Request for Approval Under Generic Clearance for CDC Fellowship Programs Assessments (OMB Control Number: 0920-1163)

TITLE OF INFORMATION COLLECTION: Public Health Associate Program (PHAP) Host Site Supervisor Survey.

Instruction: This form should be completed by the primary project representative at the CIO sponsoring the genIC, after consultation with the Center, Institute, or Office (CIO) PRA contact. An FTE is required to serve as the primary investigator for all information collection requests. The completed form should be routed from the PRA contact to DSEPD Information Collection Request Liaison Fátima Coronado, fcoronado@cdc.gov. Instruction: Please provide no more than two sentences for each item in this box.

Goal of the study: The purposes of this data collection are to gather host site supervisors' perceptions of PHAP's value to their agencies and suggestions to improve the program.

Intended use of resulting data: The results will enable the PHAP program to quickly 1) learn how PHAP benefits host agencies and 2) enable PHAP staff to adjust and improve key program processes. Specifically, PHAP staff will use the results to assist host sites in providing more meaningful learning and development opportunities, augment training received at host sites by exploring additional CDC training opportunities, improve communications between CDC and host site supervisors, and utilize findings to otherwise improve the overall coordination and management of PHAP.

Methods to be used to collect data: web-based survey consisting of quantitative and qualitative items.

Subpopulation to be studied: Up to 400 PHAP host site supervisors working in state, tribal, local, territorial or federal governmental agencies or non-governmental (i.e., non-profit) organizations. Host site supervisors may possess a variety of different titles including (but not limited to): epidemiologist, health department director, TB control program director, quarantine officer, health program director.

How data will be analyzed: Descriptive analyses will be employed for quantitative items to report frequencies, trends, etc. Thematic analysis will be utilized for qualitative items. All results will be reported in the aggregate.

CIO or Division PRA Contact

Name: Timothy Van Wave
Email: tbv5@cdc.gov
Phone: 404.498.0336

Project Representative

Instruction: Complete the fields below with information about the project lead.

Name: Corinne Wigington
Title: Health Scientist
Affiliation (CIO/Division): OSTLTS/DPHPI/ASREB
Email: jgi2@cdc.gov
Phone: 404.498.0223

Abbreviated Supporting Statement A

DETERMINE IF YOUR INVESTIGATION IS APPROPRIATE FOR THIS GENERIC CLEARANCE MECHANISM

Instruction: Before completing and submitting this form, first determine if the proposed investigation is appropriate for the Data Collection for CDC Fellowship Programs Generic ICR mechanism. Complete the checklist below. If you select "yes" to all criteria in Column A, the Data Collection for CDC Fellowship Programs Generic IR mechanism ***can*** *be used. If you select "yes" to any criterion in Column B, the Data Collection for CDC Fellowship Programs Generic ICR mechanism* ***cannot*** *be used.*

Column A	**Column B**
Information gathered is intended for CDC fellowship service improvement and program management purposes. [X] Yes [ ] No	The investigation is conducted to contribute to generalizable knowledge. [ ] Yes [X] No
Data collection will be completed in 90 days or less. [X] Yes [ ] No	Data collection is expected to require greater than 90 days. [ ] Yes [X] No
No incentive (e.g., money, reimbursement of expenses, token of appreciation) will be provided to participants. [X] Yes [ ] No	An incentive (e.g., money, reimbursement of expenses, token of appreciation) will be provided to participants. [ ] Yes [X] No

Did you select "yes" to **all** criteria in Column A? YES

If so, the *Data Collection for CDC Fellowship Programs* Generic ICR might be appropriate for your investigation. You may proceed with this form.

Did you select "yes" to **any** criterion in Column B? NO

If so, the *Data Collection for CDC Fellowship Programs* Generic ICR is not appropriate for your investigation. Stop completing this form now and consult your PRA contact about alternatives.

PURPOSE

Instruction: Provide a brief description of the collection purpose and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

The Public Health Associate Program (PHAP) program is a two year service-learning training program managed by the Centers for Disease Control and Prevention's Office for State, Tribal, Local and Territorial Support.[1] The purpose of PHAP is to train and provide experiential learning to early-career professionals who contribute to the public health workforce. PHAP recruits recent college graduates with a bachelor's or master's degree. Once accepted into the program, program participants, referred to as "associates," work as CDC employees. Associates are placed in field assignments in health departments or nonprofit organizations (referred to as "host sites") across

the country for the duration of their two year assignments. At host sites, associates gain hands-on public health and learning experiences and are mentored by members of the public health workforce (referred to as "host site supervisors").[2] Every year, PHAP recruits and hires up to 200 associates. Therefore, as PHAP is a 2 year program, up to 400 associates are active in the program in any given year.

The proposed data collection is a one-time collection focused on gathering the perspectives of those individuals who serve as host site supervisors of associates. As host site supervisors are a key stakeholder for PHAP, it is important to assess their perspectives and gather suggestions for improvement to ensure the program is most effective in facilitating a meaningful host site experience (and overall PHAP experience) for all involved. Thus, the two main purposes of this data collection are to:

1. Gather host site supervisor's perceptions of PHAP's value to their agencies;
2. Gather host site supervisors' suggestions to improve the program.

The results will enable the PHAP program to quickly 1) learn how PHAP benefits host agencies and 2) enable PHAP staff to adjust and improve key program processes. Specifically, PHAP staff will use the results to assist host sites in providing more meaningful learning and development opportunities, augment training received at host sites by exploring additional CDC training opportunities, improve communications between CDC and host site supervisors, and utilize findings to otherwise improve the overall coordination and management of PHAP.

This rapid data collection will be instrumental in helping PHAP staff learn about this important stakeholder perspective and will yield immediate results that can be quickly put to use by program staff. Please note: this data collection is a quick, low-burden assessment focused on addressing short-term outcomes and is not a full evaluation of the entire PHAP program.

DESCRIPTION OF RESPONDENTS

Instruction: Provide a brief description of the group(s) targeted for this information collection. These groups must have experience with the program.
Check all that apply.

[ ] Potential applicants or applicants
[ ] Current fellows (nonfederal employees)
[ ] Alumni
[X] Mentors or supervisors
[ ] Employers of alumni
[ ] Other (describe): _____

TYPE OF COLLECTION

Instruction: Check all that apply.

[ ] Focus group
[ ] Face-to-face interview
[ ] Telephone interview
[ ] Self-administered hard copy questionnaire
[X] Self-administered Internet questionnaire
[ ] Self-administered electronic questionnaire (e.g., fillable form)
[ ] Other (describe): _____

CERTIFICATION

Instruction: Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low burden for respondents and low cost for the Federal Government.
3. The collection is noncontroversial and does not raise issues of concern to other Federal agencies.
4. Information gathered will be used primarily to inform programs of efficiency and effectiveness of fellowship programs and will not be used for the purpose of substantially informing influential policy decisions.
5. The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.
6. With the exception of information needed to contact participants, personally identifiable information (PII) is collected only to the extent necessary and is not retained.
7. If this GenIC requires collections of race and ethnicity data, the questions are consistent with HHS policy and standard OMB classifications.
8. A copy of the IRB approval or exemption determination with description of participation consent and secure collection, storage, and management of participant data and information is attached.
9. A currently valid OMB control number and expiration date is displayed in the upper-right corner at the beginning of the data collection instrument.
10. The following statement is displayed at the bottom of the first page of the data collection instrument or will be read to the participant prior to data collection: "Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX)."
    a. If the Privacy Act applies, the following statement is also included: "The Privacy Act applies to this information collection. The requested information is used toward assessment and continuous quality improvement of CDC fellowship activities and services. CDC will treat data/information in a secure manner and will not disclose, unless otherwise compelled by law."
11. A Part II Worksheet is included in this submission.

Certified by CDC Sponsoring Program Division or CIO PRA Oversight Official:

Name: Timothy Van Wave
Date of Certification 02/09/2017

Email: tbv5@cdc.gov
Phone: 404 498 0336

To assist review, please provide answers to the following questions:

Personally Identifiable Information

1. Is personally identifiable information (PII) collected? [ ] Yes [X] No
2. If Yes:
    a. Is the information that will be collected included in records that are subject to the Privacy Act of 1974?
    [ ] Yes [ ] No
    b. Please provide justification for collecting PII: _____
    c. Please describe efforts to use existing PII to avoid duplication (e.g., information from the Fellowship Management System [OMB No. 0920-0765], FedScope):
    _____
    d. In advance of any data collection, the following statement will be provided directly to the participant (e.g., in a written statement on a survey tool prior to beginning a questionnaire, read to participant prior to interview): "The Privacy Act applies to this information collection. The requested information is used toward assessment and continuous quality improvement of CDC fellowship activities and services. CDC will treat data/information in a secure manner and will not disclose, unless otherwise compelled by law."

Sensitive Questions

Instruction: If sensitive questions will be asked, provide justification and specific use.
There will be no sensitive questions included in this data collection request.

BURDEN HOURS

Instruction: Complete Table 1 using the following column headings to calculate the burden hours for respondents.

- **Category of Respondents:** *Identify who you expect the respondents to be in terms of the following categories: (1) Potential applicants/applicants, (2) Current fellows (nonfederal employees), (3) Alumni, (4) Mentors or supervisors, (5) Employers of alumni, (6) Other (please describe).*

- **Form Name***: Include the type of data collection (e.g., "Electronic survey of fellowship applicants," "Telephone interview of recent graduates").*

- **No. of Respondents***: Provide an estimate of the number of respondents.*

- **No. of Responses per Respondent***: Provide the number of times the same respondent will be contacted for data/information collection.*

- **Average Burden per Respondent (in hours):** *Provide an estimate of the amount of time required for a respondent to participate (e.g., time required to fill out a survey or participate in a focus group).*

- **Total Burden Hours:** *Provide the total burden hours by multiplying as follows: ([No. of Respondents] x [No. of Responses per Respondent] x [Average Burden per Respondent]) in each row. Then total the rows.*

Table 1. Estimated Burden

Category of Respondent	Form Name	No. of Respondents	No. of Responses per Respondent	Average Burden per Respondent (in hours)	Total Burden Hours
Mentors or Supervisors (i.e., PHAP host site supervisors)	Electronic survey of Mentors or Supervisors (i.e., PHAP Host Site Supervisor Survey)	400	1	20/60	**133**
Totals		**400**			**133**

Note: numbers reflect estimated annualized burden hours.

FEDERAL COST

Table 2. Estimated Cost to the Government

Staff or Contractor	Average Hours	Average Hourly Rate	Total Cost
GS-14 FTE: Project oversight, technical assistance on data collection, analysis, reporting.	10 hours	50.97	$509.70
GS-13 FTE: data collection, analysis, reporting	40 hours	43.14	$1725.60
ORISE Contractor (GS-12 step 1 equivalent): data collection, analysis, reporting.	80 hours	36.27	$2,901.60
Total	110 hours		$5,136.90

Link to U.S. Office of Personnel Management Pay Tables: https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/2016/general-schedule/.

Note: numbers reflect the estimated annual cost to the government.

PROJECT SCHEDULE

Instruction: Provide an estimated schedule indicating start dates, allowing sufficient time for delays and unforeseen circumstances. Sample activities and time schedules are provided; please modify as needed.

Project Time Schedule	
Activity	**Time Schedule**

Identify whether collection of IIF is needed	At least 6 months prior to data collection to allow time to plan and collect IIF
Design methods and data collection instruments	At least 5 months prior to data collection
IRB determination	At least 4-5 months prior to data collection
Pilot test instrument	At least 4 months prior to data collection
Develop genIC request	At least 3-4 months prior to data collection
Submit genIC to ICRO (then ICRO into ROCIS)	3 months prior to data collection
Receive OMB approval for genIC	At least 1 month prior to data collection
Implement data recruitment and collection	As soon as genIC is approved or as indicated by the genIC data collection plan
Analyze data as planned	Approximately within 3 months of close of data collection
Produce technical report	Approximately within 6 months of close of data collection: communicate to leadership, program, or stakeholders about results and recommendations for improvement or actions
Submit findings for scientific publications, manuscript, or presentation (TBD).	The project team will determine if this step is appropriate based on data analysis. If appropriate, finding will be submitted 6 months or more from close of data collection.

Abbreviated Supporting Statement B

Selection of targeted respondents
Instruction: Please provide a description of how you plan to identify your potential group of respondents and how you will select them.

Respondents will consist of individuals who serve as host site supervisors of associates currently participating in PHAP. Respondents will be employees of state, tribal, local, territorial, or federal government agencies or non-governmental organizations. Official titles will vary; examples of respondent titles include (but are not limited to): epidemiologist, health department director, TB control program director, quarantine officer, health program director. Up to 400 respondents will be invited to participate this one time data collection (**see Attachment A: PHAP Host Site Supervisor Survey Respondent Information_031517**) No sampling will be employed.

Administration of the instrument
Instruction: Identify how the information will be collected.

1. How will you collect the information? (Check all that apply)
   [X] Electronic (**see Attachments B: PHAP Host Site Supervisor Survey Word Version_031517 – Attachment C: PHAP Host Site Supervisor Web Version_031517**)
   [ ] Telephone
   [ ] In-person
   [ ] Hard copy
   [ ] Other, explain: _____

The following procedural steps will be followed to conduct the data collection:

1. A list of all active PHAP host site supervisors will be obtained via the PHAP program staff (will include name, email address, host site name, host site type).
2. The web-based survey (developed in SurveyMonkey) will be sent to all active host site supervisors via an email invitation (**see Attachment D: PHAP Host Site Supervisor Survey Email Invitation_031517**).
3. Host Site Supervisors will have 10 business days to respond to the web-based survey.
4. Because the survey is anonymous, up to three reminder emails will be sent prior to the survey close date to all respondents encouraging participation (**see Attachments E-G: PHAP Host Site Supervisor Survey Reminder Email_031517**).
5. The PHAP evaluation team will close the survey no more than 20 business days after initial administration.

2. Will trained interviewers or facilitators be used? [ ] Yes [ ] No [X] N/A

Methods to maximize response
Instruction: Provide a brief description of the procedures planned to maximize response rates.

Although participation in this information collection is voluntary, every effort will be made to maximize the rate of response. Data will be collected via a web-based survey instrument, which will allow respondents to complete and submit their responses electronically. This method was

chosen to reduce the overall burden on respondents and allow respondents to complete the assessment at their own convenience. Additionally the survey instrument was designed to collect the minimum information necessary per the purposes (i.e., limited to 25 items). Skip patterns will be utilized to allow respondents to skip items that are not relevant or not applicable. Up to three reminders will be distributed to encourage participation in the survey and maximize rate of response.

Analysis plan
Instruction: Provide a brief description of the analysis plan, including quality control procedures, and estimation procedures

Data will be downloaded from SurveyMonkey into Microsoft Excel or SPSS for analysis. Quantitative items will be analyzed descriptively. Thematic analyses will be utilized to analyze qualitative items. All data will be kept secure in password protected files, accessible only to the PHAP evaluation team. All results will be reported in the aggregate.

A summary report will be created and shared with stakeholders including PHAP leadership and staff to ensure results can be used quickly to improve the program. Results may be compiled and submitted for publication in a scientific journal if appropriate.

Pilot testing
Instruction: Provide a brief description of pilot-test efforts.

The estimate for burden hours is based on a pilot test of the web-based survey by two public health professionals. The maximum time for completion, including time for reviewing instructions and completing the survey was 20 minutes; the minimum amount of time was 11 minutes. To generate the estimate for the burden table calculations, the maximum time was used (i.e., 20 minutes).

Instruction: Describe efforts to improve or refine the instruments based on the pilot-test findings and feedback.
[X] No changes necessary
[ ] Changes (please describe): _____

Consultation on statistical aspects
Were outside agencies, partners, or organizations consulted on statistical aspects of the design?
[ ] Yes
[X] No

If yes, list the following information of all persons consulted.

Name: _____
Agency/organization (e.g., companies, state or local governments): _____
Title: _____
Telephone number: _____
Email address: _____

Please ensure that all instruments, instructions, and scripts are submitted with this request.

DATE SUBMITTED TO DSEPD INFORMATION COLLECTION REQUEST LIAISON (ICRL)

Instruction: Please indicate the date (MM/DD/YYYY) the request is submitted to the ICRL.

02/24/2017

Email the completed form to the DSEPD Information Collection Request Liaison, Fátima Coronado, at fcoronado@cdc.gov.

REFERENCES

1. State, Tribal, Local, and Territorial Public Health Professionals Gateway. https://www.cdc.gov/stltpublichealth/. Accessed November 2016.
2. Public Health Associate Program STLT Gateway. www.cdc.gov/phap. Accessed November 2016.