**Non-substantive Change Request
OMB Control Number 0920-0765
Fellowship Management System**

**Application Module and Host Site Assignment Proposal Module
Public Health Associate Program**

**Date Submitted: September 4, 2015**

This is a change request for the Center for Disease Control and Prevention (CDC) Fellowship Management System (FMS). The web-based FMS collects information electronically, from nonfederal candidates applying to fellowship programs at the Centers for Disease Control and Prevention, public health agencies wishing to host fellows, and alumni of the fellowship programs. FMS is an efficient and effective electronic system for collecting information from potential candidates, processing the fellowship training program applications, and collecting assignment proposals from public health agencies and organizations interested in hosting fellows (or associates). FMS is a robust flexible framework and has been successfully tailored for various CDC fellowships, including the Public Health Associate Program (PHAP). The FMS host site module is a streamlined application for CDC training programs, where the state, local, tribal or territorial (STLT) host agencies can submit their assignment proposal information online and track the status of their application (e.g., all application materials received by CDC, whether selected as a host agency).

The purpose of this change request is for OMB approval of proposed modifications to data elements in the PHAP FMS application module and FMS fellowship host site module. The changes include deleted questions, reformatted questions, and modifications to current questions that will result in more focused narratives. These are necessary for CDC’s continued support of STLT health agencies interested in hosting a PHAP fellow (associate). CDC requests OMB approval of the proposed modifications. Changes are based on and address feedback received from applicants and from STLT health partners during PHAP annual site visits. These changes support CDC’s PHAP training program’s efficiency and effectiveness.

The proposed changes to the FMS PHAP application module provide more focused questions, allow for additional input on regional preferences, and will enhance CDC’s review and applicant selection and fellowship (associate) assignment processes. The changes to the FMS PHAP application module do not increase burden. A chart listing proposed changes for the FMS PHAP application module are provided below. Screen shots of the revised FMS PHAP application questions are provided in attachment 1.

The modifications to the FMS host site module data elements will provide clarity for STLT host agencies and streamline the process for information gathering as the host sites complete the host site proposal application process. Furthermore, these changes will enhance CDC’s review and approval process for PHAP host site proposals. The proposed questions and enhancements to the host site module provide:

* Updated language and clarified instructions to support easier application completion by STLT health agencies
* Shortened and enhanced narratives and drop-down information to improve efficiency as STLT health agencies complete applications
* Updated competencies

These changes are expected to increase efficiency for the STLT agencies as they complete the host site application proposal. The PHAP host site assignment proposal applications were tested by six (6) CDC staff and external partners, timed, and found to result in only an additional three (3) minutes per respondent as compared to the timeframe for the current approved host site module. The proposed changes do not impact burden. A chart listing proposed changes for the FMS PHAP host site module are provided below. Screen shots of the revised FMS PHAP host site assignment proposal application questions are provided in attachment 2.

**Estimated Annualized Burden Hours (FMS Application and Host Site Modules)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Type of Respondents | Form | Number of Respondents | Frequency of Response | Average burden Time per Response (in hours) | Average Total Response Burden (in hours) |
| Fellowship applicants | FMS ApplicationModule | 1961 | 1 | 1 and 45/60 | 3432 |
| Public health agency or organization staff  | FMS Host Site Module | 408 | 1 | 1.5 | 612 |
| Total |  | 2369 |  |  | 4044 |

**Proposed Changes for FMS PHAP Application Module**

| PHAP Host Site Application(Page Name) | Current Question/Item | Requested Change |
| --- | --- | --- |
| Figure 12.4‑c. Regional Preferences Program Awareness Survey page: Region where you are will to relocate  | Check all Regions where you are willing to relocate for this program. You must select at least three (3) regions in order to be considered for this program. Please note PHAP does not pay for relocation expenses | Revised: Candidates have an opportunity to give their regional preferences, but ultimately their work locations are determined by CDC, based on the needs of the program. Please select 3 regions that you are interested in and number them in order of preference. (1 = highest preference)- add functionality so the candidates can select 1st, 2nd, and 3rd regional preferences. Also include an option for no regional preference (however the candidate must still select 1-3 preferences) |
| Program Awareness Survey page:  | Which program areas interest you? | Delete question |
| Personal Statement | Please write a narrative of 750 words or less that addresses the following areas:1. Describe how your values and interest influence your decision to pursue a career in public health.
2. Describe how your experience as well as your short and long term goals makes you a good candidate for PHAP
3. Provide examples of projects from your volunteer, work, or school experiences that demonstrate your commitment to public health and explain how you will apply what you learned in PHAP.
 | Revised Questions : Please write a narrative of 750 words or less that addresses the following:1. What are your goals after completing PHAP?
2. How would PHAP help you fulfill these goals?
3. How does PHAP compliment your previous public health training, work, and experiences?
 |
| 14.1‑a. Transportation Requirements | 1. Do you have a valid driver’s license
2. Do you have a personally owned vehicle
3. Are you willing to take public transportation
 | Delete:#3 Are you willing to take public transportation? |

9.2.

**Proposed Changes for FMS PHAP Host Site Module**

| PHAP Host Site Application(Page Name) | Current Question/Item | Requested Change |
| --- | --- | --- |
| Public Health Agency Details: Health Director 7.1 | Name and contact Information | Provide function for host site to upload Director’s to upload “Letter of Support” The letter of support documents the agency collaboration with CDC/PHAP.  |
| Public Health Agency Details | None | Added: Is your health department accredited through the Public Health Accreditation Board (PHAB)?* Yes
* No
* Not applicable (not a health dept. applicant)
 |
| Population Description7.2-a | Briefly describe the population of your jurisdiction and the population the associate will serve (Narrative)  | Under Population Description, delete narrative field. Added new fields: “Primary Topic-dropdown ” Pick lists for “race”, “sex” and “life stagesRace* Black or African American
* Hispanic/Latino
* White
* Asian
* American Indian or Alaska Native
* Native Hawaiian and Pacific Islander

Sex* Male
* Female

Life stages* Children Adolescent and Teens
* Adults
* Seniors (65+)
 |
| Public Health Agency Details: Organizational Structure 7.2-a | Briefly describe the organizational structure of your public health agency and the services you provide. | Updated to read: * Describe the program area, department, or organizational unit within the health organization where the assignment will be based.
* Describe the workplace support (e.g., office setting, computer equipment, clerical and administrative support, peer support, dedicated resources) that will be provided to the PHAP associate
 |
| Public health agency statement: 8.1-a | How will hosting an associate impact your public health agency, the associate and CDC? | Revised to read: Describe the public health or program need(s) (e.g. childhood obesity, preparedness planning, infrastructure development) and brief description of the proposed work to be address by the PHAP associate.  |
| Assignment Detail Home Page: - 9.1-a | Assignment Details by Program Year  | Revised: Program Details for the 2-year assignment |
| Assignment Details by Program year 9.1.a  | 1. Identify the program areas for year 1 and 2assignments. Host site opportunities must consist of a two year assignment. The 2-year assignment can be in one program are, which demonstrate elevate levels of learning, or two different program areas suitable for graduate with a bachelor’s degree an little to no public health experience.
2. Status: Year 1

 Year 2 | 1. Revised: Identify the program area for the 2-year assignment which must be in one program area and demonstrates elevate levels of learning. Training experiences must be suitable for graduates with a bachelor’s degree and little to no public health experience.

Delete column that documents Year 1 and 2 and Program name.Add Program area (no action by host site, auto populated from 9.2.a) |
| Program Year Specifics 9.1.a | Distance between year 1 and year 2 locations: (dropdown) | Delete: Program Year specific detail  |
| Assignment detail: program information 9.2-a | 1.Program Details for Year 1 2. Drop list3.Location | 1. Revised: Program Details
2. Drop down: Categorical program areas expanded to meet needs of public health agencies and to mirror CDC program areas. This change will allow for specificity based on agency needs. (see attached)
3. Delete: Location- Physical address
 |
| Activities Section 9.3-a | Associate Activities, Responsibilities, and Deliverable for Year 1: Note: the same information collected for year 1 and 2 | Revised: Associate Activities, Responsibilities, and DeliverableDelete: Note: the same information collected for year 1 and 2 |
| Add Activity 9.3.b | Enter a detailed description of the activity the associate will perform during the assignment, including associate responsibilities, timeline, and key milestones (250 word limit). | Enter detailed description of the activity the associate will perform during the assignment, including associates responsibilities, timeline and key milestones (250 work limit).Added: dropdown for timeline Start Month/yearEnd Mont/yearDeliverable – text field for deliverables.Added drop down: Level of responsibility * Team member
* Coordinator
* Lead
 |
| Additional Activities for PHAP 9.3.c | Activity Type: Drop down | Delete drop downActivity type: case management, presentation/outreach communication, problem solving/critical thinking etc. Delete: Note: same information collected for both year 1 and 2.  |
| Deliverable Timeline for PHAP 9.3.d and 9.3.e | List any timelines and deliverable with this activity Select all deliverable that apply to this activity | Delete |
| Add Activity: Competencies 9.3.1 | Competencies sub-section for both year 1 and 2  | Delete Competencies sub-section for both year 1 and 2 Add: CompetenciesRevised competencies attached |
| Special Requirements 9.4.b | Please select any special requirement the associate must have to perform the duties or activities described in the proposal. * Degree
* Valid driver’s license
* Personally owned vehicle
* Is public transportation available?
* Note: same information collected for both year 1 and 2
 | Please select any special requirement the associate must have to perform the duties or activities described in the proposal.Delete the following:* Degree –specialty
* Add College Education
* Is public transportation available (yes/no question)
* Note: same information collected for both year 1 and 2
 |
| 9.5.b | \* Note: same information collected for both year 1 and 2  | Delete:Note: same information collected for both year 1 and 2 |
| Supervisors Information: Add supervisor 9.6.a | Click “Add the supervisor button” below to enter supervisor information. You must add at least one supervisor. If there are multiple supervisors one of them must be marked as the primary supervisor. At least one on the supervisor must be full time employee in your agency.  | Updated: Click “Add” the supervisor button” Click to enter primary and secondary supervisor information. Supervisors must be full time employee in your agency* Primary and secondary
* Supervisor Name:
* Title
 |
|  | Describe why the primary supervisor would be a good mentor/coach for an associate and how the primary supervisor will foster growth and development. | Revised to read (text box for each): 1. Describe supervisor’s supervisory and mentoring experience. (250 word limit)
2. Describe how supervisor will provide direct supervision and on-the-job training. (250 word limit)
3. List the primary duties and responsibilities of the supervisor. (250 word limit)
4. List any other staff that will be providing ongoing guidance and assistance related to the PHAP associate’s activities. (250 word limit)
 |
| 9.6.b | Supervisor’s First nameSupervisors Last nameE-mail, phone ext., alternate phone, alternate phone ext., supervisor employed by, years of public year experience, current number of total staff supervised, is this the primary supervisor (y/n), is this the secondary supervisor (y/n) | Revised:Title, supervisors Lname, Fname,mailing address, city state/territory, zipE-mail, phone ext., alternate phone, alternate phone ext., years of public year experience, current number of total staff supervised, and are you a full time employee (y/n) |
| 9.6.b | Is this the primary supervisor Y/NIs this the Secondary Supervisor Y/N | Delete Is this the primary supervisor Y/NIs this the Secondary Supervisor Y/N |

9.2.

**Cat Categorical Program Areas**

| **9.2.a (only the program areas will be displayed)** **CIO** | **Categorical Program Area(s)** |
| --- | --- |
| 1. | Center for Surveillance, Epidemiology, and Laboratory Services (CSELS) | Division of Public **Health** Information Dissemination (DPHID1. [Genomics](http://www.cdc.gov/genomics/default.htm)
2. [Community Health Status Indicators (CHSI)](http://wwwn.cdc.gov/CommunityHealth/homepage.aspx?j=1)
3. [Informatics Innovation Unit (IIU)](http://intranet.cdc.gov/ophss/csels/dphid/iiu/index.html)
4. [Informatics R&D Laboratory (within IIU)](http://www.phiresearchlab.org/)External Web Site Icon
5. [Community Health Assessment for Population Health Improvement](http://www.cste.org/resource/resmgr/CrossCuttingI/FinalCHAforPHI508.pdf)

**Division of Laboratory Systems**1. [Clinical Laboratory Improvement Program](http://wwwn.cdc.gov/clia/default.aspx)
2. [Laboratory Sustainability](http://intranet.cdc.gov/ophss/csels/dlpss/laboratory_sustainability/index.html)
3. [Laboratory Policies and Guidance](http://intranet.cdc.gov/ophss/csels/dlpss/laboratory_policies_and_guidance.html)

**Division of Health Informatics and Surveillance**1. [BioSense](http://www.cdc.gov/biosense/)
2. [Epi Info™](http://wwwn.cdc.gov/epiinfo/)
3. [Message Validation, Processing, and Provisioning System (MVPS)](http://intranet.cdc.gov/Platform/mvps/index.html)
4. [NEDSS Base System (NBS)](http://wwwn.cdc.gov/nndss/nedss.html)
5. [Countermeasure Tracking Systems (CTS)](http://www.cdc.gov/cts/index.html)
6. [Laboratory Response Network (LRN) Data Exchange Activities](http://www.cdc.gov/phin/tools/lrn/index.html)
7. [Public Health Information Network](https://phinmqf.cdc.gov/)
8. [National Notifiable Diseases Surveillance System (NNDSS)](http://wwwn.cdc.gov/nndss/)
	1. [NNDSS Modernization Initiative (NMI)](http://www.cdc.gov/nmi/)
9. [National Syndromic Surveillance Program (NSSP](http://www.cdc.gov/nssp/)
 |
| 2. | National Center for Birth Defects and Developmental Disabilities (NCBDDD) | Division of Birth Defects and Developmental Disabilities* Autism surveillance and research
* Newborn Screening - birth defects surveillance and research
* Congenital Heart Defects
* Safe medication use during pregnancy
* Prevention of Fetal Alcohol Spectrum Disorders
* Learn the Signs Act Early (LTSAE) –  developmental milestones
* Folic acid-preventable neural tube defects in the United States and globally

Division of Human Development and Disabilities* Disability and Health State Programs (18).  Healthy behaviors, emergency preparedness, healthcare access and equity issues for people living with disabilities
* Disability and Health Data System
* Complex Chronic Conditions - Muscular Dystrophy, Spina Bifida and Fragile X
* Early childhood development, Tourette Syndrome and Attention Deficit and Hyperactivity Disorder
* Early Hearing Detection and Intervention (newborn hearing screening)

Division of Blood Disorders * Hemophilia, Sickle cell and Von Willebrand Disease
* Clotting disorders such as venous thromboembolism (VTE)
 |
| 3. | National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) | * Diabetes prevention/education
* Physical activity
* Nutrition
* Obesity
* Cardiovascular health (HTN prevention and control, Million Hearts, sodium reduction)
* Cancer prevention and screening (breast, cervical, skin, prostate, and colorectal)
* Maternal and infant health (SIDS, teen pregnancy)
* Smoking prevention and cessation
* School health
* Oral health (fluoridation, sealants)
* Arthritis (Living Well With)
* Reproductive health
 |
| 4. | National Center for Emerging and Zoonotic Infectious Diseases (NCEZID) | * Advanced molecular detection
* Antimicrobial resistance and healthcare associated infections
* Epi and lab capacity program
* Emerging infectious diseases
* Food safety
* Lyme disease
* National Healthcare Safety Network
* Prion disease
* Quarantine
* Vector-borne diseases
* All other emerging and zoonotic infectious diseases
 |
| 5. | National Center for HIV/AIDS, STD, and TB Prevention (NCHHSTP) | * STD/HIV
* TB prevention
* Viral hepatitis
* Adolescent and school health
 |
| 6. | National Center for Immunizations and Respiratory Diseases (NCIRD) | * Immunizations
* Vaccine Preventable Diseases
 |
| 7. | National Center for Injury Prevention and Control (NCIPC) | * Motor vehicle injuries
* Prescription drug overdoses
* Growth areas:
	+ Child abuse and neglect
	+ Older adult falls
	+ Sexual violence
	+ Youth sports concussions
 |
| 8. | National Center on Environmental Health (NCEH) | * Air pollution and respiratory health
* Asthma and allergies
* Bio-monitoring (nutritional status, exposure to environmental chemicals and toxic substances
* Built Environment/Healthy Community Design (i.e. Transportation, Planning, and Physical Activity)
* Cancer
* Chemical Weapons Demilitarization
* Children’s Environmental Health
* Climate Change and Health
* Cruise ship sanitation
* Emergency Response and/or disaster preparedness
* Environmental Public Health Tracking (i.e., surveillance of environmental health-related health effects or conditions)
* Food Safety
* Hazardous Materials Response
* Healthy Homes and Lead Poisoning Prevention
* Indoor/Outdoor Air Quality
* Newborn Screening and Birth Defects
* Pest, Vector, and Animal Control
* Poison Control
* Public/Private Water Safety and Protection
* Radiation and Radon Control
* Regulation, Inspection, and Licensing (e.g. restaurants, pools, campgrounds, hospitals)
* Reproductive and Birth Outcomes
* Solid and Hazardous Waste
* Toxicology
 |
| 9. | National Institute for Occupational Safety and Health (NIOSH) | * Impacts of nanotechnology on workers
* Cancer, reproductive, and cardiovascular diseases associated with work
* Economic analysis of safety and health interventions
* Health and safety of emergency responders
* Engineering controls
* Tools for assessing exposure to workplace hazards
* Conducting workplace investigations of health hazards (Health Hazard Evaluation)
* Hearing Loss prevention
* Immune, Dermal, and Infectious diseases associated with work conditions
* Musculoskeletal disorders and ergonomics
* Identifying occupational health disparities amongst workers of different backgrounds
* Personal protective equipment and technology
* Radiation exposure
* Respiratory diseases
* Small-business safety and health
* The intersection of occupational safety and health with health promotion
* Traumatic injury at work
* Work schedules and policies (including shiftwork and long work hours)
* Work-stress
* Worker’s compensation
* Studies and interventions in specific sectors:
	+ [Agriculture, Forestry and Fishing](http://www.cdc.gov/niosh/programs/agff/)
	+ [Construction](http://www.cdc.gov/niosh/programs/const/)
	+ [Healthcare and Social Assistance](http://www.cdc.gov/niosh/programs/hcsa/)
	+ [Manufacturing](http://www.cdc.gov/niosh/programs/manuf/)
	+ [Mining](http://www.cdc.gov/niosh/programs/mining/)
	+ [Oil and Gas Extraction](http://www.cdc.gov/niosh/programs/oilgas/)
	+ [Public Safety](http://www.cdc.gov/niosh/nora/sectors/pubsaf/)
	+ [Service Industry](http://www.cdc.gov/niosh/programs/pps/)
	+ [Transportation, Warehousing and Utilities](http://www.cdc.gov/niosh/programs/twu/)
	+ [Wholesale and Retail Trade](http://www.cdc.gov/niosh/programs/wrt/)
 |
| 10. | Office for State, Tribal, Local and Territorial Support (OSTLTS) | * Health department accreditation
* Tribal health
* Public health law
* Public health performance improvement / quality improvement
* Community health improvement
	+ Community health assessments
	+ Community health improvement planning
* Health system transformation
* Territorial health
 |
| 11. | Office of Public Health Preparedness and Response (OPHPR) | * Community Preparedness
* Community Recovery
* Emergency Operations Center (EOC) Coordination
* Emergency Public Information and Warning
* Fatality Management
* Information Sharing
* Mass Care
* Medical Countermeasure (MCM) Dispensing
* MCM Management and Distribution
* Medical Surge
* Non-Pharmaceutical Interventions
* Public Health Laboratory Testing
* Public Health Surveillance and Epi Investigations
* Responder Safety and Health
* Volunteer Management
 |

**9.3.1 Updated Competencies**

|  |
| --- |
| **Analytic and Assessment Skills** |
| Monitors health risks and factors affecting the community |
| Uses data that is valid and reliable for assessing the health of a community |
| Synthesizes public health information to accurately assess problems  |
| Applies ethical principles in using (e.g. accessing, analyzing, using, maintaining, and disseminating) public health data and information |
| Uses information technology in accessing, collecting, analyzing, using maintaining, and disseminating data and information |
| Defends decisions using logic as well as qualitative and quantitative data |
| **Public Health Science Skills**  |
| Applies knowledge of various approaches to improving population-based health |
| Describes the basic public health sciences (i.e., laboratory, epidemiology, surveillance, and informatics) |
| Describes how public health sciences are used in the delivery of the 10 Essential Public Health services |
| Incorporates public health informatics practices and procedures |
| Defines the roles, responsibilities and contributions of various organizations and agencies to specific federal, state, tribal, local and territorial public health programs |
| Describes public health as part of a larger inter-related system of organizations that influence the health of populations at local, national, and global levels |
| **Program Planning, Management, and Improvement Skills** |
| Identifies information required in the program planning process |
| Gathers information for evaluating policies, programs, and services |
| Contributes to implementation of organizational strategic plan |
| Contributes to state/tribal/community health improvement planning |
| **Public Health Policy and Law Skills**  |
| Describes the public health laws and regulations governing public health programs |
| Adheres to laws, regulations, policies and procedures for ethical public health practice |
| Analyzes public health legislation, policy, and regulation issuances that impact public health |
| **Professionalism Skills**  |
| Treats others courteously and respectfully |
| Exercises initiative, persistence, tact , and resourcefulness in establishing and continuing work relationships |
| Elicits and applies feedback to build professional skills and competencies |
| Makes decisions focused on desired results |
| Uses the chain of command to address risks, issues or concerns |
| **Communication Skills**  |
| Communicates in writing and orally to target audience with linguistic and cultural proficiency |
| Communicates information that is clear, current, factual and uses plain language |
| Conveys data and information to professionals and the public using a variety of approaches (e.g., reports, presentations, email, letters, press releases) |
| Applies communication and group dynamic strategies in interactions with individuals and groups |
| Demonstrates active listening skills |
| **Diversity and Inclusion Skills**  |
| Incorporates strategies for interacting with persons from diverse backgrounds |
| Recognizes the ways diversity influences policies, program, and the health of a community |
| Recognizes the benefit of a diverse workforce to better serve target populations |
| Uses cultural and social aspects to increase an intervention's effectiveness |
| Develops and maintains relationships with diverse partners to improve population-based health |
| **Community Dimensions of Public Health Skills**  |
| Establishes relationships to improve health in a community (e.g. partnerships, academic, colleagues, customers, others) |
| Collaborates with community partners to improve health in a community |
| Serves as public health ambassador |
| Identifies policies, programs, and resources that improve health in a community (e.g., using evidence to demonstrate the need for a program, communicating the impact of a program) |
| **Financial Planning and Management Skills**  |
| Describes public health funding mechanisms |
| Provides assistance on grants, cooperative agreements, contracts, and other awards to assist in meeting objectives |
| Describes components of a budget |
| Tracks program spending to current and forecasted budget constraints  |