

# **Division of Community Health (DCH) Awardee Training Needs Assessment**

## **Information Collection Request New Supporting Statement – Section B**

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## LIST OF ATTACHMENTS – Section B

- Attachment A1: Section 301 of the Public Health Service Act (42 U.S.C. 241)
- Attachment A2: Prevention and Public Health Fund
- Attachment B: List of DCH Awardee Respondents
- Attachment C1: Federal Register 60-Day Notice
- Attachment C2: Summary of Public Comments
- Attachment D: ICF International IRB Determination Memorandum
- Attachment E: Initial Outreach Email to Respondents
- Attachment F: Reminder Email to Respondents
- Attachment G: Final Reminder Email to Respondents
- Attachment H: Thank You Email to Respondents
- Attachment I: Training Needs Assessment Screen Shots
- Attachment J: Training Needs Assessment Telephone Interview Guide
- Attachment K: Needs Assessment Respondent Matrix

## Part B. Statistical Methods

### B1. Respondent Universe and Sampling Methods

Sampling methods will not be employed. Information will be collected from respondents associated with two cooperative agreement programs: Partnerships to Improve Community Health (PICH) and Racial and Ethnic Approaches to Community Health (REACH). The total number of awardees is 88. There are 39 PICH program awardees (16 private sector and 23 in the state/local/tribal government sector) and 49 REACH program awardees (31 private sector and 18 in the state/local/tribal government sector). A list of awardees, by cooperative agreement and type of affected public, is provided in Attachment B.

Information will be requested from four respondents who serve in specific roles for each award: 1) the principal investigator or program manager, 2) the lead evaluation staff member, 3) the lead media/communications staff member, and 4) a coalition member.

Table B-1.1 shows the distribution of respondents, by affected public, role, and cooperative agreement. Three roles (principal investigator or program manager, evaluation lead, and media/communications lead) are always classified according to the type of entity that received the cooperative agreement (private sector or state/local/tribal government sector). However, since the PICH and REACH programs are designed to strengthen public-private partnerships, we assume that all awardees will systematically seek coalition members whose primary affiliation is with the private sector. We also assume that each awardee will have a slightly different organizational structure for the cooperative agreement, whereas some will be led by principal investigators and some by program managers. We have estimated an approximately equal distribution between principal investigator and program manager roles across the two cooperative agreements. The intent is to ask the cooperative agreement lead role (whether it is a principal investigator or program manager) for each awardee his/her training needs. Table B-1.1 provides the rationale for the burden table presented in Section A.12. The universe of potential respondents was used to estimate burden.

**Table B-1.1:** Respondent Universe, by Type, Role and Cooperative Agreement Program

Type of Respondent		Number of Respondents		
Affected Public	Role	PICH	REACH	Total (see A.12)
Private Sector	Principal Investigator	8	16	24
	Program Manager	8	15	23
	Evaluation Lead	16	31	47
	Media/ Communications Lead	16	31	47
	Coalition Member	39	49	88
State/ Local/ Tribal Government	Principal Investigator	12	9	21
	Program Manager	11	9	20
	Evaluation Lead	23	18	41
	Media/ Communications Lead	23	18	41
<b>Total</b>		<b>156</b>	<b>196</b>	<b>352</b>

For each cycle of information collection the maximum number of respondents is 352 (88 awardees x 4 respondents per awardee). The goal is to achieve an 85% participation rate or higher for each respondent type across all awardees (approximately 75 respondents for each of the four roles for a total of 300 participants annually).

## **B2. Procedures for the Collection of Information**

Needs assessment information will be collected twice during a two-year clearance period. The first administration of the needs assessment (third quarter of 2015) will serve the purpose of gathering an initial assessment of awardee needs at the end of the first year of the program, after program start-up. The second administration of the needs assessment (last quarter of 2016) is intended as a mid-FOA check to meet new or modified training needs that arise as awardees progress in their cooperative agreement activities.

Information will be collected by administering a Web-based questionnaire (Attachment I) to approximately 352 individuals in each cycle of information collection. A telephone interview option (see Attachment J) is available for respondents who lack access to the internet or prefer this mode of participation. We anticipate minimal participation by telephone, but offer this as a convenience to respondents. A contract research organization, ICF International, will manage the information collection process on CDC's behalf.

To generate the sample for the needs assessment, DCH Project Officers will obtain principal investigator/program manager information for new PICH and REACH awardees. ICF will then contact the program managers from each award to identify a person for each designated role. ICF will compile this information into a master file for purposes of administration of the needs assessment.

Four rounds of communication will be sent to the assessment sample for each administration: an initial email with embedded link to the needs assessment instrument (Attachment E); a follow-up email with embedded assessment link sent two weeks after the initial email (see Attachment F); a final reminder email with embedded assessment link sent one week after the follow-up email (see Attachment G); and a thank you email sent one week after the reminder email (see Attachment H).

Information will be collected and stored in Askia software maintained by ICF and protected under data privacy policies. Both quantitative and qualitative analyses will be performed. Quantitative analyses, using SPSS, will involve using descriptive statistics to determine frequency distributions and corresponding variances for responses to each assessment question. Qualitative thematic analyses will be conducted on open-ended questions. Analysis will focus on awardee preferences by role (e.g., program manager, coalition member) on training modalities as well as facilitators and barriers to training access. All analyses will be conducted by ICF staff trained in the appropriate qualitative and/ or quantitative research methods. Information will be stored at ICF on a secure shared drive with access limited to ICF project team members.

## **B3. Methods to Maximize Response Rates and Deal with Nonresponse**

Multiple strategies were used during the conception and design of the needs assessment to support maximizing response rates. Drafts of the assessment data collection instrument and protocol were shared with internal CDC stakeholders and three former DCH awardees for review and feedback throughout the development process. The assessment was pilot tested with seven former DCH awardees to ensure that questions are clear and salient.

The web-based mode of assessment administration was selected to minimize burden. The software contains branching logic that is designed to customize the flow of questions presented to each respondent based on their role and the answers provided to previous questions. Not only does this facilitate administration, but it reduces the number of irrelevant questions that a respondent is asked, thus reducing response burden.

Procedures are also put in place, including the email notification and reminder emails (Attachments E - G), to assist in maximizing response.

#### **B4. Tests of Procedures or Methods to be Undertaken**

To ensure that items and responses are understandable by respondents, seven respondents representing various roles of DCH's former awardees were asked to pilot the web-based instrument. The pilot test was administered using the same procedures as the actual administration but in a two-week timeframe. Answers were electronically submitted to the assessment administrator who recorded pilot assessment completion times. The pilot participants submitted, via a section in the electronic instrument or via email, their feedback on the clarity and efficiency of the pilot assessment. Edits to the assessment were made based on this feedback. The estimate for burden hours is based on the pilot test of the data collection tool by the seven DCH awardees. The average time to complete the data collection tool including time for reviewing instructions, gathering needed information and completing the data collection tool, was approximately 42 minutes. Based on these results, the estimated time range for actual respondents to complete the instrument is 20-60 minutes, depending on the respondent's role. For the purposes of estimating burden hours, the average minutes per role is used.

#### **B5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data**

DCH has full responsibility for the development of the overall assessment design and assumes oversight responsibility for data collection and analysis. Tamara Lamia, ICF, is the person primarily responsible for collecting the information and Drew Bradlyn, ICF, is the person primarily responsible for interpreting the findings. The individuals responsible for overseeing instrument design, data collection, and analysis are the following:

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