

# **National Syndromic Surveillance Program Community of Practice 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 the National Syndromic Surveillance Program (NSSP) Community of Practice (CoP) regarding the barriers and challenges to participating in the NSSP CoP and its related activities.

**Intended use of the resulting data:** Overall, feedback from this information collection will be used to initiate strategies to improve the NSSP CoP member experience. The data collection will allow CDC NSSP to 1) find out how well we are meeting the needs of state and local CoP members, 2) learn about these members technical and training needs related to syndromic surveillance (SyS), 3) gauge if the CoP's tools and services are improving SyS practice at the state and local levels, 4) inform resource development for future CoP activities, and 5) inform guidance and technical assistance activities CDC NSSP conducts in support of SyS practice at the state and local levels.

**Methods to be used to collect data:** Data will be collected via a web-based questionnaire.

**Respondent Universe:** Data will be collected from 153 members of the NSSP CoP who are public health employees of state and local health departments.

- **How data will be analyzed:** Data will be analyzed using Microsoft Excel 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 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. The International Society for Disease Surveillance (ISDS) will collect data from 153 members of the National Syndromic Surveillance Program Community of Practice (NSSP CoP), who are public health employees of state and local health departments. Specifically, the universe of respondents will consist of 103 state employees from 34 state health departments and 50 employees from 35 local health departments (**See Attachment A-Respondent List for breakdown by state or local public health entity**). Respondents will be speaking from their official roles as public health officials with responsibilities for syndromic surveillance (SyS) in their respective jurisdictions. SyS practitioners vary among health departments and may include various titles, such as epidemiologists, program coordinators, data analysts, IT systems specialists, 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. 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>1</sup>

Syndromic surveillance (SyS) 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. The Centers for Disease Control and Prevention’s (CDC) National Syndromic Surveillance Program (NSSP) 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 SyS data submitted by local and state health jurisdictions, and 2) an online NSSP Community of Practice (CoP). Whereas the BioSense Platform provides the technical infrastructure for NSSP, the CoP’s primary goal is to strengthen the practice of SyS at local and state public health agencies by facilitating knowledge sharing, training, and problem solving among public health workers on the front lines of public health surveillance and emergency preparedness.

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.”<sup>2</sup> In June 2016, CDC awarded a 3-year cooperative agreement (CDC-RFA-OE16-1601) to the International Society for Disease Surveillance (ISDS) to collaborate with CDC to formalize, manage and facilitate the online (virtual) NSSP CoP. ISDS is a non-profit organization dedicated to the improvement of population health by advancing the science and practice of disease surveillance, and is recognized as a cornerstone for SyS practitioners and collaborators working to develop and implement SyS practice. Because communities of practice are characterized by a community of individuals bound by a common interest and practice (in this case, the use of SyS data to detect and characterize public health

issues), they can create trusted relationships for the exchange of ideas and problem solving among its members.

Membership in NSSP's CoP is voluntary and there is no cost to join. CoP activities are targeted to state and local jurisdictions that contribute data to the BioSense Platform (OMB Control Number 0920-0824) and utilize SyS for public health decision-making, however membership is open to any individual or organization interested in advancing SyS practice (e.g. other CDC programs, other federal agencies, partner organizations, academic institutions, and health care professionals). Since the NSSP CoP's primary goal is to strengthen the practice of SyS at local and state public health agencies, the respondent universe for this data collection will include only CoP members who are from state and local public health departments. Roughly 50% of the CoP membership includes state and local public health workers with responsibilities for SyS within their respective jurisdiction.

An NSSP CoP Steering Committee, comprised of eleven surveillance experts from state and local health departments, provides direction on projects that benefit members' engagement and collaboration in the Community. Members access the online NSSP CoP through the ISDS website ([healthsurveillance.org](http://healthsurveillance.org)) where they have access to forums for problem solving, access to SyS subject matter experts for technical assistance, a knowledge repository, online webinars and trainings, and the opportunity to join work groups and committees to use their collective knowledge to build the practice of SyS.

Now that the NSSP CoP is in its second year, it is incumbent upon CDC to assess how well it is serving the needs and interest of its members. If members' needs are not being met, then they will not participate and the community will fall apart. The purpose of this information collection is to get feedback from state and local public health officials who are members of the National Syndromic Surveillance Program (NSSP) Community of Practice (CoP) regarding the barriers and challenges to participating in the NSSP CoP and its related activities. Overall, feedback from this information collection will be used to initiate strategies to improve members' experience. The data collection will allow CDC NSSP to 1) find out how well we are meeting the needs of state and local CoP members, 2) learn about these members technical and training needs related to SyS, 3) gauge if the CoP's tools and services are improving SyS practice at the state and local levels, 4) inform resource development for future CoP activities, and 5) inform guidance and technical assistance activities CDC NSSP conducts in support of SyS practice at the state and local levels.

This information collection will be conducted by ISDS as part of their cooperative agreement with CDC. ISDS has access to the NSSP CoP membership directory and member profiles, and therefore can create the appropriate distribution list to recruit and communicate with the state and local members.

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

Data will be collected from 153 state and local public health professionals via a web-based questionnaire (see **Attachment B—NSSP CoP Data Collection Instrument and Attachment C – NSSP 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 NSSP CoP regarding the barriers and challenges that impact member participation in the National Syndromic Surveillance Program (NSSP) Community of Practice (CoP), 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 23 main questions of various types, including dichotomous (yes/no), multiple response, and open-ended questions. The instrument will collect data on engagement in NSSP CoP activities, awareness and use of CoP tools and resources, use of collaborations and partnerships, usability of the CoP website, and respondent characteristics. Specifically, the following will be collected:

- members reasons for participating or not participating in the NSSP CoP;
- members awareness of, and frequency/ease of use of SyS tools provided to members;
- members needs that are not being met with the current NSSP CoP activities/tools;
- the extent of collaborative partnerships/activities facilitated due to participation in the NSSP CoP;
- the number of NSSP CoP members who report their knowledge, skills, and abilities for conducting SyS have improved due to participation in the community;
- member's overall satisfaction with and value perceived from participation in the NSSP CoP and its activities;
- utility and ease of navigation of the [healthsurveillance.org](http://healthsurveillance.org) website, and
- respondent characteristics (e.g. type of health department, occupational title, length of involvement with SyS)

## **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 National Syndromic Surveillance Program (NSSP) Community of Practice (CoP) regarding the barriers and challenges to participating in the NSSP CoP and its related activities

Overall, feedback from this information collection will be used to initiate strategies to improve members' experience. The data collection will allow CDC NSSP to 1) find out how well we are meeting the needs of state and local CoP member, 2) learn about these members technical and

training needs related to SyS, 3) gauge if the CoP's tools and services are improving SyS practice at the state and local levels, 4) inform resource development for future CoP activities, and 5) inform guidance and technical assistance activities CDC NSSP conducts in support of SyS practice at the state and local levels.

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

Data will be collected via a web-based questionnaire allowing respondents to complete and submit their responses electronically. This method was chosen to reduce the overall burden on respondents by allowing them to easily select answers and submit their responses electronically. The data collection instrument was designed to collect the minimum information necessary for the purposes of this project (i.e., limited to 23 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. Previous data collections related to NSSP under OMB Control Number 0920-0879 have focused on the technical aspects of the BioSense Platform and not the Community of Practice. For example, the 2014 OMB Control No. 0920-0879 *Assessment of the STLT Health Department Data Submission Processes into BioSense 2.0* examined the technical processes that enable data transmission from a given state or local jurisdiction into the BioSense Platform and the 2016 OMB Control No. 0920-0879 *Syndromic Surveillance: Success Stories from the Field for NSSP Awardees* and 2016 OMB Control No. 0920-0879 *Syndromic Surveillance: Success Stories from the Field from non CDC funded state and local health departments* both collected information on how SyS is being used to address public health problems at the state and local levels. The NSSP CoP was launched 2-years ago and neither CDC nor ISDS has previously assessed CoP member's barriers and challenges with participation in the CoP. This is the first attempt in using this information collection instrument to gain insight into NSSP CoP member's experiences and satisfaction with the CoP.

### **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 NSSP will be unable to:

- Assess the effectiveness of the NSSP CoP.
- Identify barriers and challenges to participation in the CoP.
- Gain a better understanding of the training and technical assistance needs of CoP members.
- Draw upon data to inform future CoP activities and initiatives.

## **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 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 will be speaking from their official roles and no IIF will be collected. ISDS will collect the data from state and local government staff speaking in their official roles. The data will be stored in a secure database maintained by ISDS. ISDS will not publish or share any identifying information about individual respondents or health departments with CDC.

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 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 10-15 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](http://www.bls.gov/oes/current/oes_nat.htm). Based on DOL data, an average hourly wage of \$34.05 is estimated for all 154 respondents. Table A-12 shows estimated burden and cost information.

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

<b>Data collection Instrument: Form Name</b>	<b>Type of Respondent</b>	<b>No. of Respondents</b>	<b>No. of Responses per Respondent</b>	<b>Average Burden per Response (in hours)</b>	<b>Total Burden Hours</b>	<b>Hourly Wage Rate</b>	<b>Total Respondent Costs</b>
NSSP CoP Satisfaction Survey	State health department syndromic surveillance practitioners	103	1	15/ 60	26	\$34.05	\$885
NSSP CoP Satisfaction Survey	Local health department syndromic surveillance practitioners	50	1	15 / 60	13	\$34.05	\$443
	<b>TOTALS</b>	<b>153</b>	<b>1</b>		<b>38</b>		<b>\$1328</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. Staff from ISDS, as part of their cooperative agreement recipient activities will support development of the assessment tool, data collection, and data analysis. The only cost to the federal government would be the salary of CDC staff. The total estimated cost to the federal government is \$39,580. CDC staff will be involved in developing the data collection instrument and discussing the findings and draft synthesis and dissemination products based on the data. 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 for Partnerships (GS-15/10); Instrument development, OMB package preparation, data analysis, report writing and presentation	120	\$ 78.00/hour	\$9360.00
Program Manager, Nssp (GS-14/4); Data analysis, report writing and presentation	40	\$57.00/hour	\$2280.00
Management Analyst –(GS-13/3) OMB package preparation	20	\$47.00/hour	\$940.00
ISDS Cooperative Agreement	NA	NA	\$27,000
<b>Estimated Total Cost of Information Collection</b>			<b>\$39,580.00</b>

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

This is a new data collection.

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

ISDS will collect the data from state and local government staff speaking in their official roles. Data from the web-based questionnaire will be analyzed in Microsoft Excel to calculate and organize descriptive statistics and qualitative response themes respectively. The data will be stored in a secure database maintained by ISDS. 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 CoP membership via a final report, webinars and/or publication in peer-reviewed journals. ISDS 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 ..... (6 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**

- A. Attachment A – Respondent List
- B. Attachment B – NSSP Community of Practice Data Collection Instrument Word Version
- C. Attachment C – NSSP Community of Practice Data Collection Instrument Web Version

## **REFERENCE LIST**

1. 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.
2. Wenger, E., R. A. McDermott, et al. (2002). Cultivating communities of practice: a guide to managing knowledge. Boston, Mass., Harvard Business School Press.