Assessment of the 2014 Best Practices Guide for Comprehensive Tobacco Control Programs

OSTLTS Generic Information Collection Request
OMB No. 0920-0879

Supporting Statement – Section A

Submitted: June 9th, 2017

Program Official/Project Officer
Yessica Gomez
Evaluator
Epidemiology Branch
Office on Smoking and Health
National Center for Chronic Disease Prevention and Health Promotion
4770 Buford Highway, NE, MS F-79
Atlanta, GA 30341
Phone: 770-488-8947
Email: xca1@cdc.gov

Table of Contents

- **Goal of the study**: The goal of this assessment is to assess the applicability, feasibility, use, value, and user-friendliness of the *Best Practices for Comprehensive Tobacco Control Programs-2014* guide.

- **Intended use of the resulting data**: The data collected from this assessment will be used to inform changes and enhancements to the next edition of *Best Practices* in order to increase the use of the evidence-based guide by state tobacco control programs for the planning, implementation, and sustainability of state tobacco control programs.

- **Methods to be used to collect:** Telephone interviews; no sampling.

- **The subpopulation to be studied:** Telephone interviews will be conducted with 51 state tobacco control program managers across all 50 states and the District of Columbia acting in their official capacities.

- **How data will be analyzed**: Basic descriptive statistics; content analysis will performed on open-ended statements to identify key themes.

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 through phone interviews with 51 state tobacco control program managers across all 50 states and the District of Columbia acting in their official capacities.

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]

Cigarette smoking and exposure to secondhand smoke are associated with premature deaths, economic losses to society due to tobacco-related medical costs, and loss in productivity among adults. [1] However, evidence suggests that states that invest and implement an evidence-based, statewide comprehensive tobacco control program (CTCP) are more likely to see reductions in smoking prevalence, youth initiation, tobacco-related morbidity and mortality, and reductions in health care expenditures related to tobacco use.[2]

CDC's Office on Smoking and Health's (OSH) *Best Practices for Comprehensive Tobacco Control Programs–2014* (*Best Practices–2014*) is an evidence-based guide that provides states with integrated programmatic and funding recommendations to plan and implement comprehensive tobacco control programs to prevent and reduce tobacco use. The guide draws upon published evidence of effective tobacco control strategies and the experiences of state and local tobacco control programs.[3] *Best Practices–2014* outlines five evidence-based components of an effective CTCP: 1) State and Community Interventions, 2) Mass-Reach Health Communication Interventions, 3) Cessation Interventions, 4) Surveillance and Evaluation, and 5) Infrastructure, Administration, and Management.[3] The guide can be utilized as both a technical assistance tool for planning and implementing evidence-based strategies and as a means to give grounds to maintain or enhance tobacco control funding.

OSH's National Tobacco Control Program (NTCP), which provides funding and technical support to state and territorial health departments for tobacco control, uses *Best Practices–2014* as the basis for NTCP program planning. Use of the guide ensures that funded states and territories work in a coordinated manner to achieve NTCP goals and to reduce tobacco-related morbidity and mortality. Under CDC Funding Opportunity Announcement DP15-1509, states are expected to implement strategies that align with each of the components of *Best Practices–2014*. As a result, *Best Practices–2014* is a primary resource states use to seek guidance on tobacco control program planning. To support use of the guide and assess factors that affect its utility among states, OSH proposes to implement an assessment that examines the applicability, feasibility, use, value, and user-friendliness of the guide.

The overarching goal of this assessment is to inform decision making aimed at improving the next iteration of *Best Practices*. The assessment findings will be used by OSH's Office of the Director to identify areas of the guide that should continue to be reinforced, strengthened, and areas of improvement within the guide so as to increase the utility of the next iteration of *Best Practices*, tentatively set for publication in 2020.

Overview of the Information Collection System

Information will be collected via telephone interviews with 51 state tobacco control program managers across all 50 states and Washington, D.C.

CDC is utilizing the support of Research Triangle Institute (RTI) International to conduct this data collection. RTI International will be responsible for assisting with the data collection and analysis activities.

The data collection instrument (**see Attachment A — Telephone Interview Guide**) will be used to collect the necessary information to assess the applicability, feasibility, use, value, and user-friendliness of the guide as a resource to help tobacco control programs plan, implement, and sustain CTCPs that can advance NTCP tobacco control efforts.

The information collection instrument was pilot tested with four state tobacco control program managers. Feedback from this group was used to refine questions as needed, avoid duplicative areas, ensure accurate programming and skip patterns, and establish the estimated time required to complete the data collection instrument.

Items of Information to be Collected

The data collection instrument consists of 29 main questions of various types, including structured and semi-structured questions to gather in-depth information on states' use and experience with *Best Practices–2014*. An effort was made to limit questions requiring narrative responses from respondents whenever possible. The instrument will collect information on the following:

- Applicability of each of the five components of the *Best Practices–2014* guide;
- Feasibility of implementing *Best Practices–2014* recommendations;
- Use of guide in creating and implementing states' CTCP;
- Value of *Best Practices–2014* guidance in making decisions about states' CTCP;
- User-friendliness of *Best Practices–2014* in communicating recommendations and evidence-based information.

2. Purpose and Use of the Information Collection

The purpose of this assessment is to examine the applicability, feasibility, use, value, and user-friendliness of the guide as a resource to help state tobacco control programs plan, implement, and sustain comprehensive tobacco control programs that can in turn advance NTCP efforts. Examining these constructs will enable OSH to: 1) assess whether the guide is effectively meeting the needs of states, 2) understand to what extend the guide is helping states plan and implement CTCPs that can advance NTCP goals, and 3) identify opportunities to improve the guide. Since *Best Practices–2014* serves as the basis for coordinating NTCP efforts across all states and grantees, collecting this information is critical to informing the next edition of *Best Practices*. .

Information captured from this assessment will be used by OSH's Office of the Director to improve the guide in its next iteration of *Best Practices*, tentatively set for publication in 2020, so as to strengthen its guidance and utility among states tobacco control programs. Enhancing the applicability, feasibility, use, value, and user-friendliness of *Best Practices,* will ensure it better

reflects the needs of tobacco control programs and captures the necessary information to guide states in the planning and implementation of evidence-based practices that can have an impact on preventing and decreasing tobacco use and reducing tobacco-related morbidity and mortality.

3. Use of Improved Information Technology and Burden Reduction

The information collected under this assessment will be gathered using telephone interviews. The information collection instrument was designed to collect the minimum information necessary for the purposes of this project (i.e., limited to 29 questions).The one-on-one data collection format may help to reduce the burden on respondents by focusing discussion on the most pertinent issues for open-ended items. Telephone interviews also can help to minimize the burden on CDC staff and respondents by reducing the time required for follow-up—teams can verify responses, probe for further information, and request clarification as needed during the information collection process.

4. Efforts to Identify Duplication and Use of Similar Information

The information gathered through the *Best Practices–2014* assessment is not available from other data sources or through other means. The collection of this information will be the first of its kind to systematically examine state tobacco control programs use and feedback of the *Best Practices–2014* guide, currently the third iteration of *Best Practices*. Efforts were made to identify duplication and use of similar information, including the review of a prior assessment that captured information on the utility of the prior edition, *Best Practices–2007*. However, this assessment examined *Best Practices* in conjunction with the use of other tools and resources, and did not specifically focus on assessing the tool or the guide's applicability, feasibility, use, value, and user-friendliness. Furthermore, the prior assessment only captured data for nine states and raised concerns of whether the findings accurately represented the target audience. There is no similar information available that meets the needs of this proposed assessment. The proposed information collection does not duplicate any information currently being collected from state TCP program managers or staff members. Information gathered will inform how to improve the utility of the next version of *Best Practices* guide to strengthen state and national tobacco control efforts.

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:

- Capture in-depth information about the utility of *Best Practices–2014* among state tobacco control programs
- Revise the evidence-based guide using data and feedback collected from the guide's primary target audience - state tobacco control programs

- Ensure that state tobacco control programs and staff receive guidance that is reflective of their needs and meets the ongoing and changing needs of the tobacco control landscape
- Understand factors that affect the applicability, feasibility, use, value, and user-friendliness of the guide and how these factors can be considered in the next iteration of the guide, so as to increase implementation of the recommendations included in the guide among state tobacco control programs

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. 28513. 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. Telephone interviews will be recorded in order to accurately capture the discussion, and verbal consent will be obtained from the participants prior to the beginning of the interview. All information gathered during the conversation will be kept secure to ensure protection of information. CDC will use only the state name in the dataset reported out. No IIF will be collected or publically distributed.

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 instrument by four state tobacco control program managers. 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 60 minutes. Based on these results, the estimated time range for actual respondents to complete the instrument is 50 to 70 minutes. For the purposes of estimating burden hours, the upper limit of this range (i.e., 70 minutes) is used.

Estimates for the average hourly wage for respondents are based on the Department of Labor (DOL) National Compensation Survey Estimate for a Social and Community Service Manager (http://www.bls.gov/ncs/ocs/sp/nctb1349.pdf). Based on DOL data, and average hourly wage of $34.50 is estimated for all 51 respondents. 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
Telephone Interview Guide	State Tobacco Control Program Managers	51	1	70/60	60	$34.50	
	TOTALS	**51**	**1**		**60**		**$2,070**

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 some aspects of 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 $2,662.05 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
Public Health Advisor (GS-12)	15	$38.80	$582.00
ORISE Fellow (GS-9)	15	$26.67	$400.05
3 RTI International Contractors: Supporting data collection and analysis	30	-	$1,680
Estimated Total Cost of Information Collection			**$2,662.05**

15. Explanation for Program Changes or Adjustments

This is a new information collection.

16. Plans for Tabulation and Publication and Project Time Schedule

Following completion of data collection, data from the instrument will be downloaded and cleaned in Microsoft Excel. Quantitative and qualitative analysis will be performed. Quantitative data will be analyzed using basic descriptive analyses in Excel. Content analysis will be conducted using ATLAS.ti. Once analyzed, findings will be shared internally with CDC OSH leadership, as well as with state tobacco control program managers. Findings will be primarily used to inform improvements to *Best Practices* during the development of the next iteration of *Best Practices*, tentatively set for 2020. OSH also will examine potential areas of technical assistance for the use of the current guide – *Best Practices-2014* based on respondents' feedback. OSH may explore opportunities for presenting and publishing information collection findings following completion of the analysis and reporting activity.

Project Time Schedule

Activity	Timeline
Design questionnaire	Complete
Develop protocol, instructions, and analysis plan	Complete
Pilot test questionnaire	Complete
Prepare and submit OMB package	Complete
OMB approval	TBD
Conduct assessment	8 weeks following the beginning of data collection
Code, quality control, and analyze data	4 weeks after data collection
Prepare reports	3 weeks after data analysis
Disseminate results/reports	2 weeks after report preparation

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

Note: Attachments are included as separate files as instructed.

A. Attachment A — Telephone Interview Guide

REFERENCE LIST

1. U.S. Department of Health and Human Services. The health consequences of smoking—50 years of progress. A report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2014.
2. Centers for Disease Control and Prevention. State Tobacco Control Program Spending --- United States, 2011. MMWR 2015, 64: 673-78.
3. Centers for Disease Control and Prevention. *Best Practices for Comprehensive Tobacco Control Programs – 2014.* Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.