

# **Centers for Disease Control and Prevention Public Health Law Program Needs Assessment**

OSTLTS Generic Information Collection Request  
OMB No. 0920-0879

## **Supporting Statement – Section A**

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- **Purpose of the data collection:** To assess the current public health law research, technical assistance and workforce development training needs of state, local and District of Columbia (DC) public health department health officials and attorneys.
- **Intended use of the resulting data:** Findings from this assessment will be used by CDC's Public Health Law Program (PHLP) to better understand state, local and DC public health law research, technical assistance and workforce development training needs, determine the best methods for delivering such support, and develop a more comprehensive and effective 5-year strategic plan.
- **Methods to be used to collect data:** Data will be collected using a web-based instrument created in Survey Monkey.
- **Respondent Universe:** The respondent universe includes a total of 500 respondents including 342 (50 state, 291 local, and 1 District of Columbia) health officials, or his/her designee and 158 (110 state, 47 local, and 1 District of Columbia) public health department attorneys. All respondents will be acting in their official capacities.
- **How data will be analyzed:** Descriptive analyses will be employed for quantitative items to report frequencies, trends, etc. Thematic analyses will be utilized for qualitative items. Group comparative analyses will also be conducted to compare findings from the different audiences represented in the sample. All findings will be reported in the aggregate.

## 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 a total of 500 respondents including 342 (50 state, 291 local, and 1 District of Columbia) health officials, or his/her designee and 158 (110 state, 47 local, and 1 District of Columbia) public health department attorneys. All respondents will be 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<sup>i</sup>

The field of public health law is increasingly recognized as a vital and essential component of public health practice<sup>ii</sup>; CDC's Public Health Law Program (PHLP) is part of a network of partners, including representatives from federal, state, and local governments, as well as academic and private organizations, who are focused on the implementation of public health law strategies. Public health depends on the law; from the statute establishing a health department to passing new ordinances like a clean indoor air regulation, it is the law that provides the framework for making healthy choices the norm. Public health authorities have always been and will likely continue to be grounded in law and policy, and as such, law is a vital part of the Centers for Disease Control and Prevention's (CDC) mission.

Part of CDC's Office for State, Tribal, Local and Territorial Support, PHLP leads CDC's efforts to support the understanding of law as a public health tool. PHLP works to improve the public's health by developing law-related tools and providing legal expertise, training, and information to public health practitioners and policy makers in federal, state, tribal, local, and territorial (STLT) jurisdictions. In addition, PHLP is also a pioneer in the emerging field of legal epidemiology—the scientific study of law as a factor in the cause, distribution, and prevention of disease and injury in a population<sup>iii</sup>. The program's portfolio includes legal research related to public health equity, immunization laws, electronic health records, data privacy and security, and emerging public health threats.

The majority of PHLP's work focuses on providing public health law support to STLT jurisdictions. This support can be divided into two areas: 1) legal epidemiology, research, and translation, and 2) training and workforce development. PHLP studies laws to determine their meaning, relationship to and effect on public health outcomes, and creates trainings in response to direct requests from STLT jurisdictions, other CDC centers institutes and offices (CIOs), and internal requests from PHLP subject matter experts based on their institutional knowledge or ongoing policy surveillance.

PHLP has been using the requests from CDC and STLT partners through its training and technical assistance communications as priority indicators to drive PHLP's program activities. As the field of public health law has grown and the needs of STLTs have become more complex, however, PHLP has exhausted the capabilities of passive information gathering. To create a more comprehensive and responsive strategy to support state and local public health department's ability to understand and use law as a tool to improve public health outcomes, PHLP must ask STLT health departments

directly about their public health law training and technical assistance needs. To this end, PHLP has created the Public Health Law Program 2017 Needs Assessment.

The purpose of this data collection is to assess the current public health law research, technical assistance and workforce development training needs of state, local and District of Columbia (DC) public health department leadership and attorneys.

Findings from this assessment will be used by CDC's Public Health Law Program (PHLP) to better understand state, local and DC public health law research, technical assistance and workforce development training needs, determine the best methods for delivering such support, and develop a more comprehensive and effective 5-year strategic plan.

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

Data will be collected from a total of 500 respondents including 342 (50 state, 291 local, and 1 District of Columbia) health officials (or his/her designee) and 158 (110 state, 47 local, and 1 District of Columbia) public health department attorneys, via a web-based instrument (see **Attachment A — Instrument: Word Version and Attachment B — Instrument: Web Version**). The instrument will be used to assess the current public health law research, technical assistance and workforce development training needs of state, local and DC public health department leadership and attorneys.

The information collection instrument was pilot tested by 4 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 web-based data collection instrument (see **Attachment A — Instrument: Word Version and Attachment B — Instrument: Web Version**) consists of 19 main questions of various types, including dichotomous (yes/no), multiple response, interval (rating scales), and open-ended. In an effort to minimize response burden, the instrument was designed with particular focus on streamlining questions to allow for skipping questions based on responses to previous questions. Also, an effort was made to limit questions requiring narrative responses from respondents whenever possible. The instrument will collect data on the following five topic areas:

1. Awareness and use of PHLP resources(3 questions)
  - This section contains two questions asking respondents to indicate awareness of specific resources and rate their usefulness.
2. Need for CDC-provided training and technical assistance by topic (9 questions)
  - This section includes four topic-based questions asking respondent to indicate training or technical assistance needs;
  - Three questions regarding which employee groups need public health law training and which methods of training are the most useful; and

- Two open ended questions regarding training or workforce development topic areas respondents need assistance with but that were not listed in the topic-based questions already asked.
3. Access to laws (1 question)
    - This section contains one question about how respondents' health departments access law.
  4. Legal research (1 question)
    - This section contains one question rating how extensively respondents' health departments conduct three types of legal research activities.
  5. Demographics (5 questions)
    - This section contains five questions asking
      - Official role of the respondent taking the survey
      - Average estimated length of health department employee tenure
      - Type of health department (city/county or state)
      - Size of population served by health department
      - Zip code of health department [NOTE: will only be used to retroactively determine if the health department is in a rural area. It will not be stored, analyzed, or reported with the role of the respondent taking the survey.]

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

The purpose of this data collection is to assess the current public health law research, technical assistance and workforce development training needs of state, local, and DC public health department leadership and attorneys.

Findings from this assessment will be used by CDC's Public Health Law Program (PHLP) to better understand state, local and DC public health law research, technical assistance and workforce development training needs, determine the best methods for delivering such support, and develop a more comprehensive and effective 5-year strategic plan.

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

Data will be collected via a web-based data collection instrument (see **Attachment A — Instrument: Word Version and Attachment B — Instrument: Web Version**) allowing respondents to complete and submit their responses electronically. This method was chosen to reduce the overall burden on respondents by reducing the time and effort respondents must expend to complete the survey. The data collection instrument was designed to collect the minimum information necessary for the purposes of this project (i.e., limited to 19 questions). Further, skip patterns were incorporated to allow for streamlining responses and the reduction of burden on respondents.

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

This data collection is the first of its kind to systematically assess the public health law research, technical assistance and workforce development training needs of state, local public health department health officials and attorneys. Information gathered through this data collection is not currently available from other data sources or through other means. Efforts were made to identify duplication and use of similar information, including searches for published literature and programmatic reports. In addition, PHLP also contacted the Association of State and Territorial Health Officers, the National Association of City and County Health Officials, and the Network for Public Health Law to confirm this effort was not duplicative.

It is important to note that in 2012, the Public Health Law Program undertook an information collection (approved through 0920-0879) that primarily focused on CDC and STLT staff's competency in public health law and secondarily, their perceptions of public health law curriculum and legal technical assistance needs. The 2012 effort, however, did not focus specifically on the public health law research, technical assistance and workforce development training needs of health officials and public health attorneys at state and local health departments. The proposed 2017 information collection does not include the topic of public health law competency and the respondent universe is focused solely on the individuals the PHLP has identified as being most instrumental to health department's use of law as a tool, namely health officials and public health attorneys at state and local health departments.

The web-based information collection instrument used in the 2017 data collection will provide quantitative and qualitative data about the specific public health law training, workforce development and technical assistance needs of state and local health department leadership and public health attorneys. This information collection will enable CDCs PHLP to meet the unique needs of these health officials and public health attorneys.

#### **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 data collection. There are no legal obstacles to reduce the burden. If no data are collected, CDC will be unable to:

- Better understand the public health law-related needs of STLT public health departments
- Create training and workforce development resources that are directly responsive to STLT's public health law priorities
- Most effectively and efficiently use PHLP's resources to support STLT health departments public health law needs

- Develop a comprehensive and effective 5-year strategic plan that accurately reflects the public health law needs of STLTs

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

There are no special circumstances with this data collection package. This request fully complies with the regulation 5 CFR 1320.5 and will be voluntary.

## **8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency**

This data collection is being conducted using the Generic Information Collection mechanism of the OSTLTS OMB Clearance Center (O2C2) – OMB No. 0920-0879. A 60-day Federal Register Notice was published in the Federal Register on 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 data collection. State, local and DC governmental staff will be speaking from their official roles.

As a part of this initiative, CDC will collect information regarding each respondent's official role in their respective health department, allowing CDC to determine if attorneys representing agencies recognize different needs than those answering on behalf of the health department leadership. Zip codes are also being collected to assist CDC in determining whether a respondent falls under a rural jurisdiction type. Respondent roles and respondent zip codes will not be stored, analyzed, or reported together. Additionally, all information will only be reported in the aggregate; no identifying information will be shared. Data will be kept on secure, password protected CDC servers accessible only to project team members. CDC will remove all potential identifiers. No IIF will be distributed.



This data 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 data 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 6 minutes (range: 4 minutes – 8 minutes). For the purposes of estimating burden hours, the upper limit of this range (i.e., 8 minutes) is used.

Estimates for the average hourly wage for respondents are based on the Department of Labor (DOL) Bureau of Labor Statistics for occupational employment for lawyers, state health officials, and local health officials. [http://www.bls.gov/oes/current/oes\\_nat.htm](http://www.bls.gov/oes/current/oes_nat.htm).

Based on DOL data, the average hourly wage for Chief Executives (State and D.C. Government- 11-1011) is \$52.24 and \$48.78 for Medical and Health Services Managers (Local Government 11-9111).

Based on DOL data, the average hourly wage for Lawyers (state & D.C. government- 23-1011) is \$44.87 and \$48.53 for Lawyers (local government 23-1011).

Table A-12 shows estimated burden and cost information.

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

Data collection Instrument: Form Name	Type of Respondent	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
	State Health officials (incl. District of Columbia)	51	1	8/60	7	\$52.24	\$366
	Local Health	291	1	8/60	39	\$48.78	\$1,902

Public Health Law Needs Assessment	Officials						
	State Public Health Department Attorneys	110	1	8 / 60	15	\$44.87	\$673
	Local Public Health Department Attorneys	47	1	8 / 60	6	\$48.53	\$291
	District of Columbia Health Department Attorney	1	1	8/60	.13	\$44.87	\$6
	<b>TOTALS</b>	<b>500</b>	<b>1</b>		<b>67</b>		<b>\$3,238</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 data collection.

### 14. Annualized Cost to the Government

There are no equipment or overhead costs. The only cost to the federal government would be the salary of CDC staff and contractors to develop the data collection instrument, collect data, and perform data analysis. The total estimated cost to the federal government is \$10,516. 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	Total Average Cost
<b>Public Health Analyst – (GS-13);</b> Lead Investigator, Project Manager, Providing PHLP priority information, developing OMB Package, providing respondent attorney contact information, planning and implementing data collection, performing initial data analysis, developing summary reports and presentations	100	\$44.57	\$4,457
<b>Lead Behavioral Scientist- (GS-14)</b> Survey development, technical assistance on data collection and analysis, project oversight	25	\$64.57	\$1,614
<b>Evaluation Fellow (Contractor)/ORISE-</b> Survey development, data collection, data management, and data analysis; assist with development of OMB package	80	\$37.48	\$2,998

<b>Public Health Advisor (Contractor)/ Chenega</b> Instrument consultation, development of sample contact information, and recruitment of sample population	40		\$1,447
<b>Estimated Total Cost of Information Collection</b>			<b>\$10,516</b>

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

This is a new data collection.

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

Once the three-week data collection period has closed, data will be downloaded, cleaned and analyzed in Microsoft Excel. Descriptive analyses will be employed for quantitative items to report frequencies, trends, etc. Thematic analyses will be utilized for qualitative items. Group comparative analyses will also be conducted to compare findings from the different audiences represented in the sample. All information will be kept on secure, password protected servers accessible only to project team members. Data collected during the assessment will be shared only in aggregate form. No IIF will be distributed.

Upon completion of data analysis, findings from the assessment will be used to create PHLP’s new 5-year strategic plan. The information will also be used to create an aggregated master report for PHLP and OSTLTS senior leadership and, may be included in a publication. This report will also likely be made available to respondents and the public via PHLP’s website.

Project Time Schedule

- ✓ Design instrument ..... (COMPLETE)
- ✓ Develop protocol, instructions, and analysis plan ..... (COMPLETE)
- ✓ Pilot test instrument ..... (COMPLETE)
- ✓ Prepare OMB package ..... (COMPLETE)
- ✓ Submit OMB package ..... (COMPLETE)
- OMB approval ..... (TBD)
- Conduct data collection ..... (Open 3 weeks)
- Code data, conduct quality control, and analyze data..... (2 Weeks)
- Prepare summary report(s) ..... (2 Weeks)
- Disseminate results/reports ..... (3 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**

Note: Attachments are included as separate files as instructed.

- A. Attachment A — Instrument: Word Version**
- B. Attachment B — Instrument: Web Version**

## **REFERENCE LIST**

<sup>i</sup> 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.

<sup>ii</sup> Goodman, R. A., A. Moulton, G. Matthews, F. Shaw, P. Kocher, G. Mensah, S. Zaza, R. Besser, and P. R. Centers. "Law and public health at CDC." MMWR supplements. December 22, 2006. <https://www.ncbi.nlm.nih.gov/pubmed/17183242>. Accessed on 6/27/17

<sup>iii</sup> Burris, Scott and Ashe, Marice and Levin, Donna and Penn, Matthew S and Larkin, Michelle, A Transdisciplinary Approach to Public Health Law: The Emerging Practice of Legal Epidemiology (November 30, 2015). Annual Review of Public Health, Online Volume 37, March 17, 2016, <https://ssrn.com/abstract=2700716>. Accessed 7/18/2017