11 core competencies that are essential to state health department chronic disease and health promotion staff (see **Attachment A—NCCDPHP Core Competencies for State Health Departments**). The core competencies were developed in 2015 and are part of NCCDPHP's efforts to create a comprehensive, long-term plan for and to coordinate trainings across the NCCDPHP's nine divisions.

The core competencies highlight the specific skills that are needed to implement public health programs across NCCDPHP's four "domains" of activities. These domains are:

1. Epidemiology and surveillance—to monitor trends and track progress.
2. Environmental approaches—to promote health and support healthy behaviors.
3. Health care system interventions—to improve the effective delivery and use of clinical and other high-value preventive services.
4. Community programs linked to clinical services—to improve and sustain management of chronic conditions.

(See **Attachment B—The Four Domains of Chronic Disease Prevention**)

The four domains apply a coordinated approach to preventing chronic diseases and promoting health. Domain 1, epidemiology and surveillance, is a pivotal domain for public health. Additionally, public health programs increasingly recognize the importance of coordinating chronic disease prevention efforts in domains 2, 3, and 4 to optimize public health's efficiency and effectiveness.

The four domains help organize, focus, and concentrate public health efforts to strengthen programs and build expertise to address gaps in services. These four domains highlight shared strategies and opportunities to make real health improvements across a range of diseases, conditions, and risk factors to improve the health and quality of life of millions of Americans.

Several of NCCDPHP's cooperative agreements use the four domains as an organizational framework for their efforts. Cooperative agreement, "1305 State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity, and Associated Risk Factors and Promote School Health" (referred to as 1305) supports efforts nationwide to reduce the risk factors associated with childhood and adult obesity, diabetes, heart disease, and stroke. The strategies to prevent these chronic diseases and conditions are often similar and by combining approaches, public health programs can work together to be more impactful and efficient. The 1305 cooperative agreement began in 2014 and all state and District of Columbia health departments are funded for five years to implement basic strategies. Thirty-two of the 1305 grantees are funded to implement additional enhanced strategies. See details of each below:

- **The 1305 "basic" component:** designed to support health promotion, epidemiology, and surveillance activities and targets strategies that will result in measurable impacts to address school health, risk factors for suboptimal nutrition and physical activity, obesity, diabetes, and heart disease and stroke prevention.
- **The 1305 "enhanced" component:** designed to build on and extend the activities supported with basic funding to achieve even greater reach and impact. This component includes implementation of evidence-based strategies that are more extensive and wider-reaching than those implemented in the basic component. States funded for this enhanced component are implementing interventions at scale to reach large segments of the population in the state and in partnership with organizations that may or may not have worked with state departments of health in the past.

Training efforts are coordinated within NCCDPHP through a training workgroup formed in 2013. The workgroup includes representatives from each of the nine divisions within the Center that are responsible for training activities within their respective divisions. The workgroup is responsible for:

- Determining the best training format for target audience
- Selecting and prioritizing training topics
- Identifying and selecting experts and presenters
- Organizing logistics and facilitating trainings
- Communicating and promoting training opportunities
- Serving as a liaison to Division leadership
- Cataloguing existing training opportunities and resources
- Collaborating to assess internal and external training needs

To enhance internal CDC collaboration efforts and ensure that efforts are not duplicated in identifying training needs of state health department staff, NCCDPHP has worked with the

NCCDPHP Training Workgroup to understand what current and planned training and technical needs assessments are occurring across the Center.

CDC requests OMB approval to conduct a training needs assessment related to the 11 core competencies. Data will be collected from staff in chronic disease units of state health departments. Additionally, those funded under the 1305 cooperative agreement enhanced component will be asked to identify training they need to accomplish objectives related to NCCDPHP domains 2, 3, and 4.

The results from this information collection will inform the development of a comprehensive NCCDPHP 5-year training plan for state health department chronic disease prevention and health promotion staff, inform the development and delivery of CDC-sponsored trainings, and help coordinate trainings offered across the Center's nine divisions. The online needs assessments will provide critical information for designing and shaping the Center's training plans by identifying both key priority areas and modes for training among the Center's 11 core competencies for all state health department staff.

Overview of the Information Collection System

In the first stage of data collection, CDC will send an email to all state chronic disease directors who are responsible for program operations in their jurisdictions. The email will introduce the data collection, explain the procedures, and collect the names and email information for each person whom the director designates to answer the training needs assessment (see **Attachment C—Contact Instrument**). Directors will be given 5 days/1 week to complete the form.

The contact information obtained in stage 1 will then be used by ICF International, a professional services consulting firm, to contact the designated persons within each state health department to complete the training needs assessment instrument within a 2-week period. Data will be collected via a web-based information collection instrument, programmed using SurveyMonkey, allowing respondents to complete and submit their responses electronically and at their own convenience (see **Attachment D—Training Needs Assessment Instrument Word version** and **Attachment E—Training Needs Assessment Instrument Web version**).

The online instrument will be used to assess training needs of staff working in state health department chronic disease prevention and health promotion units. This method was chosen to reduce the overall burden on respondents. The information collection instrument was pilot tested by eight 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 information collection instrument.

Items of Information to be Collected

The online data collection instrument consists of 32 main questions of various types, including multiple response, interval (rating scales), and open-ended. An effort was made to limit questions requiring narrative responses from respondents whenever possible by limiting open-ended

response options to only “other” answer categories. The vast majority of questions are multiple choice questions asking the respondent to “select all that apply.” The instrument will collect information on the following:

- Section 1: Respondent background information (e.g., chronic disease area that the respondent works in and the cooperative agreements that the respondent works under)
- Section 2: Respondent training needs for the 11 core public health competency areas. These core competencies include:
 1. Leadership and Systems Thinking
 2. Organizational and Financial Management
 3. Partnership Engagement and Strategic Communication
 4. Public Health Science and Programming
 5. Policy-Related Skills
 6. Sector-Wide and Systems Change
 7. Health Equity
 8. Surveillance, Epidemiology, and Strategic Use of Data/Information
 9. Evaluation
 10. Sustainability
 11. Economic Analysis
- Section 2 continued: Training mode questions (i.e., what is the mode of training that each respondent prefers across each of the 11 core competency areas).
- Section 3: Training priorities for 1305 enhanced funded state health department staff on enhanced strategies and interventions in 3 of the 4 domains, specifically:
 - Domain 2: Environmental Approaches that Promote Health
 - Domain 3: Health System Interventions
 - Domain 4: Community-Clinical Linkages

2.

Purpose and Use of the Information Collection

CDC requests OMB approval to conduct a training needs assessment related to the 11 core competencies. Data will be collected from staff in chronic disease units of state health departments. Additionally, those funded under the 1305 cooperative agreement enhanced component will be asked to identify training they need to accomplish objectives related to NCCDPHP domains 2, 3, and 4.

Data from this needs assessment will help the NCCDPHP create a comprehensive 5-year training plan. In addition, the data will inform the development and delivery of CDC-sponsored trainings and support efforts to coordinate trainings offered across the Center’s nine divisions. The data will provide critical information for designing and shaping the Center’s training plans by identifying both key priority areas and modes for training among the Center’s 11 core competencies for all state health department staff.

The proposed information collection is based on the core competencies and NCCDPHP’s domains, which are foundational frameworks developed to support and advance state health department chronic disease prevention and health promotion efforts. In the future there may be additional training needs relating to specific subject matters or cooperative agreement requirements. Additionally, findings from this needs assessment will be shared with training staff from each of

NCCDPHP's nine divisions to inform the development of any additional requests and to inform and tailor trainings to better meet the needs for their grantees.

3. Use of Improved Information Technology and Burden Reduction

Data will be collected via a web-based information collection instrument allowing respondents to complete and submit their responses electronically. This method was chosen to reduce the overall burden on respondents. The information collection instrument was designed to collect the minimum information necessary for the purposes of this project. Further, the bulk of questions are of the multiple choice-multiple selection variety and there are limited opportunities for providing open-ended responses except as an "other" response. Therefore, the online information collection instrument was designed to keep respondent burden to an absolute minimum.

4. Efforts to Identify Duplication and Use of Similar Information

This online information collection instrument will be the first of its kind to systematically assess the training needs of state health department staff, who work on a range of chronic disease prevention and health promotion strategies across the country, according to the 11 NCCDPHP core competencies. This information collection is also the first of its' kind to assess training needs specific to 1305 enhanced Domain 2, 3 and 4 strategies and interventions. NCCDPHP has conducted previous information collections to assess the training needs of state, tribal, local, and territorial health department staff, those assessments focused on a single chronic disease or funding opportunity announcement, rather than NCCDPHP's core competencies. For example, the Division of Community Health's training needs assessment for the Partnerships to Improve Community Health (PICH)³ and Racial and Ethnic Approaches to Community Health (REACH)⁴ programs was specific to activities for these programs; was not based on a systematic review of the 11 core competencies; and was adapted for use with private sector awardees. Furthermore, NCCDPHP has worked with the NCCDPHP Training Workgroup to enhance internal CDC collaboration efforts and ensure that efforts are not duplicated in identifying training needs of state health department staff.

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

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

- Determine which of the 11 core competencies and 1305 enhanced Domain 2, 3 and 4 strategies and interventions are the least understood by state health department staff and thus requiring the most training and assistance.
- Develop a targeted and useful training plan to meet state health department chronic disease units' training needs and maximize resources to address these needs.

- Provide targeted training events and peer-to-peer networking sessions that build core competencies of state health department staff and increase 1305 enhanced grantees' knowledge of Domain 2, 3 and 4 strategies and interventions.
- Ensure that state health department staff receive training on the core competencies and Domain 2, 3, and 4 enhanced strategies and interventions in a format that most suits their 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 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. Protection of the Privacy and Confidentiality of Information Provided by 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.

11. Institutional Review Board (IRB) and 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 information collection instruments by 8 public health professionals.

Contact Instrument: The average time to complete the Contact Instrument, including reading the introductory email, reading the instructions, and completing the associated table with contact information took 4 minutes.

NCCDPHP State Health Department Training Needs Assessment: the training needs assessment was pilot-tested from the perspective of those who would complete the “basic” (sections 1 and 2) as well as the “enhanced” (sections 1-3) versions of the assessment. Time to complete the assessment, including reviewing instructions, gathering needed information and completing the instrument, are outlined below.

“Basic” (Sections 1, 2): Three of the eight public health professionals pilot-tested the assessment completing only sections 1 and 2. The average time to completion was 16 minutes (range 11-20 minutes).

“Enhanced” (Sections 1-3): Five of the eight public health professionals pilot-tested the assessment completing sections 1-3. The average time to completion was 21 minutes (range 11-30 minutes).

For the purpose of estimating burden hours, the upper limit of the range (i.e., 30 minutes) is used.

Estimates for the average hourly wage for respondents are based on the Department of Labor (DOL) National Compensation Survey estimate for respondents (<http://www.bls.gov/ncs/ocs/sp/nctb1349.pdf>). Based on DOL data, an average hourly wage of \$48 is estimated for all 51 State Chronic Disease and Health Promotion Directors, \$36.35 is estimated for all 102 State Health Department Chronic Disease Program Managers, \$32.00 for all 102 State Health Department Chronic Disease Program Coordinators, and \$27.25 for all 102 State Health Department Chronic Disease Health Education Specialist respondents.

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
Contact Instrument	State Chronic Disease and Health Promotion Directors	51	1	4/60	3.4	\$48	\$163.20

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
NCCDPHP State Health Department Training Needs Assessment	State Health Department Chronic Disease Program Managers	102	1	30/60	51	\$36.35	\$1,853.85
NCCDPHP State Health Department Training Needs Assessment	State Health Department Chronic Disease Program Coordinator	102	1	30/60	51	\$32.00	\$1,632.00
NCCDPHP State Health Department Training Needs Assessment	State Health Department Chronic Disease Health Education Specialist	102	1	30/60	51	\$27.52	\$1,403.52
	TOTALS	357	1		156		\$5053

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, data collection, and data analysis. The only cost to the federal government would be the salary of CDC staff and contractors. The total estimated cost to the federal government is \$15,148. Table A-14 describes how this cost estimate was calculated.

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

Staff (FTE)	Average	Average	Average
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	Hours per Collection	Hourly Rate	Cost
Health Education Specialist GS-13 (project management and oversight)	25	\$47.00	\$1,175
Technical specialist (Contractor)	30	\$103.85	\$3,116
Senior associate (Contractor)	122	\$88.99	\$10,857
Estimated Total Cost of Information Collection			\$15,148

15. Explanation for Program Changes or Adjustments

This is a new information collection.

16. Plans for Tabulation and Publication and Project Time Schedule

Data from the online needs assessment will be analyzed to identify state health department chronic disease and health promotion staff’s key priority areas for training on the Center’s 11 core competencies; Domain 2, 3, and 4 enhanced strategies and interventions; and information on preferred modes for training delivery. Data will be provided in a summary report and will be used by the NCCDPHP to create a comprehensive 5-year training plan based on the stated needs of grantees. Sections of this report will also provide NCCDPHP’s divisions with information about respondents’ training needs by chronic disease area or funding opportunity agreements, so that the divisions can use this information to further tailor and coordinate trainings offered within and across the divisions.

Project Time Schedule

- ✓ Design questionnaire COMPLETE
- ✓ Develop protocol, instructions, and analysis plan COMPLETE
- ✓ Pilot test questionnaire COMPLETE
- ✓ Prepare OMB package COMPLETE
- ✓ Submit OMB package COMPLETE
- OMB approval TBD
- Gather contact form information from directors 1 week
- Conduct training needs assessment open 2 weeks
- Analyze data..... 2 weeks
- Prepare reports 2 weeks
- Disseminate report 1 week

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. NCCDPHP Core Competencies for State Health Departments
- B. The Four Domains of Chronic Disease Prevention
- C. Contact Instrument
- D. Training Needs Assessment Instrument Word version
- E. Training Needs Assessment Instrument Web version

REFERENCE LIST

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2. 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 on 8/14/14.
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