

# **STD Prevention and Control: Assessment of the STD AAPPS Funding Program**

OSTLTS Generic Information Collection Request  
OMB No. 0920-0879

## **Supporting Statement – Section A**

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### **Program Official/Project Officer**

Marion Carter

Health Scientist, Program Evaluation Team Lead

Division of STD Prevention, CDC

1600 Clifton Rd NE, MS E-80

404-639-8035

[Acq0@cdc.gov](mailto:Acq0@cdc.gov)

FAX: 404-639-8622

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- The purpose of this information collection is to gather more in-depth information on the status of STD prevention and control activities funded through the federal “STD AAPPS” funding program across the United States and to obtain feedback on how to improve CDC’s STD prevention and control guidance in the future.
- The intended use of this information is to characterize STD prevention efforts, challenges, and successes under the funding program. The results will support essential public health services by informing the strategies used to diagnose and investigate STDs and related health hazards across the United States and by assessing effectiveness, accessibility, and quality of personal and population-based STD prevention and control health services. The results will also inform 1) the assessment of the funding opportunity overall, 2) planning for technical assistance and support to STD programs, and 3) strategic planning for future funding programs.
- The methods that will be used for information collection include two components: 1) an assessment tool administered electronically, and 2) semi-structured interviews.
- The subpopulation to be studied across the two components will be a maximum of 118 STD program managers and staff from all 59 state (50), territorial (2), and local (7) health departments that currently receive funding under the STD AAPPS funding program. The STD program manager will be invited to complete the assessment tool and participate in the interview on behalf of his or her jurisdiction. The program manager has the option of involving up to one additional senior staff person from the STD program in the interview component.
- Analysis will include basic frequency tabulations of data from the assessment tool, using Excel, and standard qualitative data analytic techniques (i.e., coding, synthesis, pattern identification) of data from the interviews, using NVivo.

## 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 up to 118 STD program managers and other senior staff (e.g. surveillance director, or field operations director) from current awardees of PS14-1402 STD AAPPS funding opportunity<sup>1</sup>, which includes health departments from 50 state, 7 local jurisdictions (District of Columbia, Baltimore, Philadelphia, New York City, Chicago, San Francisco, and Los Angeles), and 2 territories (the United States Virgin Islands and Puerto Rico). (**See Attachment A—List of Awardee Respondents.**) All respondents will be acting in their official capacities, which includes oversight of STD program staffing and STD

prevention and control. STD program managers and other senior staff, such as the director of STD public health surveillance or the director of field operations (i.e., public health investigations of STD cases), are best suited to provide information on their progress under STD AAPPS.

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 <sup>1</sup>

With most STD's on the rise, the prevention and control of sexually-transmitted diseases (STDs) remains a public health priority.<sup>2</sup> Health departments across the United States support STD prevention and control by monitoring and reporting STD cases (i.e. public health surveillance), conducting follow up of people with high priority STD cases in an effort to ensure treatment and prevent disease transmission (i.e., diagnosis and investigation of STDs and related hazards), and supporting adoption of clinical guidelines for prevention and treatment of STDs among health care providers, among other strategies. Federal funding amounts for STD prevention and control under STD AAPPS range widely and reflect variation in the epidemiology of STDs across jurisdictions, as well as the size, structure, and capacity of the funded STD programs.

CDC's Division of STD Prevention (CDC/DSTDP) provides the vast majority of federal funding to those STD programs. CDC/DSTDP does this primarily through a funding program called "Improving Sexually-Transmitted Disease Prevention through Assessment, Assurance, Policy, and Prevention Services" (STD AAPPS). Beginning January 1, 2014, STD AAPPS has provided annual funding for 50 state, 7 local, and 2 territorial health departments. (**See Attachment A – List of Awardee Respondents.**) The project period is five years. The structure and content of STD AAPPS represented a shift from CDC/DSTDP's prior funding programs for STD prevention and control. It is structured around the Institute of Medicine's core functions of public health, which include assessment, assurance, and policy<sup>3</sup>; includes over 40 required or recommended strategies for STD prevention and control; and recognizes the shifting health care context for public health and safety net health care services. Through the funding program, CDC/DSTDP intended to redirect and galvanize STD prevention and control at the state, territorial, and local levels for more efficient and effective use of that funding.

Given this shift, it is incumbent upon CDC/DSTDP to assess this funding program comprehensively and characterize the degree to which STD AAPPs has met its aims and to which its vision is relevant and helpful to the diverse set of jurisdictions funded. Doing so aligns squarely with the broader public health function of assessing the effectiveness, accessibility, and quality of STD prevention and control services. Currently, DSTDP receives information from the STD AAPPs awardees about their work and progress through Annual Progress Reports, a limited set of annual Program Outcome Measures, awardee meetings, and regular communication with project officers, surveillance staff, program evaluators, and other CDC/DSTDP staff. Anecdotally, CDC/DSTDP staff know that STD AAPPs raised new challenges for many awardees and created opportunities for others. Three years into the award, it is an optimal time to assess and document progress under STD AAPPs in a systematic and more in-depth way.

This interim assessment will allow awardees to relay their experiences about STD AAPPs, outside the confines of progress report templates and related mechanisms. All STD program managers in the funded jurisdictions will be offered an opportunity to assess their program's progress, successes, and challenges against the various strategies outlined in STD AAPPs through an assessment tool and then expand on that assessment through semi-structured interviews.

CDC/DSTDP does not have the capacity to collect and analyze the data described above and believes that awardees would benefit from an external group, not CDC, conducting the assessment. Therefore, a contractor, Karna LLC, has been hired to collect all of the information for this interim assessment. Karna LLC, a company whose mission is to provide health-related consulting services to the government, was chosen to assist with this collection given their past experience with similar assessments for other aspects of CDC and high quality deliverables.

Overall, the purpose of this information collection is to gather more in-depth information on the status of STD prevention and control activities across the United States and to obtain feedback on how to improve CDC's STD prevention and control guidance in the future.

The intended use of this information is to characterize STD prevention efforts, challenges, and successes under the funding program. The results will support essential public health services by informing the strategies used to diagnose and investigate STDs and related health hazards across the United States and by assessing effectiveness, accessibility, and quality of personal and population-based STD prevention and control health services. The results will also inform 1) the assessment of the funding opportunity overall, 2) planning for technical assistance and support to STD programs, and 3) strategic planning for future funding programs.

### **Overview of the Information Collection System**

Data will be collected through two components. For the first component, in each of the 59 funded jurisdictions, the STD program manager will be invited to complete an assessment tool administered electronically. In the second component, the STD program manager in all 59 jurisdictions will be invited to participate in a semi-structured, follow-up interview to discuss and expand on information gathered from the assessment tool. For the interview, they have the option

of involving one other senior staff person from the STD program in the interview (e.g. director of surveillance or of field operations). They may choose to involve one additional person because 1) they are relatively new to their jobs or 2) their program's particular size or structure means that other staff people are best suited to discuss particular parts of the their STD program. (**See Attachment B—Instrument: Word Version, Attachment C – Instrument: Electronic Version, and Attachment D—Instrument: Interview Guide.**)

The assessment tool is formatted as a fillable PDF, which will be emailed to the STD program managers, completed by them on their office computer, and emailed back. The semi-structured interview will be conducted by video conference, approximately 1-3 weeks after completing the assessment tool. Both the assessment tool and the interview guide were piloted by 3 public health professionals. Feedback was used to refine questions, inform analysis plans, and establish the time required to complete the information collection instrument.

### **Items of Information to be Collected**

This information collection has two components.

Component 1: A total of 59 respondents will complete the electronic assessment tool, from each of the 59 funded jurisdictions. There will be one response per jurisdiction from each STD program manager.

The assessment tool has 10 pages. Given the purpose of the assessment is to obtain more information on the status of work under STD AAPPS, the tool is organized around the 42 required and recommended strategies outlined in STD AAPPS. The STD program managers are all very familiar with these strategies. For each strategy, there are 3 questions, for a total of 126 questions. Each question is multiple-choice, with no more than five response options for each question. The three questions for each of the 42 strategies are:

- How strong or weak is your STD program in implementing the following strategies?
- Overall, how much has your STD program strengthened or weakened in the last 3 years in the following strategies?
- Do you wish the following strategies were required, recommended, or dropped from the funding program?

The first two questions assess awardee's progress and status across the funding program's strategies. The third question will inform CDC/DSTDP's approach to future funding programs. These questions clearly align with the purpose of this assessment. There are also 9 optional comment boxes placed throughout the assessment tool, to allow respondents to add contextual information if they wish. These were added at the request of awardees who reviewed the draft assessment tool.

Component 2: Up to 118 respondents will participate in an interview to discuss their funded jurisdiction's STD program. The respondents will include the same STD program managers who complete Component 1, and may include, at the discretion of the STD program manager, up to one

other senior staff from the STD program (e.g. the director of STD surveillance of the director of field operations). They may choose to involve one additional staff person in the interview because 1) they are relatively new to their jobs or 2) their program's particular size or structure means that other staff people are best suited to discuss particular parts of their STD program. Therefore, there will be one interview per jurisdiction, for a total of 59 interviews but up to 118 respondents involved.

The interview is semi-structured and includes 18 questions that are all open-ended. The questions cover the following themes:

- Feedback on STD AAPPS as a whole, in terms of the set of strategies included and vision for STD prevention and control represented therein,
- Description of their primary challenges, contributions, and program changes over the last three years due to STD AAPPS
- Feedback on how they wish that STD AAPPS were different and on the kind of support they would like going forward.

These themes directly serve the primary purpose of this information collection. The first two themes assess awardee's progress and status across the funding program's strategies. The third theme informs CDC/DSTDP's approach to future funding programs.

Some questions in the interview guide refer directly to responses provided on that awardee's assessment tool. In this way, the two components are linked and complementary. Each interview will occur approximately 1-3 weeks after each entity completes the assessment tool about their jurisdiction's STD program (Component 1). It is optimal for STD program managers to have fresh memories of their responses to the assessment tool at the time of the interview.

## **2. Purpose and Use of the Information Collection**

The purpose of this information collection is to gather more in-depth information on the status of STD prevention and control activities across the United States and to obtain feedback on how to improve CDC's STD prevention and control guidance in the future.

The intended use of this information is to characterize STD prevention efforts, challenges, and successes under the funding program. The results will support essential public health services by informing the strategies used to diagnose and investigate STDs and related health hazards across the United States and by assessing effectiveness, accessibility, and quality of personal and population-based STD prevention and control health services. The results will also inform 1) the assessment of the funding opportunity overall, 2) planning for technical assistance and support to STD programs, and 3) strategic planning for future funding programs.

### **3. Use of Improved Information Technology and Burden Reduction**

In Component 1, information will be collected via an electronic assessment tool that allows respondents to easily select answers and submit their responses by email using standard IT infrastructure. This method was chosen to reduce the overall burden on respondents.

The assessment tool was chosen as a method of information collection in order to provide CDC/DSTDP with information that will be standardized and quantifiable across all awardees for describing progress under STD AAPPs. Having some quantifiable data is helpful to CDC/DSTDP for characterizing progress across all awardees. An effort was made to limit questions and questions requiring narrative responses from respondents whenever possible. The narrative sections of the assessment tool are few, and all are optional.

In Component 2, the interview was chosen as a method of information collection because it allows awardees to relay their unique experiences and explanations more fully than with traditional quantitative methods. The funded jurisdictions are diverse in their STD epidemiology, funding levels, staffing, and capacity. Their experiences under STD AAPPs are also diverse, and interviews represent the most efficient way to capture that variation.

The interviews will be conducted through video conference. The video conference will rely on standard software easily accessible to most individuals with an internet connection, such as Zoom. No additional downloads or plug-ins are required to access this software. The use of this software will impose no additional burden on respondents. Using video conference technology, instead of phone conference technology only, will enhance rapport between interviewers and respondents and strengthen the quality of the conversation and data collected. Only the audio portion of the video conference will be recorded, with the permission of respondents.

Both information collection instruments were designed to collect the minimum information necessary for the purposes of this project.

### **4. Efforts to Identify Duplication and Use of Similar Information**

Efforts were made to identify duplication and use of similar information. Efforts included searches for published literature and programmatic reports, and discussion with leading staff in CDC/DSTDP. The information being collected through this activity has not been comprehensively or systematically collected via another activity.

CDC/DSTDP is solely responsible for developing and supporting STD AAPPs, therefore, there is no other entity collecting the information for this purpose. This is the first attempt in using these information collection instruments to gain this level of insight into the respondents' experiences under and feedback on this funding program.

### **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/DSTDP will not fulfill its obligation to assess the effectiveness, accessibility, and quality of STD prevention and control activities under its flagship funding program, and
- CDC/DSTDP will not be able to draw from a comprehensive evidence base for planning and supporting the work by funded health departments to diagnose and investigate STDs across the country.

**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 May 16, 2014, Vol. 79, No. 95; pp. 285 13-14. No comments were received.

CDC partners with professional STLT organizations, such as the National Coalition of STD Directors (NCSDD), Association of State and Territorial Health Officials (ASTHO), and the National Association of County and City Health Officials (NACCHO) to ensure that the collection requests under this 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.

Karna, LLC, is responsible for all data collection for both components. Staff from Karna who are involved in receiving and entering data from the assessment tools and those who are involved in conducting and transcribing interviews will have access to personally identifiable information. However, information from both phases will be de-identified prior to analysis and prior to sharing the data or results with CDC/DSTDP. No products resulting from this information collection will include personally identifiable information.

The original identifiable information will be retained in a secure location at Karna's offices with password protection for 12 months after data collection and then destroyed.

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 sensitive nature.

**12. Estimates of Annualized Burden Hours and Costs**

The estimate for burden hours is based on a pilot test of both information collection instruments by 3 public health professionals. For Component 1, the maximum time to complete the assessment tool, including time for reviewing instructions and completing the assessment, was 60 minutes, and the minimum amount of time taken was 20 minutes. For Component 2, the interviews, including time taken to review the interview guide beforehand, lasted a maximum of 70 minutes and a minimum of 60 minutes. To generate estimates below, the maximum time was used for both components (i.e., 60 minutes for the assessment tool and 70 minutes for the interview).

Estimates for the average hourly wage for respondents are based on the Department of Labor (DOL) Bureau of Labor Statistics for occupational employment for medical and health services managers [http://www.bls.gov/oes/current/oes\\_nat.htm](http://www.bls.gov/oes/current/oes_nat.htm). Based on DOL data, an average hourly wage of \$57.11 is estimated for all respondents in grantee organizations. 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 |
|--|-----------------|--|--------------------|---------------------------------|--|--------------------|------------------|------------------------|
| State health department                      | Assessment tool | State STD Program Manager  | 50                 | 1                               | 60/60                                  | 50                 | \$57.11          | \$2856                 |
|  | Interview       | State STD Program Manager (same state STD Program Manager as above) and 1 other senior staff | 100                | 1                               | 70/60                                  | 117                | \$57.11          | \$6682                 |
| Local health department                      | Assessment tool | Local STD Program Manager  | 7                  | 1                               | 60/60                                  | 7                  | \$57.11          | \$400                  |

|                               |                 |  |            |   |       |            |         |                 |
|-------------------------------|-----------------|--|------------|---|-------|------------|---------|-----------------|
|                               | Interview       | Local STD Program Manager (same local STD Program Manager as above) and 1 other senior staff             | 14         | 1 | 70/60 | 16         | \$57.11 | \$914           |
| Territorial health department | Assessment tool | Territorial STD Program Manager  | 2          | 1 | 60/60 | 2          | \$57.11 | \$114           |
|                               | Interview       | Territorial STD Program Manager (same territorial STD Program Manager as above) and 1 other senior staff | 4          | 1 | 70/60 | 5          | \$57.11 | \$286           |
|                               | <b>TOTALS</b>   |  | <b>118</b> |   |       | <b>197</b> |         | <b>\$11,252</b> |

**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. A contractor (Karna, LLC) is being used to support development of the assessment tool, data collection, and data analysis. The cost to the federal government will be the salary of CDC staff and the cost of the contract. The total estimated cost to the federal government is \$188,925.15. Table A-14 describes how this cost estimate was calculated. Federal staff will be involved in developing the data collection instruments, preparing contractor staff for data collection, and discussing the findings and draft synthesis and dissemination products based on the data.

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

| Staff (FTE)   | Estimated hours for data collection | Average Hourly Rate | Average Cost        |
|---|-------------------------------------|---------------------|---------------------|
| Evaluation team lead (GS-14)                          | 120                                 | 55                  | \$6600              |
| Program support team lead (GS-14)                     | 40                                  | 55                  | \$2200              |
| Surveillance team lead (GS-14)                        | 40                                  | 55                  | \$2200              |
| Senior behavioral scientist (GS-14)                   | 40                                  | 55                  | \$2200              |
| Fellow (GS-9)   | 20                                  | 25                  | \$500               |
| Contract to Karna (4 staff persons)                   |                                     |                     | \$175,225.15        |
| <b>Estimated Total Cost of Information Collection</b> |                                     |                     | <b>\$188,925.15</b> |

**15. Explanation for Program Changes or Adjustments**

This is a new information collection.

**16. Plans for Tabulation and Publication and Project Time Schedule**

Data will be tabulated and documented in a report. The report, which will include aggregated, de-identified data tables, will be shared with respondents, key Division staff, and Center leadership.

Project Time Schedule

- ✓ Design data collection instruments ..... (COMPLETE)
- ✓ Develop protocol, instructions, and analysis plan ..... (COMPLETE)
- ✓ Pilot test data collection instruments ..... (COMPLETE)
- ✓ Prepare OMB package ..... (COMPLETE)
- ✓ Submit OMB package ..... (COMPLETE)
- OMB approval ..... (TBD)
- Collect information (Components 1 and 2) ..... (16 weeks)
- Code, quality control, and analyze data..... (4 weeks)
- Prepare reports ..... (4 weeks)
- Disseminate results/reports ..... (4 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**

- Attachment A: List of Awardee Respondents
- Attachment B: Instrument: Word version
- Attachment C: Instrument: Electronic Version
- Attachment D: Instrument: Interview Guide

## REFERNCE LIST

<sup>1</sup> Centers for Disease Control and Prevention, Division of STD Prevention. *STD AAPPS Funding Opportunity Announcement*. Available at: <https://www.cdc.gov/std/foa/aapps/default.htm>, Last accessed 12/13/2016.

<sup>2</sup> Centers for Disease Control and Prevention, Division of STD Prevention. *2015 STD Surveillance Report*. Available at: <https://www.cdc.gov/std/stats15/default.htm>. Last accessed 12/13/2016.

<sup>3</sup> Institute of Medicine, Division of Health Care Services, Committee for the Study of the Future of Public Health. *The Future of Public Health*, 1988. Available at: <http://nationalacademies.org/hmd/reports/1988/the-future-of-public-health.aspx>. Last accessed 12/13/2016.