

Community of Practice Member Satisfaction and Needs Assessment

OSTLTS Generic Information Collection Request
OMB No. 0920-0879

Supporting Statement – Section A

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- **Purpose of the data collection:** The purpose of this information collection is to get feedback from state and local public health officials who are members of CDC’s online National Syndromic Surveillance Program (NSSP) Community of Practice regarding their needs and satisfaction with the community and its related activities.
- **Intended use of the resulting data:** Overall, feedback from this information collection will be used to initiate strategies to improve members’ experience. The information collected in this assessment may be used for several purposes, such as discovering opportunities to improve the member experience, learning about members’ technical and training needs, and developing new tools and resources to improve syndromic surveillance practice. The CDC may also use this information to inform resource needs for future community of practice activities.
- **Methods to be used to collect data:** Data will be collected via a web-based questionnaire.
- **Respondent Universe:** Data will be collected from 295 members of the online NSSP Community of Practice who are public health employees of state and local health departments.
- **How data will be analyzed:** Data will be analyzed using Qualtrics to calculate and organize descriptive statistics and qualitative response themes respectively.

Section A – Justification

1. Circumstances Making the Collection of Information Necessary

Background

This information collection is being conducted using OMB No. 0920-0879 “Information Collections to Advance State, Tribal, Local and Territorial Governmental Agency System Performance, Capacity, and Program Delivery” nicknamed the “CSTLTS Generic.” The respondent universe for this information collection aligns with that of the CSTLTS Generic. Data will be collected from a total of 295 members of the National Syndromic Surveillance Program’s (NSSP) Community of Practice, who are public health employees of state and local health departments. Specifically, the universe of respondents will consist of 188 state employees from 46 state health departments and 107 employees from 56 local health departments (**See Attachment A- Respondent List for breakdown by state or local public entity**). Respondents will be speaking from their official roles as public health officials with responsibilities for syndromic surveillance in their respective jurisdictions. Syndromic surveillance practitioners vary among health departments and may include various titles, such as epidemiologists, program coordinators, data analysts, IT systems specialist, and statisticians.

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. Assess and monitor population health status, factors that influence health, and community needs and assets
- 2. Investigate, diagnose, and address health problems and hazards affecting the population
- 3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it
- 4. Strengthen, support, and mobilize communities and partnerships to improve health
- 5. Create, champion, and implement policies, plans, and laws that impact health
- 6. Utilize legal and regulatory actions designed to improve and protect the public's health
- 7. Assure an effective system that enables equitable access to the individual services and care needed to be healthy
- 8. Build and support a diverse and skilled public health workforce
- 9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement
- 10. Build and maintain a strong organizational infrastructure for public health¹

Syndromic Surveillance is public health surveillance that emphasizes the use of near 'real-time' pre-diagnostic data, primarily from emergency departments and urgent care centers, and statistical tools to detect and characterize unusual activity for further public health investigation or response. CDC's National Syndromic Surveillance Program (NSSP)² is a collaboration among public health agencies and partners to enable timely exchange of syndromic data to improve the nation's situational awareness and enhance responsiveness to health threats, hazardous events and disease outbreaks. NSSP includes two components: 1) the BioSense Platform, a secure cloud-based platform for facilitating the receipt, storage and management of syndromic surveillance data submitted by local and state public health jurisdictions, and 2) an online (virtual) community of practice whose members include data analysts, epidemiologists, informaticians, and other public health practitioners who use local or NSSP syndromic surveillance systems and contribute syndromic data to the BioSense Platform.

A community of practice is defined as a "group of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise by interacting on an ongoing basis."³ The NSSP Community of Practice leverages the expertise, innovation, and resources of its members to improve public health surveillance, build better surveillance and analytic tools, and integrate and share data. Membership in NSSP's Community of Practice is voluntary and there is no cost to join. The community's activities are targeted to state and local jurisdictions that contribute data to the BioSense Platform and utilize syndromic surveillance for public health decision-making, however membership is open to any individual or organization interested in advancing syndromic surveillance practice (e.g. other CDC programs, other federal agencies, partner organizations, academic institutions, and health care professionals). Since the primary goal of the NSSP Community of Practice is to strengthen the practice of syndromic surveillance at local and state public health agencies, the respondent universe for this data collection will include the 295 members who are from state and local public health departments (Roughly 56% of the membership).

The NSSP Community of Practice was formally established in 2016 through a 3-year cooperative agreement (#1 NU500E000098-01) between CDC and the International Society for Disease Surveillance (ISDS). Under ISDS, a considerable amount of time was spent launching the NSSP Community of Practice including socializing the idea of a community of practice among syndromic surveillance practitioners, appointing an ISDS led steering committee, recruiting members, articulating community goals, developing standard operating procedures, creating a virtual hub for community interactions, and holding webinars, forums and training events. In May 2018, ISDS conducted a NSSP Community of Practice member assessment (OMB Control No. 0920-0879) with 153 members from state and local public health departments to gauge their level of engagement and satisfaction with the community of practice. In June 2019, ISDS went out of business and ceased all operations. Between July and October 2019, the NSSP Community of Practice was managed by CDC's Division of Health Informatics and Surveillance (DHIS). In November 2019, CDC/DHIS awarded a new cooperative agreement (# 6NU380T000297-02-01) to the Council of State and Territorial Epidemiologists (CSTE) to assume the management and facilitation of the NSSP Community of Practice. CSTE is an organization of member states and territories representing public health epidemiologists. CSTE works to establish more effective relationships among state and other health agencies. It also provides technical advice and assistance to partner organizations and to federal public health agencies such as the CDC.

The NSSP Community of Practice is designed to be member-driven, where the needs and requests of its members are part of its continued development. The NSSP Community of Practice has changed in several ways since ISDS conducted the first assessment in 2018. First, the facilitation, coordination and management of the Community of Practice transitioned from ISDS to CDC/DHIS in July 2019 and then from CDC/DHIS to CSTE in November of 2019. Second, the number of state and local public health members has increased from 153 members in 2018 to 295 members in 2020. Third, the initial ISDS led steering committee has been replaced with a member-elected leadership committee that provides direction to the community. Lastly, since the 2018 assessment several new community activities, subcommittees, workgroups, and user groups have been put into place. Given these changes, it is incumbent upon CDC to assess how well the NSSP Community of Practice is currently meeting its member's needs and adapting it to ensure that it does.

The purpose of this information collection is to get feedback from state and local public health officials who are members of the NSSP Community of Practice regarding their needs and satisfaction with the community. The information collected in this assessment may be used for several purposes, such as discovering opportunities to improve the member experience, learning about members' technical and training needs, and developing new tools and resources to improve syndromic surveillance practice. The CDC may also use this information to inform resource needs for future Community of Practice activities

This information collection will be conducted by CSTE as part of their cooperative agreement with CDC. CSTE has access to the NSSP Community of Practice membership directory and member

profiles, and therefore can create the appropriate distribution list to recruit and communicate with the state and local public health members.

Overview of the Information Collection System

Data will be collected from 295 state and local public health professionals via a web-based questionnaire (see **Attachment B— Community of Practice Data Collection Instrument Word Version and Attachment C- Community of Practice Data Collection Instrument Web Version**). The instrument will be used to gather information from state and local public health professionals who are members of the Community of Practice regarding their satisfaction with the community and its related activities.

The information collection instrument was pilot tested by 9 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 data collection instrument consists of 24 main questions of various types, including dichotomous (yes/no), multiple response, interval (rating scales), and open-ended questions. Efforts were made to limit the number of open-ended questions to only those questions where there is a need to elaborate on the answer. The instrument will collect data on the following:

- Members' engagement and satisfaction with the community of practice
- Members' technical training needs
- Members preparedness and response needs
- Members' awareness of, and frequency/ease with the current activities/tools
- Members needs for additional activities and programs
- Members desire for new data sources on the Nssp ESSENCE application
- Respondent characters (e.g., occupation title, length of involvement with syndromic surveillance)

2. Purpose and Use of the Information Collection

The purpose of this information collection is to get feedback from state and local public health officials who are members of the Nssp Community of Practice regarding their needs and satisfaction with the community. The information collected in this assessment may be used for several purposes, such as discovering opportunities to improve the member experience, learning about members' technical and training needs, and developing new tools and resources to improve syndromic surveillance practice. The CDC may also use this information to inform resource needs for future Community of Practice activities

3. Use of Improved Information Technology and Burden Reduction

Data will be collected via a web-based questionnaire (Qualtrics). This method was chosen to reduce the overall burden on respondents by allowing respondents to easily select answers and submit their answers electronically. The data collection instrument was designed to collect the minimum information necessary for the purposes of this project (i.e., limited to 24 questions).

4. Efforts to Identify Duplication and Use of Similar Information

The information being collected through this activity has not been comprehensively or systematically collected via another activity. A previous NSSP Community of Practice member assessment conducted in 2018 by the International Society for Disease Surveillance (ISDS) under OMB Control Number 0920-0879 assessed member's barriers and challenges with participation in the community. The NSSP Community of Practice has changed in several ways since ISDS conducted the 2018 assessment. First, the facilitation, coordination and management of the Community of Practice transitioned from ISDS to CDC/DHIS in July 2019 and then from CDC/DHIS to CSTE in November of 2019. Second, the number of state and local public health members has increased from 153 members in 2018 to 295 members in 2020. Third, the initial ISDS led steering committee has been replaced with a member-elected leadership committee that provides direction to the community. Lastly, since the 2018 assessment several new community activities, subcommittees, workgroups, and user groups have been put into place. Given these changes, it is incumbent upon CDC to assess how well the NSSP Community of Practice is currently meeting its member's needs and adapting it to ensure that it does.

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:

- Assess members satisfaction and level of engagement in the NSSP Community of Practice
- Gain a better understanding of the training and technical assistance needs of community members
- Assess members technical and analytical capacity for conducting syndromic surveillance
- Draw upon data to inform future activities and initiatives for the NSSP Community of Practice.

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 CSTLTS Generic Information Collection Service (CSTLTS Generic) – OMB No. 0920-0879. A 60-day Federal Register Notice was published in the Federal Register on April 27, 2017, Vol. 82, No. 80, pp 19371-19373. One non-substantive comment was received. CDC sent forward the standard CDC response.

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. STLT governmental staff and / or delegates will be speaking from their official roles.

11. Institutional Review Board (IRB) and Justification for Sensitive Questions

No information will be collected that are of personal or sensitive nature. This data collection is not research involving human subjects.

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 9 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 15 minutes (range: 12 –15 minutes). For the purposes of estimating burden hours, the upper limit of this range (i.e., 15 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 epidemiologists http://www.bls.gov/oes/current/oes_nat.htm. Based on current DOL data, an average hourly wage of \$37.64 is estimated for all 295 respondents. 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
Community of Practice Member Assessment	State health department syndromic surveillance practitioners	188	1	15 / 60	47	\$37.64	\$1769
Community of Practice Member Assessment	Local health department syndromic surveillance practitioners	107	1	15 / 60	27	\$37.64	\$1016
	TOTALS	295	1		74		\$2785

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 \$62,520. 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
Senior Advisor (GS-15/10); Instrument development, OMB PRA package preparation, data analysis, report writing and presentation	110	\$82.00 /hour	\$9020.00
Program Manager, NSSP (USPHS 06 Commissioned Officer); Instrument	50	\$70.00/hour	\$3500.00

development, data analysis, report writing and presentation			
CSTE Cooperative Agreement			\$50,000
Estimated Total Cost of Information Collection			\$62,520

15. Explanation for Program Changes or Adjustments

This is a new data collection.

16. Plans for Tabulation and Publication and Project Time Schedule

CSTE will collect the data from state and local public health officials speaking in their official roles. Data from the web-based questionnaire will be analyzed in Qualtrics to calculate and organize descriptive statistics and qualitative response themes respectively. The data will be stored in a secure database maintained by CSTE. Quantitative analysis will consist of descriptive statistics and cross tabulations. Qualitative questions on the instrument will be converted to text responses. The qualitative questions will increase the utility of the quantitative analysis by providing additional information that might not have been captured in the quantitative data. Results of the assessment will be aggregated and shared with CDC and the NSSP Community of Practice membership via a final report, webinar and/or publication in a peer-reviewed journal. CSTE will not publish or share any identifying information about individual respondents or health departments with CDC.

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 2 weeks)
- Code data, conduct quality control, and analyze data..... (3 weeks)
- Prepare summary report(s) (5 weeks)
- Disseminate results/reports (8 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 – Community of Practice Respondent List**
- B. Attachment B – Community of Practice Data Collection Instrument: Word Version**
- C. Attachment C – Community of Practice Data Collection Instrument: Web Version**

REFERENCE LIST

1. Centers for Disease Control and Prevention (CDC). " 10 Essential Public Health Services. (revised, 2020). Available at <https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html>. Accessed on 09/16/2020
2. Centers for Disease Control and Prevention (CDC). National Syndromic Surveillance Program. <https://www.cdc.gov/nssp/index.html>. Accessed 09/16/2020.
3. Wenger, E., R. A. McDermott, et al. (2002). Cultivating communities of practice: a guide to managing knowledge. Boston, Mass., Harvard Business School Press.