

CDC Project Officer Effectiveness and Satisfaction Assessment

OSTLTS Generic Information Collection Request
OMB No. 0920-0879

Supporting Statement – Section A

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Program Official/Project Officer

Name: Kimberly Cantrell

Title: Senior Public Health Advisor, Policy Unit

Organization: Centers for Disease Control and Prevention, Center for State, Territorial, Local, and Tribal Support (CSTLTS)

Address: 4770 Buford Hwy, MS 18V-1, Atlanta, GA 30341

Phone number: 404.498.0411

Email: klw6@cdc.gov

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- **Purpose of the data collection**

The purpose of the data collection is to assess state health department officials' satisfaction with support provided by CDC project officers (POs) serving them on select cooperative agreements and grants, and to identify opportunities for improvement.

- **Intended use of the resulting data**

The results will be used to identify opportunities to improve support provided by CDC POs to state health department officials, and for quality and performance improvement of PO support.

- **Methods to be used to collect data**

Data will be collected through a web-based assessment.

- **Respondent Universe**

Respondents will consist of state health department officials serving as the primary points of contact for select cooperative agreements and grants (n=969).

- **How data will be analyzed**

Quantitative items will be analyzed descriptively. Open-ended items will be analyzed qualitatively. All data will be reported in the aggregate.

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 969 state health department officials acting in their official capacities across 50 state health agencies and the District of Columbia. These officials serve as the primary points of contact on select CDC non-research domestic cooperative agreements and grants. They include principal investigators and program coordinators and serve as division directors, program managers, or grants managers.

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

CDC supports state, tribal, local and territorial health agencies in a variety of ways. One way is through the administration of cooperative agreements and grants, which span many different subject matters and for diverse purposes. One common thread across all CoAgs and grants is that CDC assign a project officer to all recipients. A CDC project officer is defined as the main point of contact responsible for interacting with the health department on programmatic, scientific, and technical aspects of any funded project. A CDC project officer is responsible for providing support to state health department officials implementing CDC-funded projects; support is defined as the provision of adequate guidance and subject matter expertise to effectively fulfill all aspects of the cooperative agreement and grant functions and activities.

As a primary funder of many state health department activities and cooperative partner with state health agencies, it is critical to understand if the support provided by CDC project officers is meeting the needs of practitioners in the field to successfully deliver the programming and support to the jurisdictions they serve. This effort will consider a broad range of domains important to the state health department program-project officer relationship including satisfaction with demonstrated project officer competencies, site visits, and communications.

Although CDC has undertaken efforts to improve the delivery of support to state health departments and provides rigorous training to its project officers, this would be the first effort to systematically assess health department officials' satisfaction with the support provided by project officers across jurisdictions and program areas.

The purpose of the data collection is to assess state health department officials' satisfaction with support provided by CDC project officers (POs) serving on select cooperative agreements and grants, and to identify opportunities for improvement. This effort will consider a broad range of domains important to the state health department program-PO relationship including satisfaction with demonstrated PO competencies, site visits, and communications. The data will then be used to identify opportunities to improve support provided by CDC POs to state health department officials, and for quality and performance improvement of PO support. The data will also be used to make recommendations for focus areas for PO support service improvement, including communication, program management, and partnership management.

CDC will partner with the Association of State and Territorial Health Officials (ASTHO), the national nonprofit membership association representing the leaders of state and territorial health officials, to collect these data. ASTHO is funded through a cooperative agreement (Grant No. 6 NU380T000290-02-01) to assist in the data collection and analysis for this assessment.

Overview of the Information Collection System

Data will be collected from up to 969 state health department officials via a web-based data collection instrument (**see Attachment B: Word Version of Instrument and Attachment C: Web-based Version of Instrument**). The instrument will be used to gather information from these officials who have regular contact with CDC project officers regarding their satisfaction with the support provided by CDC project officers on select cooperative agreements and grants. The cooperative agreements and grants being assessed are based on size of investment, inclusion across all CDC CIOs, and limited to the cooperative agreements and grants going to the states.

The information collection instrument was pilot tested by 3 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 19 main questions of various types, including dichotomous, multiple response, interval (rating scales), and open-ended questions. The instrument will collect data on the following:

- The health agency in which respondents work;
- The cooperative agreements and grants for which the respondents are the primary point of contact, and for each:
- The role of the respondents within the cooperative agreements and grants;
- The length of time respondents have worked on the cooperative agreements and grants;
- The length of time respondents have worked with associated CDC project officers on the cooperative agreements and grants;
- The frequency of contact respondents have with the CDC project officer;
- Respondents' satisfaction with demonstration of select competencies by the CDC project officer;
- If respondents have engaged the CDC project officer on innovative financing approaches;
- Respondents' overall satisfaction with support provided by the CDC project officer;
- Respondents' overall satisfaction with elements of site visits;
- Feedback on experience with CDC project officer turnover.

2. Purpose and Use of the Information Collection

The purpose of this data collection is to assess health department officials' satisfaction with the support provided by project officers across jurisdictions and program areas and to identify opportunities to improve the quality and effectiveness of this support. The data will be used by

CDC to inform quality and performance improvement initiatives to improve the support provided by project officers to cooperative agreement or grant recipients.

3. Use of Improved Information Technology and Burden Reduction

Data will be collected via a web-based assessment. This method was chosen to reduce the overall burden on respondents by allowing for simple dissemination to appropriate respondents throughout each health agency and by programming the assessment such that each respondent may provide information only on the cooperative agreements and grants relevant to their work. The data collection instrument was designed to collect the minimum information necessary for the purposes of this project (i.e., limited to 19 questions).

4. Efforts to Identify Duplication and Use of Similar Information

The proposed new data collection effort is unique in that it assesses the satisfaction of state program officials with the support and services provided by their CDC project officers as well as their expectations of support from their CDC project officers. The goal is to ultimately improve the support provided by CDC project officers to program officials in state health agencies.

Efforts were made to identify duplication and use of similar information, including a comprehensive review of former assessments of CDC project officers and workforce development projects targeting CDC project officers. The information gathered through this data collection request is not available from other data sources or through other means nor does it duplicate any information currently being collected.

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:

- Obtain national information about satisfaction with the quality of support provided by CDC project officers to state health department officials that are principal investigators and program coordinators on cooperative agreements and grants.
- Ensure that CDC project officers are providing effective support to state health department officials that are principal investigators and program coordinators on cooperative agreements and grants that most effectively meets their needs.
- Develop training and development opportunities for CDC project officers to improve the support they provide to state health department officials that are principal investigators and program coordinators on cooperative agreements and grants.

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.

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

This data collection is not research involving human subjects. 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 3 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 through two loops, was approximately 25 minutes. For the purposes of estimating burden hours, the average (i.e., 25 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 respondent group http://www.bls.gov/oes/current/oes_nat.htm. Based on DOL data, an average hourly wage of \$48.52 is estimated for all 969 respondents. Table A-12 shows estimated burden and cost information.

There will be a total of 969 respondents and 969 responses.

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
CDC Project Officer Support: State Health Department Officials Customer Satisfaction Assessment	State Health Agency Officials	969	1	25/60	404	\$48.52	\$19,602
	TOTALS	969	1		404		\$19,602

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 and ASTHO staff to develop the data collection instrument, collect data, and perform data analysis. The total estimated cost to the federal government is \$27,183.00. 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
Associate Director for Science – GS-15, Step 10; Serve role of project champion	68	\$79.78 / hour	\$5,425.00
Senior Public Health Advisor – GS-14, Step 10; Serve as one of the CDC technical monitors for the project	61	\$68.67/hour	\$4189.00
Deloitte Consulting LLP (contractor); OMB package development, data management and analysis	68	\$43.13 /hour	\$2933.00
Senior Director, Research and Evaluation/ASTHO – Strategic guidance toward instrument develop, project planning, and reporting	35		\$3,425.00
Director, Workforce Research/ASTHO – Instrument development and project management and reporting	50		\$4,046.00
Director, Research and Evaluation/ASTHO – Instrument development, communication with assessment stakeholders, and data analysis and reporting	40		\$3,141.00
Analyst, Research and Evaluation/ASTHO – Instrument development, responding to respondent’s technical assistance requests, and data analysis and reporting	50		\$2,321.00
Chief, Governance, Leadership, State/Territorial Engagement & Workforce Development/ASTHO – Dissemination of assessment to health department leaders	10		\$1,703.00
Estimated Total Cost of Information Collection			\$27,183.00

15. Explanation for Program Changes or Adjustments

This is a new data collection.

16. Plans for Tabulation and Publication and Project Time Schedule

The data will be collected and analyzed by ASTHO using SPSS, and both quantitative and qualitative data will be analyzed and reported on in aggregate. All information will be kept on secure, password-protected servers only accessible to ASTHO project team members. Data collected during the assessment will only be shared back to CDC in aggregate form, and no personally identifiable information will be collected.).

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 6 weeks)
- Code data, conduct quality control, and analyze data..... (4 weeks)
- Prepare summary report(s) (2 weeks)
- Disseminate results/reports (2 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

- Attachment A: Respondent Breakdown
- Attachment B: Word Version of Instrument
- Attachment C: Web-based Version of Instrument

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.