State Oral Health and Chronic Disease Programs Integration Assessment

OSTLTS Generic Information Collection Request
OMB No. 0920-0879

Supporting Statement – Section A

Submitted: November 13, 2018

Program Official/Project Officer
Nita Patel, Dr.P.H., M.P.H.
Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Division of Oral Health
Atlanta, Georgia
Phone: (404) 639-8706
Fax: (770) 488-6080
E-mail: nfp5@cdc.gov

Table of Contents

Section A – Justification ... 3

1. Circumstances Making the Collection of Information Necessary ... 3
2. Purpose and Use of the Information Collection ... 5
3. Use of Improved Information Technology and Burden Reduction ... 6
4. Efforts to Identify Duplication and Use of Similar Information ... 6
5. Impact on Small Businesses or Other Small Entities ... 6
6. Consequences of Collecting the Information Less Frequently ... 6
7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5 ... 7
8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency ... 7
9. Explanation of Any Payment or Gift to Respondents ... 7
10. Protection of the Privacy and Confidentiality of Information Provided by Respondents ... 7
11. Institutional Review Board (IRB) and Justification for Sensitive Questions ... 7
12. Estimates of Annualized Burden Hours and Costs ... 7
13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers ... 8
14. Annualized Cost to the Government ... 8
15. Explanation for Program Changes or Adjustments ... 9
16. Plans for Tabulation and Publication and Project Time Schedule ... 9
17. Reason(s) Display of OMB Expiration Date is Inappropriate ... 9
18. Exceptions to Certification for Paperwork Reduction Act Submissions ... 9

REFERENCE LIST ... 10

Purpose of the data collection: The purpose of this collection is to learn about the successes and challenges to implementing oral health and chronic disease projects (herein referred to as *medical/dental integration projects*). Specifically this collection will assess the accomplishments of these projects, determine what resources state health departments need to improve medical/dental integration, and identify ways to improve CDC technical assistance to state oral health departments in providing support for medical/dental integration.

- **Intended use of the resulting data:** The information collected will be used by DOH to inform resource development to support future state oral health and chronic disease program activities and improve technical assistance provided to states by DOH.

- **Methods to be used to collect data:** Data will be collected using telephone interviews with

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 6 state oral health program directors and 6 state chronic disease epidemiologists across all 6 states funded by a two-year grant, DP16-1609 (**see Attachment A – Respondent Breakdown -State Oral Health and Chronic Disease Programs).**

   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 [1]

Medical and dental health care systems both aim to improve patient health and quality of life. Traditionally dental care is delivered independently from the rest of the health system with limited patient coordination or provider collaboration. Poor oral health may be associated with adverse health outcomes that include heart disease, diabetes and other conditions. The Institute of Medicine and others have proposed integrating oral health into medical health care system as a way to promote better health and improve access to both dental and medical preventive services.

Public health programs seek innovative ways to reach high risk populations to screen and educate about chronic disease prevention. People with chronic disease are often unaware of their condition and struggle with access to clinical services. The oral health care system is an underutilized access point for chronic disease interventions. Tobacco use, hypertension and diabetes can negatively impact oral health. Oral health care providers are uniquely positioned to conduct health assessments that can routinely identify persons with these conditions and provide preventive counseling. Chronic disease and health promotion programs within the state health departments are often co-located with state oral health programs. This creates an opportunity for medical and dental collaboration to make impact on mutually beneficial chronic disease performance measures.

CDC's DOH currently funds 6 states to develop chronic disease prevention projects that integrate activities from both their chronic disease and oral health programs through a two-year grant, DP16-1609, Models of Collaboration for State Chronic Disease and Oral Health Programs. The purpose of the Models of Collaboration for State Chronic Disease and Oral Health Programs grant is to facilitate intra-departmental collaboration in state health departments through the development of pilot projects that integrate the activities of their chronic disease and oral health programs. As a part of this grant, states implement the following strategies and activities: 1) convene an advisory panel of key chronic disease and oral health personnel, 2) develop the vision, mission, goals and objectives for a project that will further the goals of both the oral health and chronic disease program 3) create and implement a project work plan and obtain commitments for collaboration from both oral health and chronic disease program leadership, 4) specify project outcomes, identify data sources for baseline and follow-up measurement and describe an approach for project data collection, 5) create and implement a project assessment plan, 6) build communication among state chronic disease and oral health program staff to increase the interrelationship between oral health and other chronic diseases, and 7) report project outcomes to state and national chronic disease and oral health partners.

The purpose of this collection is to learn about the successes and challenges to implementing oral health and chronic disease projects (herein referred to as *medical/dental integration projects*). Specifically this collection will assess the accomplishments of these projects, determine what resources state health departments need to improve medical/dental integration, and identify ways to improve CDC technical assistance to state oral health departments in providing support for medical/dental integration.

The information collected will be used by DOH to inform resource development to support future state oral health and chronic disease program activities and improve technical assistance provided to states by DOH.

Overview of the Information Collection System

Data will be collected from 12 state health department staff (6 state oral health program directors and 6 state chronic disease epidemiologists) across all 6 states funded by DP16-1609 via telephone interviews (**see Attachment B – Instrument: Telephone Interview Oral Health and Chronic Disease Program Staff**).

DOH staff and subject matter experts (project officers, dentists, health economist and DOH leadership team) reviewed draft information collection instruments. Feedback from this group was used to refine the questions and finalize the information collection instruments. The information collection instruments were then pilot tested by three public health professionals. Feedback from this group was used to further refine questions as needed, ensure comprehension of questions and establish the estimated time required to complete each of the two information collection instruments.

Items of Information to be Collected

The telephone interview guides (**see Attachment B – Instrument: Telephone Interview Oral Health and Chronic Disease Program Staff)** consist of 12 open-ended questions. They provide an opportunity for state oral health program directors and state chronic disease epidemiologists to elaborate on the processes they used to establish relationships with each other (including communication channels), and come to an agreed upon shared vision, common goals and outcomes for the medical/dental integration projects.

Specifically, the telephone interviews will provide insight on the following:

- Implementation of oral health and chronic disease pilot project
- Facilitators to medical/dental integration
- Barriers to medical/dental integration
- Accomplishments of pilot program
- Lessons learned from pilot program

2. Purpose and Use of the Information Collection

The purpose of this collection is to learn about the successes and challenges to implementing oral health and chronic disease projects (herein referred to as medical/dental integration projects). Specifically this collection will assess the accomplishments of these projects,

determine what resources state health departments need to improve medical/dental integration, and identify ways to improve CDC technical assistance to state oral health departments in providing support for medical/dental integration.
The information collected will be used by DOH to inform resource development to support future state oral health and chronic disease program activities and improve technical assistance provided to states by DOH.

3. Use of Improved Information Technology and Burden Reduction

Data will be collected via telephone interviews. Each data collection instrument was designed to collect the minimum information necessary for the purposes of this project (i.e., limited to 12 questions each). Telephone interviews can solicit in-depth, qualitative data. Staff will be able to ask clarifying questions in real time as needed during the information collection process. The data collection instrument guides were intentionally limited to 12 questions to collect the minimum information necessary for the purposes of this project.

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. Every effort has been made by CDC's DOH to avoid duplication of data collection. DOH staff conducted an extensive review of related past and planned data collections. DOH staff confirmed that questions included in this proposed data collection are unique.

Previous data collections related to state oral health programs under OMB Control Number 0920-0879 have focused on technical assistance aspects of state oral health programs and not integrative activities between state oral health and chronic disease programs. CDC has not previously assessed the collaboration between state oral health and chronic disease programs. This is the first attempt in using this information collection instrument to gain insight into integrative activities between the two programs.

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:

- Identify needs and gaps in implementing state oral health programs in key areas such as program leadership and staff capacity, oral health coalitions, state oral health plan and medical dental integration.
- Develop resources for future state oral health program activities based on state-level information.

- Provide targeted technical assistance to state oral health programs based on identified gaps and needs.

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.

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

No information of a personal or sensitive nature will be collected. 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 that was conducted for each of the data collection instruments by 3 public health professionals. In the pilot test, the average time to complete each instrument including time for reviewing instructions, gathering needed information and completing the instrument, was approximately 46 minutes (range: 44 – 48). For the purposes of estimating burden hours, the upper limit of this range (i.e., 48 minutes) is used.

Estimates for the average hourly wage for all respondents are based on the Department of Labor (DOL) Bureau of Labor Statistics for occupational employment for dentists and epidemiologists http://www.bls.gov/oes/current/oes_nat.htm. Based on DOL data, an average hourly wage of $76.02 is estimated for state oral health program staff and an average hourly wage of $33.49 for state chronic disease program staff. Table A-12 shows estimated burden and cost information.

There will be a total of 12 respondents.

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**
Telephone Interview Guide	State Oral Health Program Director	6	1	48 / 60	5	$76.02	$380
	State Chronic Disease epidemiologist	6	1	48 / 60	5	$33.49	$167
	TOTALS	**12**	**1**		**10 Hours**		**$547**

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 Deloitte contractors. The total estimated cost to the federal government is $26,000. 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
CDC Evaluator (GS-13, Step 4) Project oversight, lead on development of OMB package, instrument development, data collection, data analysis, dissemination; Consultation and oversight of evaluation team	100	$48	$4,800
CDC ORISE Fellow Instrument development, data collection, data analysis, quality control and report preparation.	400	$28	11,200
Deloitte Contractors (n=2) Develop OMB package, instrument review, data analysis, report preparation	100	$100	$10,000
		Estimated Total Cost of Information Collection	**$26,000**

15. Explanation for Program Changes or Adjustments

This is a new data collection.

16. Plans for Tabulation and Publication and Project Time Schedule

All telephone interviews will be recorded and transcribed. Verbal permission to be recorded will be obtained from the participant prior to the beginning of the interview. Information from the telephone interviews will be stored in a secure CDC server maintained by the assessment team within DOH. Each of the transcribed interviews will be compared against the recording to ensure accuracy. Thematic analysis will be used to analyze data. The qualitative software management program MAXQDA or similar software will be used to code the interviews.

Following analysis of responses to all information collection instruments, key findings will be shared in aggregate form with project staff, partner organizations, and the respondents who participated in this information collection. Additionally, staff at CDC will condense key findings from the telephone interviews, refine them into a manuscript format, and submit for publication in a scientific journal, such as Preventing Chronic Disease.

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 (telephone interview)..(3 weeks)

- ❑ Code data, conduct quality control, and analyze data..(3 months)
- ❑ Prepare summary report(s) ....(2 months)
- ❑ Disseminate results/reports ....(2 months)

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

Attachment A Respondent Breakdown - State Oral Health and Chronic Disease Programs

Attachment B Instrument- Telephone Interview Oral Health and Chronic Disease Program Staff

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. U.S. Department of Health and Human Services. Oral health in America: a report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000.
3. Dye BA, Tan S, Smith V, et al. Trends in oral health status: United States, 1988-1984 and 1999-2004. National Center for Health Statistics. Vital Health Stat 11(248). 2007
4. Gift HC, Reisine ST, Larach DC. The social impact of dental problems and visits. Am J Public Health. 1992 Dec;82(12):1663-8.
5. Griffin SO, Jones JA, Brunson D, Griffin PM and Bailey WD. Burden of oral diseases among older adults and implications for public health priorities; Am J Public Health. 2012 Mar;102(3):411-8.
6. Martin AB, Lassman D, Washington B, Catlin A, and the National Health Expenditure Accounts Team. Growth in US health spending remained slow in 2010; health share of gross domestic product was unchanged from 2009. Health Affairs 2012; 31(1):208-219.
7. Bureau of Labor Statistics. Consumer out-of-pocket health care expenditures in 2008. http://www.bls.gov/opub/ted/2010/ted_20100325.htm. Last modified 2010.