

STD Prevention and Control: Work plan Template Pilot

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 pilot new templates to collect information about work plans for the PS19-1901: Strengthening STD Prevention and Control for Health Departments (STD PCHD) cooperative agreement.
- **Intended use of the resulting data:** Data collected will be used to review, monitor, analyze, synthesize, and report back work plan information and to determine the utility of the new templates.
- **Method to be used to collect data:** Data will be collected using two MS Excel-based templates, one for the full five-year period of performance and one that provides a more detailed description of the first year of the award. The instruments will be submitted by applicants to CDC/DSTDP via email.
- **The subpopulation to be studied:** The respondent universe includes 59 STD program principal investigators across 59 (50 state, 2 territorial and 7 local) health department STD programs eligible to apply for funding from CDC/DSTDP under cooperative agreement PS19-1901: Strengthening STD Prevention and Control for Health Departments (STD PCHD).
- **How data will be analyzed:** Responses will be analyzed using MS Excel to conduct basic frequency tabulations of the quantifiable information in the work plan templates and basic qualitative techniques (i.e., synthesis, pattern identification) for narrative data.

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. Data will be collected from a total of 59 Sexually Transmitted Disease (STD) program principal investigators across 59 (50 state, 2 territorial and 7 local) health department STD programs eligible to apply for funding from CDC/DSTDP under cooperative agreement PS19-1901: Strengthening STD Prevention and Control for Health Departments (STD PCHD) (**Attachment A - List of eligible applicants to PS19-1901 STD PCHD**). All respondents will be acting in their official capacities.

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 problems¹

With many STD's on the rise, the prevention and control of remains a public health priority. Health departments across the United States support STD prevention and control by monitoring and reporting STD cases (i.e. public health surveillance), conducting follow up of people with high priority STD cases in an effort to ensure treatment and prevent disease transmission (i.e., diagnosis and investigation of STDs and related hazards), and supporting adoption of clinical guidelines for prevention and treatment of STDs among health care providers, among other strategies.

CDC's Division of STD Prevention (CDC/DSTDP) provides the vast majority of federal funding to those STD programs. CDC/DSTDP will do this primarily through a cooperative agreement called "Strengthening Sexually Transmitted Disease Prevention and Control through Health Departments" (STD PCHD). Beginning January 1, 2019, STD PCHD will continue a long history of annual funding for state and local STD program health departments (**Attachment A - List of eligible applicants to PS19-1901 STD PCHD**). The period of performance is five years, and the estimated total funding for year 1 is \$95,000,000. Through the cooperative agreement, CDC/DSTDP intends to support a core portfolio of STD surveillance, prevention, and control strategies at the state, territorial, and local levels to help address the STDs across the nation (**Attachment B -PS19-1901 STD PCHD Fact Sheet**).

All applicants and recipients of CDC/DSTDP's Notices of Funding Opportunity Announcement (NOFO) must submit work plans with their applications and continuation applications. It is required as part of the NOFO template for all of CDC (and most federal agencies) and is basic, good grants management practice. The CDC's agency-wide NOFO template includes the following required, boilerplate language: "*Applicants are required to provide a work plan that provides both a high-level overview of the entire five-year project period and a detailed description of the first year of the award.*"

The purpose of this information collection is pilot new templates for collecting information on work plans for the PS19-1901: Strengthening STD Prevention and Control for Health Departments (STD PCHD) cooperative agreement. The new instruments will be piloted for a one time collection in 2018. The tools aim to collect information in a standardized way and allow for analysis and aggregation across all recipients. It is the hope that recipients will benefit

from using the new work plan templates by having more streamlined documents to prepare, which will reduce the overall burden associated with completing the documents. The new templates will be based in MS Excel rather than MS Word, which has been historically used by CDC cooperative agreement recipients to relay that information to CDC.

CDC/DSTDP will seek OMB approval via a separate full ICR for the remaining years in the cooperative agreement. CDC/DSTDP will use the lessons learned from this pilot information collection to refine the templates (if necessary) so that the work plan templates approved in the full ICR are most useful to both recipients and CDC and so that they reduce burden for both parties.

Data collected in the pilot will be used to review, monitor, analyze, synthesize, and report back work plan information. CDC/DSTDP anticipates being able to perform these functions more efficiently and effectively, by having the information more standardized, readily accessible, and query-able in the new template format. As part of their assessment of the pilot templates, CDC/DSTDP staff will assess the extent to which the templates facilitated these functions, in comparison to prior years when such templates were not used.

Overview of the Information Collection System

Data will be collected from a total of 59 STD program principal investigators across 59 (50 state, 2 territorial and 7 local) health department STD programs of via two MS Excel-based template workbooks (**Attachment C – Instrument 1: STD Applicant Work Plan Template_5 Year Plan** and **Attachment D – Instrument 2: STD Applicant Work Plan Template_1 Year Plan**).

These workbooks will collect information regarding applicants' proposed work plans for the full five-year period of performance and for the first award year (2019). The workbooks will be available to applicants on a CDC website and emailed to applicants. Completed templates will be emailed back to CDC/DSTDP project officers. This method was chosen to allow respondents to complete and submit their responses electronically and in a more standardized fashion, reducing the overall burden.

The information collection instrument was pilot tested by 9 public health professionals. Feedback from this group was used to refine questions as needed, ensure clarity of the instructions, improve navigation features and text boxes, and establish the estimated time required to complete the information collection instruments.

Items of Information to be Collected

5-year work plan

The 5-year applicant work plan template consist of two worksheets and a total of 73 data collection fields.

Worksheet 1: [2 data collection fields]

Worksheet 1 includes instructions, links to resources, and two data collection fields: jurisdiction (drop down menu) and date (text).

Worksheet 2 [71 data collection fields]

Worksheet 2 is organized around the 5 Strategy Areas and 17 Primary Strategies outlined in the cooperative agreement.

For each of the 5 Strategy Areas, the worksheet has 4 data collection fields [5x4= 20 total data collection fields]:

- Brief description of the program's current capability in that Area (text field)
- Brief description of the program's primary strengths in that Area (text field)
- Brief description of the program's primary limitations in that Area (text field)
- Brief description of the program's plans for major progress or change in that Area, in the next 5 years of the period of performance (text field)

Under each Strategy Area, there are 3-5 Primary Strategies, for a total of 17 Primary Strategies. For each Primary Strategy, there are 3 data collection fields [17x 3 = 51 total data collection fields]:

- Degree of priority that the strategy has in their program in general (5-point scale)
- How strong or weak the program currently is, in that strategy (5-point scale)
- Any comments on the preceding two items (optional, text field)

1-year work plan

The 1- year applicant work plan template consist of seventeen worksheets and a total of 2,087 data collection fields.

Worksheet 1 [2 data collection fields]

Worksheet 1 includes instructions, inks to resources, and two data collection fields: jurisdiction (drop down menu) and date (text field).

Worksheet 2 [90 data collection fields]

Worksheet 2 is organized around the 5 Strategy Areas and, for each Strategy Area, includes 18 data collection fields related to Context and Partnerships related to proposed Year 1 objectives and activities [18 x 5=90 total data collection fields]:

- Point of contact in the STD program for that Strategy Area (text field)
- Brief description of the Strategy Area Context, pertinent to implementing the proposed strategies in Year 1 (text field)
- Brief description of the Strategy Area Risks, pertinent to implementing the proposed strategies in Year 1 (text field)
- List of up to 5 Partner Agencies that the applicant considers essential to implementing the proposed strategies in that Strategy Area, including, for each partner:
 - o Type of partner (drop-down menu)
 - o Brief description of partner (text field)

- o Indication of whether the partner is a new partner for the STD program (yes/no)

Worksheets 3-19 [1,995 data collection fields]

Each Primary Strategy has its own worksheet. Each of these worksheets is organized around the strategies listed in the NOFO for each Primary Strategy, which ranges from 1-4 each, for a total of 35 strategies across the 17 worksheets. Applicants can submit information on a maximum of 3 objectives for each of the 35 strategies, or a maximum of 105 objectives total.

For each proposed objective, the template includes 19 data collection fields:

- Annual objective for the strategy (text field)
- Baseline measure for that objective (text field)
- Target measure for that objective (text field)
- Up to 5 activities that will be implemented to meet that objective, including their:
 - o Timeframe (text field)
 - o Output indicator (text field)
 - o Staff person assigned to the activity (text field)

This information aligns with the purpose of work plans in general and this specific information collection. The templates are focused on essential information related to the program context, objectives, and activities that applicants will conduct to carry out PS19-1901 STD PCHD. DSTDP/CDC made every effort to make the templates as streamlined as possible, while also being sufficiently detailed so as to allow for an adequate review of applications and monitoring of implementation, after award.

2. Purpose and Use of the Information Collection

The purpose of this information collection is pilot new templates to collect information about work plans for the PS19-1901: Strengthening STD Prevention and Control for Health Departments (STD PCHD) cooperative agreement. The new instruments will be piloted for a one time collection in 2018. The tools aim to collect information in a standardized way and allow for analysis and aggregation across all recipients. It is the hope that recipients will benefit from using the new work plan templates by having more streamlined documents to prepare, which will reduce the overall burden associated with completing the documents. The new templates will be based in MS Excel rather than MS Word, which has been historically used by CDC cooperative agreements recipients to relay that information to CDC.

Data collected will be used to review, monitor, analyze, synthesize, and report back work plan information. CDC/DSTDP anticipates being able to perform these functions more efficiently and effectively, by having the information more standardized, readily accessible, and query-able in the new template format. As part of their assessment of the pilot templates, CDC/DSTDP staff will assess the extent to which the templates facilitated these functions, in comparison to prior years when such templates were not used.

3. Use of Improved Information Technology and Burden Reduction

Data will be collected via two MS Excel-based template workbooks. This method was chosen to allow respondents to complete and submit their responses electronically and in a more standardized fashion, reducing the overall burden. This method will also reduce burden on CDC/DSTDP as information collected can be readily uploaded into an internal grants management database.

The data collection instruments were designed to collect the minimum information necessary for the purposes of this project. An effort was made to limit information fields and questions requiring extensive narrative responses from applicants whenever possible. Because the templates are work plans describing the strategies and activities that each applicant will undertake, they are by definition largely narrative (vs. containing all drop-down menus or numeric information). However, the structure provided by the templates both directs and limits the type of information that applicants provide.

4. Efforts to Identify Duplication and Use of Similar Information

Efforts were made to identify duplication and use of similar information. The information being collected through this activity will be used to test the utility of the new work plan templates and inform activities funded through cooperative agreement PS19-1901: Strengthening STD Prevention and Control for Health Departments (STD PCHD). This information is not available via other sources.

CDC/DSTDP is solely responsible for developing and supporting STD PCHD; therefore, there is no other entity collecting the information for this purpose.

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, pilot data collection. There are no legal obstacles to reduce the burden. If no data are collected, CDC will be unable to:

- Test the utility of the new work plan templates
- Efficiently fulfill its obligation to assess the effectiveness, accessibility, and quality of STD prevention and control activities proposed under its flagship funding program, and
- Build a comprehensive information database for planning and supporting the work by funded health departments to diagnose and investigate STDs across the country

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

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 each work plan template including time for reviewing instructions and completing the instrument was approximately 16 minutes for the 5-year work plan template (range 12-20 minutes) and approximately 170 minutes for the 1-year work plan template (range 85 -255 minutes). For the

purposes of estimating burden hours, the upper limits of these ranges (i.e., 20 minutes and 255 minutes, respectively) are used. Therefore the total burden is estimated to be approximately five hours.

Estimates for the average hourly wage for respondents are based on the Department of Labor (DOL) Bureau of Labor Statistics for occupational employment for medical and health services managers (job series coded 11-9111) http://www.bls.gov/oes/current/oes_nat.htm. Based on DOL data, an average hourly wage of \$47.45 is estimated for all 59 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
5-year work plan template							
Application 5-year work plan template	State health department, principal investigators	50	1	20/60	17	\$47.45	\$806.65
	Local health department, principal investigators	7	1	20/60	2	\$47.45	\$94.90
	Territorial health department, principal investigators	2	1	20/60	1	\$47.45	\$47.45
1-year work plan template							
Application 1-year work plan template	State health department, principal investigators	50 (of the 50 listed above)	1	255/60	213	\$47.45	\$10,106.85
	Local health department, principal investigators	7 (of the 7 listed above)	1	255/60	30	\$47.45	\$1423.50
	Territorial health department, principal investigators	2 (of the 2 listed above)	1	255/60	9	\$47.45	\$427.05

	TOTALS:	59	1		272		\$12,906.40
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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/DSTDP staff. The total estimated cost to the federal government is \$25,292.20. 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
1 Public Health Advisor – GS-9 Step 5 Junior Project Officer responsible for reviewing applications	80 x 1 staff = 80	\$28.86/hour	\$2,308.80
2 Public Health Advisor – GS-13 Step 5 Senior Project Officer responsible for reviewing applications	80 x 2 staff = 160	\$49.76 /hour	\$7,961.60
1 Epidemiologist – GS-12 Step 5 Epi Prevention Specialist responsible for reviewing applications and synthesizing work plan data	100 x 1 staff = 100	\$41.85/hour	\$4,185.00
2 Health Scientists- GS-13 Step 5 Evaluator responsible for synthesizing work plan data	40 x 2 staff = 80	\$49.76/hour	\$3,980.80
1 Behavioral Scientist– GS-14, Step 5 Senior scientist responsible for data synthesis	40 x 1 staff = 40	\$58.80/hour	\$2,352.00
1 Public Health Analyst– GS-14, Step 5 Senior analyst responsible for synthesizing work plan data	40 x 1 staff = 40	\$58.80/hour	\$2,352.00
1 Team Lead – GS-14, Step 5 Senior managers responsible for staff outlined above	40 x 1 staff = 40	\$58.80 /hour	\$2,352.00
Estimated Total Cost of Information Collection			\$25,292.20

15. Explanation for Program Changes or Adjustments

This is a new data collection.

16. Plans for Tabulation and Publication and Project Time Schedule

Once the data collection period has closed, CDC/DSTDP project officers and program staff will complete technical reviews of each application work plan. The information will then be uploaded into an internal CDC/DSTDP grants management database and analyzed for key themes, similarities, differences among applications. As part of their assessment of the pilot templates, CDC/DSTDP staff will assess the extent to which the templates facilitated these functions, in comparison to prior years when such templates were not used. CDC/DSTDP staff also will assess applicants’ experiences with the templates by monitoring questions asked about the templates and reviewing the quality of their work plan submissions.

All information collected will be stored in a secure environment maintained by CDC/DSTDP’s Program Development and Quality Improvement Branch (PDQIB). To foster communication and collaboration among recipients after award, some information from the applicants’ work plans may be summarized and shared with recipients.

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 20 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 – List of eligible applicants to PS19-1901 STD PCHD**
- B. Attachment B – PS19-1901 STD PCHD Fact Sheet**
- C. Attachment C – Instrument 1: STD Applicant Work Plan Template_5 Year Plan**

D. Attachment D – Instrument 2: STD Applicant Work Plan Template_1 Year Plan

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.